Meeting
Health & Wellbeing Board
Date and Time
Thursday 11th May, 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	Dr Tamara Djuretic	Anne Whateley
Councillor Pauline Coakley Webb	Chris Munday	Michael Whitworth
Banos Alexandrou	Debbie Sanders	Colette Wood
Caroline Collier	Dawn Wakeling	Fiona Bateman

Substitute Members

Debbie Bezalel	Kathleen Isaac	Ben Thomas
Councillor Ross Houston	Carol Kumar	Jess Baines-Holmes
Councillor Barry Rawlings	Sarah McDonnell-Davies	
Janet Djomba	Kelly Poole	

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 Friday 5 May 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

Order of Business

Item No	Title of Report	Pages
1.	Minutes of the Previous Meeting	5 - 12
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Public Questions and Comments (if any)	
5.	Report of the Monitoring Officer (if any)	
6.	List of Health and Wellbeing Board (HWBB) Abbreviations	13 - 16
	Deep Dive	
7.	Primary Care & Neighbourhoods Deep Dive Update	17 - 86
	There will be a short adjournment prior to the continuation of the agenda.	
	Business items	
8.	Draft Barnet Children and Young People Plan 2023-2027	87 - 128
9.	Section 75 Review - update	129 - 152
10.	Director of Public Health Annual Report	153 - 176
11.	Joint Health and Wellbeing Strategy -Implementation Plan and Key Performance Indicators	177 - 192
12.	Children and Young People's Oral Health Needs Assessment	193 - 274
13.	Forward Work Programme	275 - 282
14.	Any Items the Chair decides are urgent	

Facilities for people with disabilities
Where possible we use venues in the community that are accessible. Facilities available will vary for each meeting. If you wish to let us know in advance that you will be attending the meeting, please contact Emma Powley, Emma.Powley@Barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942.

Fire/Emergency Evacuation Procedure
If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by Committee staff or by uniformed custodians. It is vital you follow their instructions. You should proceed calmly; do not run and do not use the lifts. Do not stop to collect personal belongings Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions. Do not re-enter the building until told to do so.

Recording of meetings
Members of the public have the right to film, record or photograph public meetings. You may be asked to stop filming, photographing or recording a meeting if the Chair feels that the activity is disrupting the meeting. The meeting may be webcast live or recorded for later transmission by the Council. Recordings can be watched live or viewed for twelve months afterwards at: Webcasting council and committee meetings | Barnet Council If you are attending the meeting either in person or online, you understand that you may be picked up in recordings made by the public or the Council.

This page is intentionally left blank

AGENDA ITEM 1

Health & Wellbeing Board

Minutes of the meeting held 9.30 am on 16 March 2023
Hendon Town Hall, The Burroughs, London NW4 4BQ

Board Members present:

Councillor Alison Moore	Chair, Health and Wellbeing Board
Dr Tamara Djuretic	London Borough of Barnet
Dr Nick Dattani	Interim Borough Clinical Lead Barnet, NCL Integrated Care Board
Councillor Paul Edwards	Chair, Adults and Safeguarding Committee
Councillor Pauline Coakley Webb	Chair, Children, Education & Safeguarding Committee
Banos Alexandrou	Healthwatch
Caroline Collier	Inclusion Barnet
Chris Munday	London Borough of Barnet
Dawn Wakeling	London Borough of Barnet

Others in attendance:

Claire O'Callaghan	Public Health, London Borough of Barnet
Ellie Chesterman	Head of Commissioning - Mental Health & Dementia
Dr Janet Djomba	Consultant in Public Health
Amy Bowen	(NHS England)
Emma Powley	London Borough of Barnet

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 19 January 2023 be agreed as a correct record.

2. Absence of Members

Apologies were received from Colette Wood- North Central London Integrated Care Board.

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 -Covid Vaccine Champions

The Chair introduced the Item and handed over to the organisations who have been delivering the Community Vaccine Champion programme. Dr Janet Djomba, Consultant in Public Health, explained that funding had been received from the Department of Levelling Up, Housing and Communities in January 2022 to support communities who have been shown to experience the lowest rates of vaccine uptakes for Covid, through Community Vaccine Champions (CVC's).

The CVC programme provided targeted help to specific areas where there had been challenges relating to vaccine uptakes and these included, faith groups, young people, marginalised groups, pregnant women and people with serious mental health illness. The promotion of the vaccination programme was channelled through various means, through engagement with vulnerable and difficult to reach communities coupled with new, original ways of working and community engagement and building relationships of trust.

The Communications for the CVC programme were highlighted, and the 5 key aims were noted: They included;

1) Supporting the CVC to increase vaccine uptake.
2) Raise Awareness
3) Sharing approved public health information
4) Community listening
5) Compliment and endorse the Covid Booster campaign.

The following organisations gave presentations on the work that they had undertaken as part of the Covid Vaccination Champion Programme;

- **Belifted-** Organisation supporting women from the age of 16-70 years old, young girls from the age of 7 to 15 years old and Black and ethnic minority women.

- **Exposure** - Youth Communication Charity

- **The Romanian and Eastern European Hub** - a service designed to support the Romanian and Eastern European communities both in London and more widely across the UK.

The Board discussed the outcomes of the CVC programme and the lessons that had be learnt. It was evident that there had been cohesive co-productive working with all communities and there was a commitment that this continues, creating a long-lasting legacy across the different cohorts.

The Chair thanked everyone for their work and their contributions on the CVC programme and explained that the achievements went past the covid vaccination programme but there had been wider engagement and outreach in communities which may also assist in outreach work with other vaccination and childhood immunisation programmes within the hard-to-reach communities.

Resolved that:
The Board notes the progress made to date on the Community Vaccine Champion programme and lessons learned to inform future Public Health programmes to reduce health inequalities.

At this juncture of the meeting, the Chair adjourned the meeting.

8. North Central London Population Health and Integrated Care Strategy

The Chair resumed the meeting.

The Chair proposed that items 8 and 9 be considered together and noted that the two reports relating to both the items. It was explained that the first report presented the North Central London Population Health and Integrated Care Strategy and the second report contained a proposed response from the Barnet Health and Wellbeing Board to the Strategy (but not the Joint Forward Plan). Both reports were for the Board to discuss and agree, subject to amendments.

Amy Bowen (NHS England) introduced the report and explained that work had continued on the development of the Integrated Care Partnership (ICP), work closely being carried out with colleagues from across the system to outline the approach to both population health management and integrated care. It was explained that the document should be considered a 'draft in development' as the document forms a milestone in the population health journey, but it was recognised that there was a need to continue to develop partnership working as well as engagement with communities.

There had been engagement with a wider range of forums across the NCL Integrated Care Board (ICB) to develop the strategy building upon the existing Health and Wellbeing strategies across the five boroughs and the Board were requested to give their opinions on how they wanted to be engaged with, in the development of the joint Forward Plan.

The Director of Public Health and Prevention explained that a response had been drafted and appended to the report. The following points were raised:

i) Whilst there were areas of deprivation within the 5 Boroughs, Barnet was not considered to be one of the most deprived areas but it a large population of residents with protected characteristics.

ii) Barnet has a high level of children under 19 years old which presented challenges.

iii) Whilst it was noted that work was ongoing to align population health priorities with the Director of Children's Services and Director of Adults and Social Services priorities, it would be good to see these embedded into the document and not just referred to.

iv) The use of population-based approach can result in those with the greatest and/or most complex needs being overlooked. There is a need for it to be at a more granular level.

v) It was acknowledged that the challenge is that in the North Central London area, the statutory signatories were the 5 Boroughs and the ICB, and how a strategy designed at system level is fit for purpose for more local system.

In response the points raised, Amy Bowen (NHS England) explained that she appreciated and recognised the feedback and points raised and stated that she would continue to work with the North London Councils team on the strategy and would try and take a more integrated approach. It was explained that there had been focus on the national and had jettisoned somewhat on the local strategy; Local priorities, she assured the Board would be included in the next draft of the strategy and forward plan and would be circulated to the Board Members for further comment. There would be a need to explore how then NCL operated at more spatial levels to allow them to see more nuances and to get a more granular perspective, whilst creating a balance between what is provided at a hyperlocal level service level.

The Chair thanked the presenter and the Board Members for their participation in the discussion.

RESOLVED that:

1. **The Health and Wellbeing Board considers and formally agrees the response to the consultation on the North Central London Population Health and Integrated Care Strategy appended to the report.**

2. **The Health and Wellbeing Board considers the Joint Forward Plan at its next meeting on the 11 May 2023**

3. **The Health and Wellbeing Board reviews the Barnet Joint Health and Wellbeing Strategy, and the Board's way of operation. The results of this review will be reported back to Board in May 2023.**

9. North Central London Integrated Care Board Joint Forward Plan

This item was taken as part of Item 8 on the agenda.

10. Dementia Strategy

Ellie Chesterman, Head of Commissioning - Mental Health & Dementia, elaborated on the report and explained that the Strategy is Barnet's first dementia strategy; there had been extensive engagement and co-production in drafting it and would support the visions and outcomes within the National Dementia Strategy 2009. It was further noted that following approval of the strategy, officers would develop a multi-agency action plan to address gaps identified.

The Board noted that the Strategy published with the agenda had been superseded. The revised version was subsequently published on the Council website.

The Board discussed the report and the following comments were noted:

- The strategy had been approved by the Adults and Health Committee on the 14 March 2023.
- A third of cases can be prevented through life-style changes and this would be included in the action plan.
- Information relating to the impact of dementia on young people and young carers needed consideration.
- Further information to be included in the plan about early onset dementia.
- Need to assess how the strategy fits into an aging workforce.

The Chair thanked the Board for their comments and thanked the officers for their work, explaining that it had received cross party support.

RESOLVED that:

i) The Health and Wellbeing Board note and support the Dementia Strategy 2023- 2028.

ii) The Health and Wellbeing Board note that a review of the Dementia Strategy 2023-2028 is scheduled for 2025

iii) Comments of the HWBB be incorporated in the Action Plan which will be reported back to the Board at a future meeting.

11. Carers and Young Carers Strategy

Ellie Chesterman, Interim Head of Commissioning – Mental Health & Dementia introduced the report and explained that the Strategy outlines important context around the support offer for carers and young carers in Barnet and assist in improving their wellbeing.

The Board noted that the Strategy published with the agenda had been superseded. The revised version was subsequently published on the Council website.

It was noted that the aim of the strategy was to:

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

The Committee discussed the report and noted the support available to carers and it was suggested that as employers, the Council could examine ways in which additional support can be give to staff who also had caring responsibilities.

It having been reported that additional information and suggestions could be included in the Action Plan, it was noted that the strategy was being submitted to the Children, Education and Safeguarding Committee on the 20th March 2023 for approval.

RESOLVED that:

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

12. Review of Section 75 funding (including Better Care Fund)

Dawn Wakeling - Executive Director Adults and Health, introduced the report. The purpose of the review was to assess the extent to which the current pooled funding schemes support the integrated care ambitions of each council, the ICB and the borough partnership; and whether they offer value for money. It was noted that the five boroughs and the ICB, S75 agreements and the Better Care Fund commissioned a wide range of services for children, young people and adults, totalling £467m of spend annually across the North Central London area.

The Board discussed the report and the following points were raised;

- S75 was a way of the NHS paying local Authorities for services provided for example, the provision of mental health services in schools.

- It would be positive to promote the work of the Local Authority in working with joint partners.

- There had been an increase in the number of Mental Health patients, impacting on the budget, and prevention and support for those suffering would be greatly beneficial.

- Data from the census should be used to reflect the demographics of Barnet in order to influence the amount of money allocated to the Borough.

- Evidence would be needed to make cases for a greater award of funding – in comparison to inner city London Boroughs, Barnet received less funding- but there was a need to be mindful that funding resources are not taken away from those most in need.

- Feeding into the Population Health and Integrated Care Strategy could assist in having leverage in accessing additional funds.

RESOLVED that:

a) the Health and Wellbeing Board comment on the approach and priorities for the Better Care Fund and Section 75 review

b) an update be bought back to the Health and Wellbeing Board in May 2023.

13. Healthwatch Barnet - Forward Work Programme

Banos Alexandrou – Healthwatch Barnet, introduced the report and gave a presentation to the Board. He highlighted that Healthwatch Barnet had 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. Much of the work being undertaken by volunteers and it was explained that the volunteer force consists of highly skilled individuals able to conduct sensitive and complex work.

It was noted that Community Connectors were arranging and attending events and locations to provide information on hypertension and provide blood pressure checks to encourage people to have 'regular blood pressure' checks with focus being placed on the most deprived areas of Barnet.

The Chair thanked Mr Alexandrou for his presentation.

14. Communicable Diseases Update

The Deputy Director of Public Health gave an update on Communicable Diseases in Barnet. The following information was noted:

- Covid Vaccinations were still being given to the immune-compromised, specifically those who are housebound or living in care/nursing homes.

- The second phase of polio and booster jabs was being rolled out alongside all childhood immunisations including MMR where uptake had been problematic.

- The had been an increase in cases of Norovirus which was most prevalent amongst children and older people. Care homes in the Borough had been given relevant up to date information to be included in their care management plans.

- Avian flu was still present in the UK; theoretically there was the possibility of the virus transferring from animal to human but only 12 cases in the world had been reported and that was through intense contact. The situation would continue to be assessed.
- There remained a good uptake in the Covid vaccination boosters in the Borough.

The Vice Chair requested that information relating to cases of Norovirus be passed on to Primary Care Trusts including about self-care and prevention.

15. Forward Work Programme

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

RESOLVED that the Board noted the Forward Work Programme and the inclusion of two further items:

1) **The Integrated Care Board Joint Forward Plan to be considered at the next meeting of the HWBB – 11 May 2023**

2) **Update on the Section 75 Review to be considered at the next meeting of the HWBB – 11 May 2023**

16. Any Items the Chair decides are urgent

There were none.

The meeting finished at 12.30 pm

Acronym	Long title	Description
AVA		
BACE	Barnet Active, Creative Engaging	The council have worked with the Young Barnet Foundation to provide the Barnet Active, Creative Engaging (BACE) holidaying scheme which is DfE funded for all free school meal children and vulnerable children to access fun activities with a hot meal, activities include learning about healthy eating and exercise.
BCU	Borough Command Unit (Check)	Policing
BEA	Barnet Equalities Allies	
BECC	Borough Emergency Control Centre	
BEHMHT	Barnet Enfield and Haringey Mental Health Trust	
BELS	Barnet Education & Learning Service	Barnet Education & Learning Service (BELS) is a local authority controlled company which is responsible for providing the Council's Education & Skills service to Barnet schools.
BING	Barnet Inclusive Next Generation	Barnet Inclusive Next Generation (formerly Barnet Development Team Youth) is our SEND Youth Voice Forum.
BOOST	Burnt Oak Opportunity Support Team	Multiagency team with staff from Jobcentre Plus, Barnet Homes, Councils Benefit Service, Education and Skills Team. We are an employment, benefit advice, skills and wellbeing project helping Barnet residents.
BPSI	Barnet Partnership for School Improvement	BPSI is a school improvement traded service to pool funding for training, consultancy and support.
BSPP	Barnet Suicide Prevention Partnership	
BYOD	Bring Your Own Device	Use of personal devices for limited business use.
CAMHS	Children and Adolescent Mental Health Services	
CAW	Case Assistant Worker	Used in a health and wellbeing context.
CDOP	Child Death Overview Panels	Used in a health and wellbeing context.
CEAM	Child exploitation and missing tool	Used in a health and wellbeing context.
CESC	Children, Education & Safeguarding Committee	Barnet Committee
CETR	Care, Education and Treatment Reviews	Used in a health and wellbeing context.
CIL	Community Infrastructure Levy	Planning obligation to raise funds for local infrastructure. Also see S106
CSC		
CWFS	Covid Winter Fund Scheme	
CWP	Children's Wellbeing Practitioners	Used in a health and wellbeing context.
CYP	Children & Young People	
CYPP	Children & Young People's Plan	
DCT	Disabled Children's Team	Used in a health and wellbeing context.
DPR	Delegated Powers Report	Report on a decision made at Officer level.
EHCPS	Education, Health and Care Plans	Used for children with specific needs.
FPC	Financial Performance and Contracts Committee	Barnet Committee

Acronym	Long title	Description
HEP	Health Education Partnership	
HEYL	Healthy Early Years London award programme	Healthy Early Years London (HEYL) is an awards scheme funded by the Mayor of London which supports and recognises achievements in child health, wellbeing and development in early years settings.
HOSC	Health Overview & Scrutiny Committee	(Pronounced Hosk)
HSL	Healthy Schools London award programme	Taking part in Healthy Schools London (HSL), and working successfully through the tiered awards, will enable schools to directly support the health and wellbeing of their pupils and staff.
ICP	(Borough Based) Integrated Care Partnerships	Health reference to joined up services.
ICS	Integrated Care System	Health reference to joined up services delivered by an ICP.
IRIS	Identification and Referral to Improve Safety	
MARAC	Multi Agency Risk Assessment Conference	
MASH	Multi-Agency Safeguarding Hub	
MHFA	Mental Health First Aiders	
MHST	Mental Health Support Teams	
MOPAC	Mayors Office for Policing and Crime	
NCIL	Neighbourhood Community Infrastructure Levy	Planning obligation to raise funds for local infrastructure. Also see S106
NEET	Not in Education, Employment and Training	
NRPF	No Recourse to Public Funds	Asylum/refuge status
P&R	Policy & Resources Committee	Barnet Committee
PRU	Pupil Referral Unit	Specialist educational support unit supporting schools with pupils with additional needs.
PVIs		
RON	Risk of NEET	Educational at risk group.
RRR	Recovery, Reset and Renaissance Project	Recovery, Reset and Renaissance (RRR) Project - part of schools related COVID-19 recovery.
S106	Section 106	Legal agreement for planning obligations in a local area (also see CIL)
SARG	Safeguarding Adolescents at Risk Group	Used in a health and wellbeing context.
SCAN	Service for children and adolescents with neurodevelopmental difficulties	Used in a health and wellbeing context.
SEF	Self-Evaluation	"The Local Area Special Educational Needs and Disabilities (SEND inspection and Self-Evaluation (SEF)" Educational reference.
SEMH	Social, Emotional and Mental Health	Education related.
SENCO	Special Educational Needs Coordinator	Used in a health and wellbeing context.
SEND	Special Educational Needs & Disability	School and educational terms for those with additional support requirements
SEND	Special Educational Needs and Therapy	Used in a health and wellbeing context.
SFSC		
SMI		Health reference
STP	Sustainability and Transformation Plan	Health reference

Acronym	Long title	Description
UASC	Unaccompanied Asylum-Seeking Children and Young People	
UASC	Unaccompanied Asylum-Seeking Children and Young People	Used in a health and wellbeing context.
VARP	Vulnerable Adolescents at Risk Panel	Used in a health and wellbeing context.
VAWG	Violence Against Women and Girls	Used in a health and wellbeing context.
YOT	Youth Offending Team	Used in a health and wellbeing context.

This page is intentionally left blank

	Health and Well Being Board **Thursday 11th May 2023**
Title	**Primary Care & Neighbourhoods Deep Dive Update**
Report of	**Executive Director – Communities, Adults and Health; London Borough of Barnet**
Wards	**All**
Status	**Public**
Urgent	**No**
Key	**No**
Enclosures	**Appendix 1 – Practice/PCN info** **Appendix 2 – Barnet borough ARRS info** **Appendix 3 - GP Contract changes** **Appendix 4 – Population Health Integrated Care strategy – Short report** **Appendix 5 – Neighbourhoods glossary** **Appendix 6 – April 2023 Neighbourhoods plan** **Appendix 7 – Neighbourhood Proposal for Barnet (November 2022)**
Officer Contact Details	**Kelly Poole Kelly.Poole@nhs.net/ Carol Kumar Carol.Kumar@nhs.net** **Deputy Director of Primary Care Transformation, Barnet borough, NCL ICB (job share)** **Dan Heller - daniel.heller@nhs.net Neighbourhood Model Programme Lead, Barnet borough, NCL ICB**

Summary
This report gives a general update on Primary Care in Barnet and North Central London, including workforce and estates. An update on the work to date on the implementation of the neighbourhood model, in line with the Fuller Report, is also given. It should be noted by HWBB that the health system and general practice remains very challenged at this time and continues to operate under immense pressure. General practice has been busier than ever and has been impacted by secondary care service reduction during industrial action. The Barnet Borough of NCL ICB, along with system partners, have maintained focus on returning to 'business as usual', aided by service and technological developments. The Barnet Borough Partnership are also working to implement and develop integrated care and improve access, experience, and outcomes for our communities through neighbourhood models and community based multi-disciplinary working.

The Fuller stocktake of primary care centres around three essential offers:

• streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it

• providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions

• helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

NCL ICB, NHS providers, the council and voluntary and community groups will continue to work to realise the vision of holistic, integrated care and will ensure continued focus on bringing together core teams and professionals to improve care for whole populations as we move to a neighbourhood model.

Officers Recommendations
1. That the Health and Wellbeing Board note and comment on the Fuller stocktake, primary care and emerging neighbourhood models.

1. Why this report is needed

1.1 This report provides a general Primary Care update to provide assurance to the Health and Wellbeing board that the NCL ICB is progressing in line with planned strategies supporting the Fuller Report recommendations. This report also outlines the work to develop neighbourhood models of care in Barnet, led by the Barnet Borough Partnership.

1.2 Overview of General Practice in Barnet

1.2.1 Barnet currently has 50 GP practices, 6 of whom are single-handed GP contractors (small GP practices with one GP or one principal and few locums). All Barnet practices have open lists for new patient registrations. A summary of GP practices and their Primary care Network (PCN) is shown in appendix 1. High demand for appointments continues to place pressure on general practice despite overall appointment capacity being higher than it was prior to the pandemic within NCL ICB (see Chart 1, below). As a system, this tension is being addressed in various ways.

1.2.2 Compared to other boroughs in North Central London (NCL), Barnet has considerably the most GP practices. There are currently 50 practices in Barnet, although that number will be reduced to 48 shortly, due to a single-hander retirement and a practice merger. This compares with between 31 – 34 GP Practices in Enfield, Haringey, Camden and Islington). Enfield and Haringey have 6 single-handed practices, whilst Camden and Islington have 4 and 3 respectively. The proportion of single-handed GP practices in Barnet is therefore low compared to the other NCL boroughs.

1.2.3 Whilst it is not possible to say with certainty when GPs will retire, Table 1 illustrates reported information from Barnet's single-handed GP practices, demonstrating the ages of the GP practices working there (the names of the practices have been removed). The

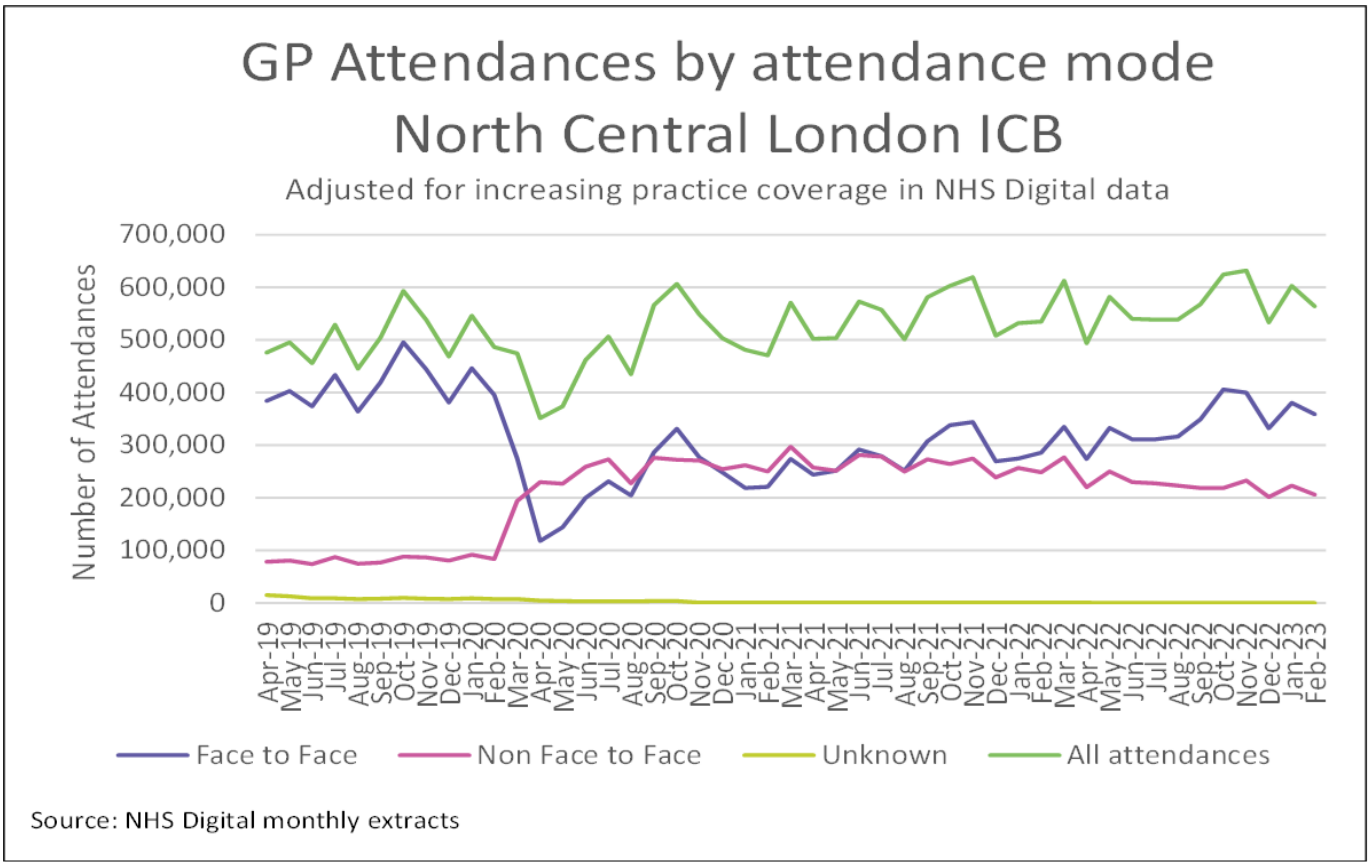
potential risk of practice closures due to retirement is difficult to plan for as additional partners or a practice merger could take place ahead of this, meaning a practice closure would not then be needed.

1.2.4 Table 1: Reported age of GPs working in single-handed GP Practices in Barnet:

Practice	Total GP count	Reported age of GPs working in practice:				
		30 - 44	45 - 54	55 - 64	65 - 69	70+
1	3	2	1	0	0	0
2	1	0	0	0	1	0
3	4	1	2	1	0	0
4	10	7	2	0	0	0
5	1	0	0	0	0	1
6	1	0	0	1	0	0

1.2.5 The authors of this report were asked to find out how many GPs there are per head in Barnet compared to the other boroughs in NCL. Information pertaining to the number of GP partners, salaried GPs and trainees in each practice in North Central London is difficult to ascertain accurately and was not available prior to the publication of this report. If it does become available, it will be shared as supplementary information prior to the May Health and Wellbeing Board meeting.

1.2.6 Chart 1: NCL GP attendances by mode April 2019- February 2023



1.2.7 To support General Practice and patient care, NCL ICB commissions a number of additional Locally Commissioned Services (LCS). LCS' offer services above those

specified nationally in the core contractual requirement and are intended to meet locally-identified needs. The ICB is currently in a preparatory period for a new and consistent approach to managing long term conditions in NCL (LTC LCS). This service will launch in autumn 2023 and focuses on personalised care and treatment that prioritises prevention, early detection of LTCs and what is important to the individual. Its aim is to improve population health and wellbeing, and help to address health inequalities across neighbourhoods, place and the entire Integrated Care System (ICS). The NCL LTC LCS will provide consistency for practices across NCL for the management of LTCs, as well as increase collaboration at PCN-level to best plan resources and services. The new service builds on services already covered as part of the core contract, and will replace some existing locally commissioned services.

1.2.8 As part of the Network Contract Directed Enhanced Service (DES), PCNs have been able to recruit under the Additional Role Reimbursement scheme (ARRS) which will enable General Practice to flex their workforce and ensure they remain fit for purpose and align to future ambitions. Appendix 2 gives a summary of all the roles employed by Barnet PCNs.

1.2.9 There are also a number of changes to the GP contract for 23/24 which NCL ICB will support General Practice to implement. A summary of the changes can be found in appendix 3.

1.3 **PCN DES & Primary Care Access**

1.3.1 The national Directed Enhanced Service (DES) Access Specification was launched on 1 October 2022. This change means that Primary Care Networks are responsible for the delivery of extended access appointments for their patients between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

1.3.2 We have a mixture of approaches in terms of how these appointments are delivered across Barnet PCNs. This has been informed by individual PCN patient engagement, some of which have hybrid arrangements with Barnet Federated GPs to provide this service and some who are providing all appointments using PCN staff. The new services are providing a greater number of appointments in advance, with an emphasis on providing planned care, in addition to same-day or next-day GP appointments.

1.3.3 As the new DES specification did not cover Saturday evening, Sundays or bank holidays, NCL ICB commissioned a bridging arrangement with Barnet GP Federation to provide extended access during these times. This contract is currently in place until September 2023. A review and scoping exercise is due to commence on short, medium and longer term plans for this and wider services to focus on improvements and opportunities within the system as part of a wider review of urgent and emergency care.

1.3.4 NCL Primary Care appointment capacity is higher than pre-Covid levels (see Chart 1 above), with a spotlight on provision of both same-day and face-to-face appointments and meeting this demand needs to be balanced against the need to protect capacity for proactive care and long-term condition management.

1.4 **Challenges over the winter period**

1.4.1 Increased demand for Primary and Secondary Care services has been a particular challenge during the winter period, as expected. However, this was further impacted due to high numbers of respiratory infections, with a significant spike in invasive Group A Strep presentations requiring additional face to face capacity for symptomatic children and young people. As a result, an Acute Respiratory Hub was mobilised in each borough; for Barnet this was provided by our GP federation using the existing infrastructure of the extended access service.

1.4.2 Ongoing industrial action has required the system to provide urgent additional capacity where possible to address the demand at this time. During this time, Barnet Federated GPs supported by providing additional capacity at relatively short notice, again, using the existing service infrastructure.

1.4.3 Recruitment and retention remain a challenge for General Practice staff with greater levels of staff sickness, including Flu and Covid, putting pressure on capacity and stretching workforce.

1.5 **Developing Primary Care winter plans**

1.5.1 For winter 2022-23 specific funding was allocated by NHS England to develop Primary Care winter plans, with the majority of schemes developed in-borough, based on local needs, with some projects and capacity boosts agreed across NCL. Plans built on learning from our 2021-22 Primary Care winter response. Barnet initiatives included additional nurse and GP appointments, reviews of and support for high intensity user patients, proactive healthcare reviews for elderly patients aged 80 and over and face-to-face visits and structured medication reviews for housebound patients.

1.6 **Primary Care Estate**

1.6.1 NHS NCL ICB has made significant progress on its estates and infrastructure agenda and there is a deep commitment to improving population health, along with the continued emphasis on quality and efficiency. The below list summarises some of the 23/24 Barnet priority Primary Care schemes. The schemes will align with the neighbourhood model and build on principles from the Fuller Report and working group.

- **Colindale Integrated Hub** – New Primary, Community and Social Care Integrated Hub
- **Brent Cross regeneration scheme** - New Primary, Community and Social Care Integrated Hub
- **Osidge Library One Public Estate scheme** – A new Primary Care hub and GP co-location
- **Torrington Park Health Centre** – Refurbishment of an existing core asset creating additional Primary Care capacity
- **Finchley Memorial Hospital Community Diagnostic Centre** - Refurbishment of an existing core asset creating additional diagnostic capacity.

1.7 **North Central London Population Health and Integrated Care Strategy**

1.7.1 Our collective ambition as an integrated care partnership is:

1.7.2 ‘As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.’

1.7.3 The short version document (appendix 4) sets out a clear call to action shared by the ICB, councils and partners in the ICS, to reflect on how their organisations will look and feel when they align to the principles and areas outlined in this strategy. The strategy outlines a set of population health outcomes that NCL will work together to improve. In order to embed and test our principles, we have outlined delivery areas where we can make the greatest impact and continue learning about our approach to system, borough partnership and neighbourhood working. Each delivery area describes the rationale for its selection in NCL as well as what we plan to do next. We recognise that there are opportunities to improve the way in which NCL as a system is set up to sustainably deliver according to these principles, therefore we have identified levers for change which will help the ICS create the right conditions for sustainable delivery and improved outcomes. Each of these levers consists of system-wide deliverables which will set our system up for long-term success. Although this document forms a milestone in our population health journey, we will continue to develop our partnership working as well as our engagement with our communities to deliver these goals.

1.8 Barnet Borough Partnership Neighbourhood model

1.8.1 Linked to the Population Health and Integrated Care Strategy, the Barnet Borough Partnership is developing neighbourhood models of care and support, based on PCN footprints and also taking hyper-local approaches. The aim of the model is to help people to stay well, provide integrated care & support, tackle health inequalities and inequity in access.

1.8.2 The model for neighbourhood working presented in appendix 6 is evolving, is being co-produced by partners across the Barnet Borough Partnership, and reflects the current position. It will be updated regularly to ensure continual alignment with priorities of all system partners. The appendix presents a high-level summary that reflects the time of writing. More detail and tangible next steps are being worked on continually.

1.8.3 The Borough Partnership has adopted the position that neighbourhood support and care can be delivered both in Primary Care Network (PCN) MDT models, and at ‘hyper-local’ levels that don’t necessarily lend themselves well to being led by a PCN approach, and instead harness the energy of community assets.

1.8.4 This pragmatic, 2-pronged approach provides the flexibility to organise a neighbourhood model both around local/community assets, needs and energy (hyper-local), whilst also embracing the capacity of PCNs.

1.8.5 What is in place already in the Neighbourhood model?

1.8.6 ***Hyper-local work*** is being delivered at different levels, in different areas of the borough, most notably in Grahame Park, as well as throughout the borough, for example through peer support work such as the Healthy Hearts campaign, which has targeted Somali and South Asian communities in Burnt Oak, Colindale, Edgware, Hendon and Golders Green

to reduce Cardiovascular disease (CVD). Ongoing work to support health and wellbeing, and reduce health inequalities in well-defined communities, such as asylum seekers, can also be classed as 'hyper-local' neighbourhoods work.

1.8.7 ***In PCNs,*** the Ageing Well Pathway Model supports people with frailty and dementia. PCNs also host the Paediatric Integrated service and 0-19 hubs, which provide early intervention to support children and families' health and wellbeing. There is a comprehensive social prescribing service in each PCN, with a public-health funded manager located in Age UK Barnet. The Council's Adult Social Care Prevention and Wellbeing Service is now borough-wide, and working closely with the social prescribing team (with 8 additional staff in post doing community work, individual support and making connections). Other prevention/early intervention services/support such as health checks are already delivered out of primary care.

1.8.8 Each PCN now runs its own extended GP access service, so that residents can get a GP appointment outside 'normal' hours, 8-8, 7 days a week. In addition, PCNs lead on childhood immunisations, employ mental health practitioners and other 'Additional Roles' such as first contact physiotherapists.

1.8.9 Further details are contained in Appendix 2.

2. Reasons for recommendations

2.1 Barnet's Health and Wellbeing Board is responsible for the health and wellbeing strategy, which has integrated care as a priority. It is important that the Board is fully briefed on the development of neighbourhood models and provides insight and comments.

3. Alternative options considered and not recommended

3.1 Not applicable in the context of this report.

4. Post decision implementation

4.1 The borough partnership team, the ICB, the council, the GP cabinet, PCN leaders, NHS providers and VCS partners will continue to work on the development of the neighbourhood model and will report back to the HWB in the future.

5. Implications of decision

Corporate Priorities and Performance

5.1.1 The Barnet Plan – Caring for people, our places and the planet, sets out that integrated care is a priority.

5.1.2 Implementation of a neighbourhood model for health and care and the Fuller requirements supports the achievements of the Barnet joint health and wellbeing strategy, which emphasises integrated, joined up care for those who need it. The recently agreed NCL population health and integrated care strategy also emphasises the importance of neighbourhood models for integrated health and care as a key vehicle for improving health and tackling health inequalities.

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

None in the context of this report. Legal and Constitutional References

5.2.1 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.

5.3 **Insight**

5.3.1 There are no insight implications in relation to the recommendations of this report.

5.4 **Social Value**

5.4.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

5.5 **Risk Management**

5.5.1 Both the Council and the ICB and all providers have established approaches to risk management, which are set out in their respective risk management frameworks. Further work on neighbourhoods will be carried out in accordance with all organisations approaches to risk management.

5.6 Equalities and Diversity

5.6.1 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.

5.6.2 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.

5.6.3 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.

5.6.4 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.

5.6.5 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:

a) Age
b) Disability
c) Gender reassignment
d) Pregnancy and maternity
e) Race
f) Religion or belief
g) Sex
h) Sexual orientation
i) Marriage and civil partnership

5.7 Corporate Parenting

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The services contained within neighbourhood models for children's services are relevant to corporate parenting and meeting the needs of looked after children and care experienced young people. Services for adults are relevant to care experienced adults with health and care needs and it is important that services are accessible and effective for this group of people.

5.8 Consultation and Engagement

5.8.1 The development of the neighbourhood model in Barnet will be co-produced with people who draw on care and support, residents and community groups. Any changes that require formal consultation, will be consulted on in accordance with the policy of the relevant organisation.

5.8.2 Co-production and engagement on neighbourhoods to date has been carried out in partnership with community organisations including Age UK Barnet, Art Against Knives, Young Barnet Foundation and Inclusion Barnet. Methods have been varied, including walk-rounds of local areas with residents, community engagement events, and a research project in which 93 residents of the Grahame Park Estate were interviewed about their experiences of accessing care and support. Information gathered is being used to inform plans for service development. The Neighbourhoods workshop in February built on the engagement and coproduction that has taken place to date, in order to support the development of the neighbourhood model. A joint approach to coproduction is being developed, that brings together the work of all Barnet Borough Partnership partners.

5.9 Environmental Impact

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

6. Background papers

Appendix 1 – Practice/PCN info

Appendix 2 – Barnet Borough ARRS info

Appendix 3 - GP Contract changes

Appendix 4 – Population Health Integrated Care strategy – Short report

Appendix 5 – Neighbourhoods glossary

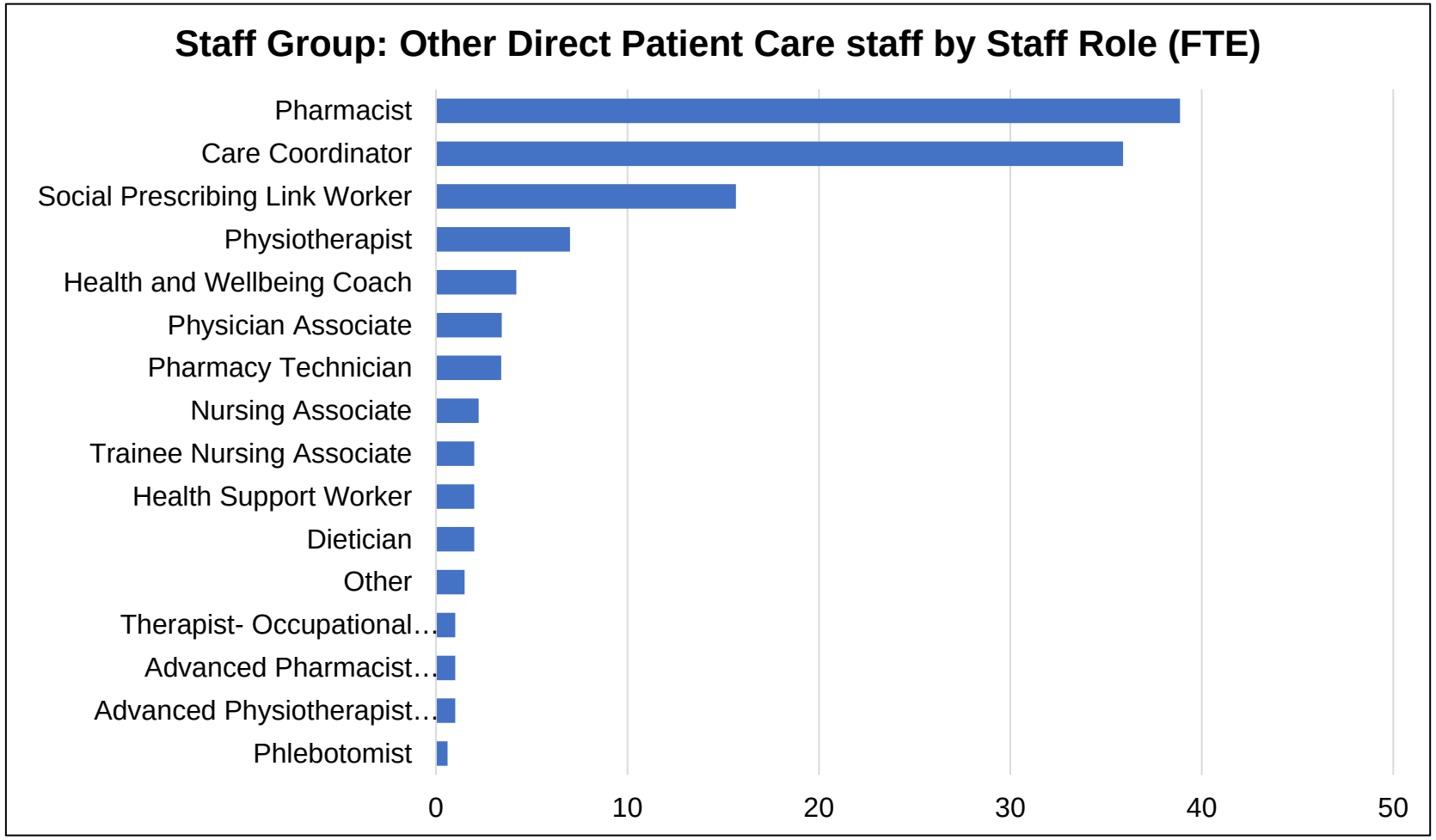
Appendix 6 – April 2023 Neighbourhoods plan

Appendix 7 – Neighbourhood Proposal for Barnet (November 2022)

Practice Code	Practice_Name	Practice Status (Group/Single Hander)	PCN	Branch Site/s
E83041	Wakeman's Hill Surgery	Single-Hander	PCN 1D	
E83034	Colney Hatch Lane surgery (Doctors Surgery)	Single-Hander	PCN 2	
E83650	Gloucester Road Surgery	Single-Hander	PCN 3	
E83036	Vale Drive Medical Practice	Single-Hander	PCN 3	
Y02986	Cricklewood Health Centre(Barndoc Healthcare Ltd)	Single Handed	PCN 5	
E83649	Hodford Road Surgery	Single-Hander	PCN 6	

This page is intentionally left blank

Barnet Borough ARRS roles



Staff Role	WTE
Advanced Pharmacist Practitioners	1.0
Advanced Physiotherapist Practitioners	1.0
Care Coordinators	35.9
Dieticians	2.0
Health and Wellbeing Coaches	4.2
Health Support Workers	2.0
Nursing Associates	2.2
Other Direct Patient Care	1.5
Pharmacists	38.9
Pharmacy Technicians	3.4
Phlebotomists	0.6
Physician Associates	3.4
Physiotherapists	7.0
Social Prescribing Link Workers	15.7
Therapists	1.0
Trainee Nursing Associates	2.0

BARNET BOROUGH ARRS Roles By PCN

PCN 1D

Staff Role	WTE
Pharmacists	1.0
Health Support Workers	1.0
Social Prescribing Link Workers	1.0

PCN 1W

Staff Role	WTE
Advanced Pharmacist Practitioners	1.0
Dieticians	1.0
Pharmacists	2.8
Pharmacy Technicians	1.0
Phlebotomists	0.6
Physiotherapists	1.0
Social Prescribing Link Workers	2.0
Therapists	1.0

PCN 2

Staff Role	WTE
Social Prescribing Link Workers	3.0
Physician Associates	1.0
Pharmacists	0.5
Pharmacists	0.6
Care Coordinators	8.6
Pharmacists	1.0

PCN 3

Staff Role	WTE
Care Coordinators	20.7
Health and Wellbeing Coaches	0.6
Health Support Workers	1.0
Nursing Associates	2.2
Pharmacists	9.5
Pharmacy Technicians	1.4
Physician Associates	0.4
Physiotherapists	1.6
Social Prescribing Link Workers	3.0
Trainee Nursing Associates	2.0

PCN 4

Staff Role	WTE
Other Direct Patient Care	1.0
Social Prescribing Link Workers	3.1
Pharmacists	1.0
Physiotherapists	2.0
Pharmacy Technicians	1.0
Pharmacists	2.0
Care Coordinators	2.0
Pharmacists	1.0
Health and Wellbeing Coaches	2.0

PCN 5

Staff Role	WTE
Care Coordinators	3.0
Dieticians	1.0
Health and Wellbeing Coaches	1.0
Other Direct Patient Care	0.5
Pharmacists	7.8
Physiotherapists	1.0
Social Prescribing Link Workers	2.0

PCN 6

Staff Role	WTE
Advanced Physiotherapist Practitioners	1.0
Care Coordinators	1.5
Health and Wellbeing Coaches	0.6
Pharmacists	11.6
Physician Associates	2.0
Physiotherapists	1.4
Social Prescribing Link Workers	1.6

To:
- All GP practices in England
- Primary Care Network Clinical Directors

cc.
- ICB Primary Care Leads
- ICB Chief Executives
- Regional Directors
- Regional Directors of Commissioning
- Regional Directors of Primary Care and Public Health
- Regional Heads of Primary Care

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

6 March 2023

Dear colleagues,

Changes to the GP Contract in 2023/24

1. We recognise and appreciate the incredibly hard work of general practice during this period of sustained significant pressure. The past few years have demonstrated the dedication of practice and Primary Care Network (PCN) teams in innovating and responding to the needs of their populations. In January 2023 General Practice delivered 30m appointments, an increase of 11% on January 2020, a testament to the incredible work of GP teams.

2. 2023/24 is the final year of the 5-year framework agreement which was set out in *Investment and Evolution*. Over the course of 2023/24 NHS England will engage with the profession, patients, ICSs, government and key stakeholders, building further on the Fuller Stocktake from May 2022 which set out the next steps towards integrating primary care. In response to feedback from practice teams, GPC England and the Health and Care Select Committee on the Future of Primary Care, in 2023/24 the profession and representative patient groups will be consulted on the Quality and Outcomes Framework (QOF) and its future form.

3. The Chancellor in his Autumn Statement set out a commitment to publish a recovery plan for General Practice access in early 2023. The Delivery Plan for Recovering Access to Primary Care will be published shortly and sets out how practices and PCNs can be supported to improve access during 2023/24 building on the contract changes outlined in this letter and expanded in Annex A.

4. The changes to the GP contract in 2023/24 set out the requirements of General Practice and PCNs with the goal of improving patient experience and satisfaction and we recognise that this will require both time and support to assess, review and implement changes. We intend to provide this support in a number of ways outlined below including freeing up workforce capacity through significant changes to the Impact and Investment Fund (IIF) and through the QOF Quality

Improvement (QI) modules. Further support for practices and PCNs will be outlined in the recovery plan.

Access requirements

5. **Offer of assessment will be equitable for all modes of access:** To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. The IIF focus on access will support practices and PCNs working towards achieving this during 2023 recognising the changes that will need to be made.

6. **Prospective (future) record access to be offered by 31st October 2023:** To make it easier for patients to access their health information online without having to contact their practice, the GP contract will be updated so new health information is available to all patients (unless they have individually decided to opt-out or any exceptions apply) by 31 October 2023 at the latest. This builds on the 1,400 practices that are already automatically offering this access, with 6.5 million patients already able to see their prospective records. NHS England will continue to provide support to practices as more patients gain online access to their records. Support will continue nationally and through commissioners to enable practices to make this offer to all their patients.

7. **Mandate use of the cloud based telephony (CBT) national framework:** All practices need to be aware, that from the end of 2025, all analogue ISDN and PSTN lines will be removed for use in all home and business settings. From this point, only cloud-based platforms will be supported. Digital telephony (CBT) provides greater functionality for practices and patients. This includes call queueing or call back which provide a better patient experience when the lines are busy as well as management information and data to support practices gain insight and improve their responsiveness further.

8. Background research and pilot studies have demonstrated how challenging it can be to navigate the telephony market for practices and understand the offers. A Better Purchasing Framework (BPF) has been developed by NHS England to provide recommended suppliers and assure value for money. As part of the 2023/24 GP contract changes, practices will be required to procure their telephony solutions only from the framework once their current telephony contracts expire. The Delivery Plan for Recovering Access to Primary Care will describe further support available for practices who indicate they are interested in making this move in 2023/24.

Changes to Impact and Investment Fund and QOF QI modules

9. The number of indicators in the IIF will be reduced from 36 to five (worth **£59m**) and will focus on a small number of key national priorities: two indicators related to flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator.

10. The remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and receiving a response with an assessment and/or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency). 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24 via the Capacity and Access Support Payment.

11. The remaining 30% of the total funding, equating to £73.8m, will be assessed against an access improvement plan agreed with the commissioner in quarter 1 of 2023/24. At the end of March 2024 ICBs will assess for demonstrable and evidenced improvements in access for patients and then award funding. ICBs will be provided with guidance to assist in determining the appropriate payment.

12. In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. One indicator (AF007) will be retired and replaced with a similar indicator from IIF in 2022/23.

13. This year's QOF QI modules will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments and build on care navigation and use of wider workforce or local services to reduce pressure on General Practice.

Increased flexibility of ARRS

14. Recruitment through the Additional Roles Reimbursement scheme (ARRS) has been strong, and as of 31 December 2022 stands at 25,262 additional FTE. PCNs are on track to meet the 26k target for March 2024 over a year early. Staff are providing significant numbers of additional appointments, improving patient access to general practice, and providing personalised, proactive, care for the populations that they serve. To support PCNs to recruit the teams that they need, there are a number of changes to the ARRS, including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners to three per PCN and removing the caps on Mental Health Practitioners.

15. During 2023/24 NHS England will review the ARRS to ensure that it is tailored to deliver future ambitions for general practice. Staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24 as previously confirmed, and PCNs can offer permanent contracts where appropriate. We encourage PCNs to continue to recruit, making full use of their ARRS entitlement.

Immunisations and Vaccinations

16. Following feedback from PCNs and GPC England, there will be changes to childhood vaccinations. These include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF which will see the lower thresholds reduced to 81% - 89% (dependent on indicator) and the upper thresholds raised to 96%.

17. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

18. Further details on the 2023/24 changes will be published ahead of April including a revised Network Contract DES specification. If any changes are required to commissioner allocations, we will adjust this through the regular allocations update process.

Yours sincerely,

Dr Amanda Doyle OBE, MRCGP
National Director for Primary Care and Community Services
NHS England

Annex A – changes to the GP Contract in 2023/24

Changes to the GP Contract Regulations

Access

1. To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice.

Patient access to their medical records

2. The GP contract regulations will be amended so that patients have online access to their prospective medical records (unless they have individually decided to opt out or any exceptions apply) by 31 October 2023 at the latest.

3. The existing requirements in the GP contract regulations relating to providing online access to historic coded and full records will also be amended so that they are consistent with access to information under the GDPR. Amendment of these existing requirements will also provide clarity on how practices are required to offer, promote and provide online access to patient records.

Supporting Cloud Based Telephony

4. Practices will be required to procure their telephony solutions only from the Better Purchasing Framework once their current telephony contracts expire.

Simplification of GP registration requirements

5. In order to support the simplification of GP registration requirements, the term ’medical cards’ will be removed from the GP contract regulations.

GP retention scheme

6. The four-session cap within the GP retention scheme was lifted during the pandemic and will now be removed permanently. Sessions worked above the cap will be funded by the employing general practice. Any further potential changes to the scheme will be picked up as part of the current review of GP recruitment and retention scheme being led by NHS England.

The Additional Roles Reimbursement Scheme (ARRS)

7. In 2023/24 the following changes will be made to the ARRS:

    a. increasing the cap on Advanced Practitioners from two to three per PCN where the PCN’s list size numbers 99,999 or fewer, and from three to six where the PCN’s list size numbers 100,000 or over.
    b. reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
    c. including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners (APs).
    d. introducing apprentice Physician Associates (PAs) as a reimbursable role.

e. removing all existing recruitment caps on Mental Health Practitioners, and clarifying that they can support some first contact activity.
f. amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

8. During 2023/24 the ARRS will be reviewed to ensure that it remains fit for purpose and aligned to future ambitions for general practice.

Changes to the PCN service specifications

9. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

Enhanced Access

10. Following feedback from GPC England, NHS England has agreed to review the enhanced access requirements in 2023/24 once PCNs have had the opportunity to operate for several months, and to enable links into the wider conversations on urgent and emergency care.

Investment and Impact Fund (IIF)

11. The following changes will be made to the IIF in 2023/24:
    - the number of indicators will be reduced to five to support a small number of key national priorities: flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The value of these indicators will be £59m.
    - the remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and being assessed and/or seen within the appropriate timeframe (for example same day or within 2 weeks where appropriate).
    - 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24, similar to monthly QOF aspirational payments.
    - the remaining 30% of the total funding, equating to £73.8m, will be assessed against 'gateway criteria' at the end of March 2024 by ICBs and paid to PCNs for demonstrable and evidenced improvements in access for patients.

12. The Learning Disability Health Checks Indicator will be amended by adding a requirement to record the ethnicity of people with learning disabilities.

13. A Personal Care Adjustment (PCA) will be added to the indicator on FIT testing (CAN-02) so that PCNs are not being incentivised to refer for FIT testing when there is rectal bleeding. Additional support will be provided where practices are struggling to access tests. This will involve setting up a national 'supply chain' escalation system that any GP practice can contact if local supply issues arise.

Additional support is available from the regional cancer alliance to fund FIT kits where needed.

Quality and Outcomes Framework (QOF)

14. QOF will be streamlined in 2023/24 by income protecting all register indicators. This will release £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Funding will be paid to practices based on 2022/23 performance monthly once the 2022/23 QOF outturn is finalised.

15. Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. These will be funded by retiring indicator RA002 (the percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months) and reducing the value of DEM004 (annual dementia review). The mode of review of DEM004 will also be amended to be determined through shared decision making with the patient.

16. Indicator AF007 will be retired and replaced with the indicator below (which was in the IIF as CVD-05 in 2022/23):
    - AF008: Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2- VASc score of 2 or more, who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist (12 points, LT 70%, UT 95%).

17. There will also be a number of other small changes to indicator wordings and values in 2023/24.

18. The QOF QI modules in 2023/24 will focus on:
    - workforce and wellbeing
    - optimisation of demand and capacity management in general practice.

19. Work will need to be undertaken during 2023/24 to review QOF in its current form with the aim of making it more streamlined and focussed. The profession, patients and the broader system will be consulted to determine the most appropriate form in 2024/25.

Childhood immunisations

20. The following changes will be made to childhood vaccinations:

    - the removal of the V & I repayment mechanism, removing the payment clawback for practice performance below 80% coverage across the routine childhood programmes.
    - changes to the childhood V & I QOF indicators.
    - clarification of the wording in the SFE that an Item of Service (IoS) fee will be payable for vaccinations administered for medical reasons and incomplete or unknown vaccination status (‘evergreen offer’) for the

programmes outlined in the SFE Part 5 Vaccinations and Immunisation, section 19.

21. The changes to the childhood vaccination and immunisation indicators within QOF will see the lower thresholds reduced to 89% (VI001) 86% (VI002) and 81% (VI003) and the upper thresholds raised to 96%[1]. All the points for each indicator will be put into a sliding scale of reward between the lower and upper threshold. Reducing the lower thresholds will decrease the number of practices receiving no payment across the three indicators.

22. A new Personalised Care Adjustment will also be introduced for patients who registered at the practice too late (either too late in age, or too late in the financial year) to be vaccinated in accordance with the UK national schedule (or, where they differ, the requirements of the relevant QOF indicator).

Vaccination and Immunisations

23. The contract will also be updated to reflect forthcoming changes to the routine vaccination schedule as recommended by the Joint Committee on Vaccinations and Immunisation (JCVI), specifically in relation to Human papillomavirus (HPV), and Shingles.

Human papillomavirus

24. JCVI recommended a move from a two-dose schedule to a one dose schedule for the routine adolescent programme up to the age of 25 years. This change will align HPV vaccine doses across age groups, aligning the school's programme, sexual health and general practice provision, therefore minimising the risk of conflicting or missing doses. This change will not apply to those who are immunocompromised and those known to be HIV positive for whom the three-dose schedule will remain.

25. There will be a change from a two-dose to a one-dose HPV programme for those aged 14 to 25 years from 1 September 2023 to align with the school's programme.

26. General practice delivery remains opportunistic or on request. Eligibility remains up to 25 years of age for girls born after 1 September 1991 and boys born after 1 September 2006. This difference is due to the programme for boys being introduced at a later date (2019).

27. The IoS payment will continue to be paid at £10.06 per dose administered.

[1] VI001: The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months; VI002: The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months; VI003: The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.

28. Further information on the programme change will be provided in due course.

Shingles

29. The JCVI advised in 2018 that Shingrix had been shown to be effective and cost-effective, recommending its use in the NHS Shingles Programme for individuals for whom the live Zostavax was contraindicated. This change was implemented in the programme in September 2021.

30. In 2019 JCVI recommended the replacement of Zostavax with Shingrix and the expansion of the cohorts in the Shingles Vaccination Programme. JCVI have recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunocompromised.

31. From 1 September 2023 changes to the Shingles Programme to implement the JCVI recommendations will be as follows:
    - replacement of Zostavax with the 2-dose Shingrix vaccine as Zostavax goes out of production.
    - 2-dose Shingrix vaccine for the current 70-79-year-old cohort with a period of 26 weeks to 52 weeks between doses following the depletion of Zostavax.
    - expansion of the immunocompromised cohort to offer 2-dose Shingrix to individuals aged 50 years and over with a period between doses of 8 weeks to 26 weeks.
    - expansion of the immunocompetent cohort to offer 2-dose Shingrix routinely to individuals aged 60 years and over with a period between doses of 26 weeks to 52 weeks, remaining an opportunistic offer up to and including 79 years of age.

32. The expansion of the immunocompetent cohort will be implemented over two five-year stages as follows:
    - first five-year stage (1 September 2023 to 31 August 2028): Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
    - second five-year stage (1 September 2028 to 31 August 2033): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

33. Additionally, practice call/recall for the immunocompromised and immunocompetent cohorts as they become eligible for the programme will be implemented from 1 September 2023, as well as catch-up call/recall for the newly eligible immunocompromised 50-69-year-old cohort.

34. Shingles can be delivered at any time during the year thus enabling practices to manage timing for when the individual is invited and can also be opportunistically delivered if clinically appropriate when an individual attends the practice for another reason.

35. The Shingles GPES extraction will be updated to accommodate these changes.

36. Further information on the programme changes and management of the immunocompetent cohort expansion will be provided in due course.

Unchanged programmes

37. The following programmes will continue unchanged for 2023/24:
    - 6-in-1 (DTaP/IPV/Hib/HepB)
    - MenB
    - Rotavirus
    - PCV (infant pneumococcal)
    - Hib/MenC
    - MMR provision to remain unchanged for both the 0-5-year-olds programme and 6 years and over programme
    - 4-in-1 pre-school booster (DtaP/IPV)
    - 3-in-1 booster (td/IPV)
    - Men ACWY (provision for those aged up to 25 years who miss the schools programme)
    - PPV (65-year-olds and 2-64-year olds in defined clinical risk groups)
    - HepB (Babies)
    - Pertussis (pregnant women).

Weight Management Enhanced Service

38. The Weight Management Enhanced Service will continue into 2023/24, retaining the £11.50 referral payment.

North Central London Integrated Care System

North Central London Population Health and Integrated Care Strategy

Short version

Context and ambition

North Central London Integrated Care System

This document sets out our **approach to improving the health of our population.** It describes our vision for an **integrated** system focused on **prevention, early intervention, and proactive care**.

The document brings to life **how we will work together** to achieve our collective ambition:

'As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.'

The document builds on great work already going on across the system to join up care. We have agreed a **shared set of priorities and outcomes** and we will use these to drive improvements in the health of our population and to **reduce health inequalities**.

We have worked with communities to develop a set of **'I' statements** that define what our new system needs to feel like for the people we serve.

Our ‘I’ statements define what our new system needs to feel like for our residents, our communities and our service users

North Central London Integrated Care System

A whole person

- I am treated as a whole person and you recognise how disempowering being ill is
- I am listened to and respected

Patient choice and effective self-care

- I am involved in decisions regarding my life, my health and the support or care that I need

Feeling empowered

- I have the support that I need to stay healthy, both physically and mentally, and to live as independently as possible
- I am supported by people who see me as a unique person with strengths, abilities and aspirations

Information on services, communication and navigation

- I have the information and advice that I need, when I need it and in a form that I can understand

Housing and community

- I live in a safe place with access to lots of green spaces
- I feel part of a community
- I can easily access and afford local activities / services

Integrated care

- I tell my story once
- My care is coordinated across services
- When I move between services, settings or areas, there is a clear plan and the transition feels seamless

Our key principles for becoming an integrated population health system

North Central London Integrated Care System

We have identified **ten principles which will guide our news ways of working**, including examples of what that looks like. We will need to make substantial changes to how we work with our residents and communities, and this will involve changing how we prioritise our resources and efforts. The strategy sets out a clear **call to action to our providers** to reflect on how their organisations will look and feel when they align to these principles.

Trust the strengths of individuals and our communities

We listen to our communities and develop care models that are strengths-based and focussed on what communities need, not just what services have always delivered

Break down barriers and make brave decisions that demonstrate our collective accountability for population health

We understand each other's viewpoints and take shared responsibility for achieving our ICS outcomes and our role as anchor institutions

Build from insights

We create digital partnerships and use integrated qualitative and quantitative data to understand need

Strengthen our Borough Partnerships

We build a system approach for local decision making and accountability to support local action on physical and mental health inequalities and wider determinants

Mobilise our system's world class improvement and academic expertise for innovation and learning

We build the evidence base for population health improvement and innovative approaches to improve integrated working

Break new ground in system finance for population health and inequalities

We shift our investment toward prevention and proactive care models and create payment models based on outcomes.

Build 'one workforce' to deliver sustainable, integrated health and care services

We maximise our workforce skills, efficiencies and capabilities across the system

Support hyper-local delivery to tackle health inequalities and address wider determinants

We make care more sustainable by creating local integrated teams that coordinate care around the communities

Relentlessly focus on communities with the greatest needs

We embed Core20PLUS5 in all our programmes with a particular focus on inclusion health to make sure no-one is left behind

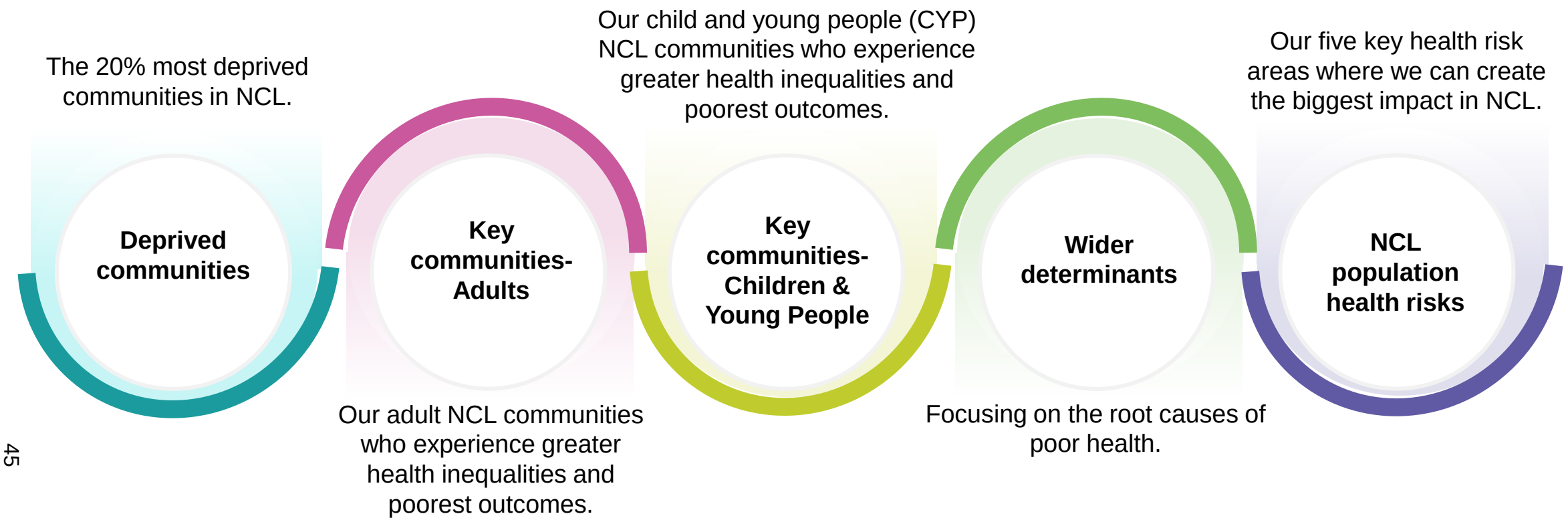
Deliver more environmentally sustainable health and care services

We prioritise activity which impacts our communities' health and environment, such as transport

Key delivery areas

North Central London Integrated Care System

We have agreed **delivery areas** where we can make the greatest impact and continue learning about joining up care and reducing health inequalities, working in local neighbourhoods across our borough partnerships and as a whole integrated system.



Levers for change

North Central London Integrated Care System

To deliver on our ambition, there are six levers for change that will help us create the right conditions for sustainable delivery. We will need to work across the integrated partnership to make these real.

Making population health everyone's business

Developing and improving system-wide access to population health insights and embedding the fundamentals of population health at all levels of our system, including our front-line teams

Strengthening integrated delivery

Further developing our approach to integrated delivery in the Borough Partnerships by creating the context and conditions for success and support building our local integrated teams

Collaborating to tackle the root causes of poor health

Creating a better context for good health and well-being for everyone in NCL by collaborating to address the root causes of poor health outcomes and investing locally and responsibly in our communities

Aligning resources to need

Transforming how we make decisions about the use of resources by understanding where we have variation in outcomes and creating the frameworks and measures that redirect resources to close the gap

Becoming a learning system

Working with NCL's world-leading research and improvement expertise to become a system that is evidence-based and evidence-generating to deliver impact, value, scale and spread

Creating 'one workforce'

'One Workforce' across our health and care providers to provision a sustainable model that enables us to pivot towards a model that focuses on population health improvement

Moving forward to delivery

North Central London Integrated Care System

The levers and delivery areas in this document, alongside our existing programmes of work, allow us to frame delivery of this strategy around clear actions and key communities.

We will plan across three horizons that cover the 5 year period of this document. In the first horizon, our focus is on tangible action for our delivery areas and getting our other outputs into priority order to help us deliver our ambition.

Horizon 1 – 0-18 months

- Tangible action plan and progress for each delivery area
- Prioritisation and sequencing of the deliverables under each of our levers
- Ensure progress on foundational deliverables are in place to make the progress on delivery areas sustainable

Horizon 2 – 18-36 months

- Our intermediate pieces of work that build on the foundations and early learning
- This horizon will require updating and further detailed planning in the first annual refresh.

Horizon 3 – 36+ months

- Our longer-term pieces of work which are dependent on deliverables in horizons 1 and 2.
- These will reflect consolidation of learning and greater depth of system partnership and collaboration.

Horizon 1 future state

Horizon 2 future state

Horizon 3 future state

We will establish oversight and monitoring arrangements that will use our outcomes framework to guide our work

North Central London Integrated Care System

Oversight and monitoring arrangements
Ensuring all parts of the system are clear about their role in delivering the strategy, the outcomes and indicators that they support, how they will track progress and how that will contribute to the overall system view. This will help support mutual accountability for population health outcomes.

NCL Population Health Outcomes Framework

All population outcomes are baselined and prioritised, and we have agreed ambitions to drive improvements and reduce inequalities.

Delivery cycle
Working at system, borough partnership, neighbourhood and providers

Identifying opportunities for intervention
Assessing variation and need to identify where we can make a difference by working together as a system, and areas which require focus at borough and neighbourhood level.

Discussing, learning and unblocking

Discussing key outcomes shifts, as well as opportunities and challenges, across all levels of our system to allow us to come together for learning and solutions.

Insights, dashboards and tools

Ensure insights are feeding in at NCL, borough, neighbourhood and provider level which can also be viewed through the lens of key communities

Barnet Neighbourhood Glossary – in development

Term	What we mean
Neighbourhood model	An approach to developing health, wellbeing and prevention provision that is locally accessible, personalised, and, in partnership with community assets, addresses local health needs and the wider determinants of health. This will be delivered at different local levels within the borough, including neighbourhood (/PCN), ward, community or hyper-local.
Neighbourhood	The BBP Neighbourhood model's definition of a neighbourhood, as a unit of organisation, rather than a location, in line with the vision of the Fuller report, which envisages neighbourhood teams organised around populations of 30 – 50,000, within a PCN foot-print. When we refer to a neighbourhood, we therefore mean a PCN footprint. Although there is variation in population sizes of our PCNs, and coverage of residents by them, this pragmatic definition will be the frame of reference for many locally delivered services for our residents.
Hyper-local	A small area (ie smaller than a neighbourhood) that is not defined by size or geographical boundaries, but is a well-defined group that organises around the assets, the people, the local need and the energy in the area to organise, transform and deliver services. This could include schools, parks, estates, high-streets, bus-routes, or libraries. Hyper-local describes the administrative approach to addressing the health and wellbeing needs of residents in these small areas.
Local	The things that are close to me/ my life (subjectively defined).
Community	The physical and non-physical spaces where people interact and connect to other people and services.
Place	A collaboratively defined term to refer to the footprint of place based on what is meaningful to local people, has a coherent identity and is where people live their lives. In this case, this refers to the borough. See here for more information.
Place-based	Place-based working is a person-centred, bottom-up approach used to meet the unique needs of people in one given location [at borough level] by working together to use the best available resources and collaborate to gain local knowledge and insight. By working collaboratively with the people who live and work locally, it aims to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all those involved.
System	Shorthand for Integrated Care Systems; the partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

See also, schools, parks, estates, high-streets, bus-routes, libraries.

Barnet Neighbourhood Glossary – in development

Term	What we mean
Primary Care Network (PCN)	A network of GP practices working together with each other and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas to meet the long-term health and care needs of local residents. In Barnet there are 7 PCNs.
Ward	An electoral area within a borough that is represented by elected councillors at the council. In Barnet there are 25 wards.
Output Areas	Output Areas (OAs) are the lowest level of geographical area for census statistics and were first created following the 2001 Census. OAs typically have a resident population of between 100 and 625 residents. They are useful for observing and using demographic and local asset information for planning purposes and are made up of: • Lower layer Super Output Areas (LSOAs) are made up of groups of OAs, usually four or five. They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons. There are 205 LSOAs in Barnet. • Middle layer Super Output Areas (MSOAs) are made up of groups of LSOAs, usually four or five. They comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons. MSOAs fit within local authorities. There are 43 MSOAs in Barnet.

Barnet Borough Partnership Neighbourhood Approach

21 April 2023

Background

- Neighbourhood programme signed off at BBP Executive Board in October 2022
- System buy-in to prioritise a neighbourhood approach, through funding neighbourhood, health inequalities and coproduction posts, as well as hosting of neighbourhood workshop in February 2023.
- Much debate about what a neighbourhood is (and what it is not). Decision made to adopt pragmatic position of 'PCN = neighbourhood' as a starting point, and to focus on hyper-local place-based initiatives eg in Grahame Park
- We are keen to increase pace. Some issues to date have been caused by lack of resource, and time taken to recruit to posts. Worth noting that similar issues experienced in other locations, eg NHS Hertfordshire and West Essex ICB, Haringey and City & Hackney.
- Where progress has been made in other boroughs, agreeing a common language has helped move things forward (see 'key terms' below) and starting with small pilots or 'test and learn' sites. It has embraced an asset-led approach and actively ensured resident co-production.
- The February workshop looked at what further initiatives (either hyper-local or PCN MDT-based activity) could be developed at neighbourhood level, and looked to develop further engagement from key stakeholders including PCN leads.
- Building consensus that, using the definitions in attachment H, we need to start small by conducting 'test and learn' pilots in one or more PCNs, and build on work in one hyper-local area (Grahame Park), before looking to other targeted initiatives.

What is our vision?

Barnet Borough Partnership

A CONNECTED WORFORCE who feel connected to each other and able to work flexibly, better able to meet people's needs

MORE SUPPORT FOR RESIDENTS through provision of integrated teams to get healthy, stay well, keep safe and be as independent as possible

ACTIVELY SUPPORTED COMMUNITIES within neighbourhoods to help themselves and each other

REDUCED BOUNDARIES so that care meets physical, mental social and related needs of residents and families

CARE THAT IS SEAMLESS at the point of delivery, joined up and personalised with boundaries removed

RESIDENT'S INTERESTS FIRST and resources collectively focussed on improving health outcomes

FLEXIBLE APPROACH BASED ON NEEDS and complex issues at place, addressing co-morbidity in more deprived areas

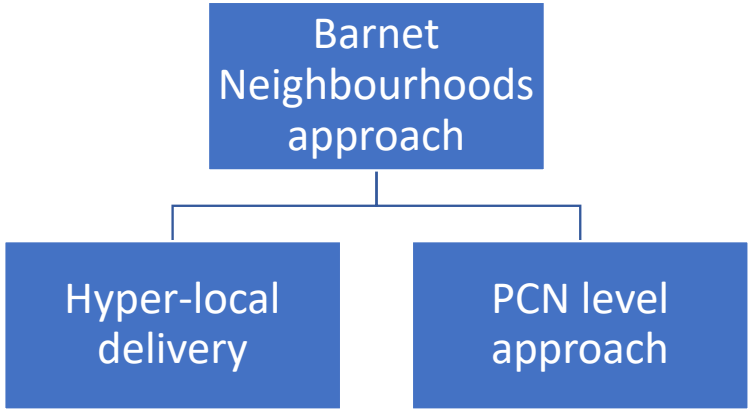
November 2022

Key overarching themes from workshop on 8th February 2023

- Define the support that can be offered by the Barnet Borough Partnership to system partners to deliver neighbourhood work
- Reduce duplication in mapping and profiling on a neighbourhood level
- Focus energy on the existing enthusiasm for taking ideas forward (eg Grahame Park)
- Neighbourhood (ie PCN) networks to be developed enhancing opportunities for collaboration and relationship building
- Understand and support the development and use of personalised care type roles – including social prescriber, health and wellbeing champions, care coordinators etc
- Understand the opportunity for the utilisation of shared space

Approach

- **The current model reflects the current position, is evolving, and will be revisited by stakeholders at regular intervals.**
- It will be underpinned by data, engagement, and a common understanding of key terms (see appendix 5)
- Pragmatic, 2 pronged approach proposes the flexibility to organise a neighbourhood model both around local/community assets, needs and energy (hyper-local), whilst also embracing the capacity of PCNs.



Key principles

- Co-production
- Working with all Barnet Borough Partnership (BBP) members, as well as voluntary, community and faith sector, academia, AHSNs, wider partners and anchor institutions
- BBP as the vehicle for bringing parties together
- Alignment with other BBP priorities (co-production, health inequalities, children and young people, mental health, ageing well (encompassing frailty and dementia).
- Alignment with NCL and national priorities, including GP access, digital enablement, and services that are in the right place and at the right time.

Hyper-local delivery

- Hyper-local: *A small area (ie smaller than a neighbourhood) that is not defined by size or geographical boundaries, but is a well-defined group that organises around the assets, the people, the local need and the energy in the area to organise, transform and deliver services. This could include schools, parks, estates, high-streets, bus-routes, or libraries. Hyper-local describes the administrative approach to addressing the health and wellbeing needs of residents in these small areas.*
- Hyper-local interventions give the opportunity to have a microscopic/ focussed view of issues and challenges, as well as an opportunity to target and engage with very specific stakeholders on very specific issues.
- Continue to support Grahame Park Estate work, responding to the Health Needs Assessment and Community Research Project, aligning with the new Strategic Group Adults, Health and Wellbeing workstream, and using the Colindale Integrated Hub development as an opportunity.
- Learning from Healthy Hearts and other peer support and education approaches through community assets to support Somali and South Asian communities with other health, prevention and wellbeing challenges, or to test the approach with other communities, eg Strictly Orthodox Jewish community or Asylum Seekers.
- Addressing specific health, wellbeing and access challenges for asylum seeker and homeless populations.
- Engaging with local primary care services and ensuring that it is brought into hyper-local approaches.

PCN level approach

- Current core PCN ‘neighbourhood’ provision:
- *Ageing Well MDT/pathway – all residents able to access this*
- *Integrated Paediatric model – ditto*
- *Social prescribing – in place*
- *Preventions services such as Health Checks – in place*
- *PCN referral/access links to 0-19 hubs and Prevention and Wellbeing team*
- *Mental Health Practitioner based in each PCN*
- Conduct PCN neighbourhoods maturity matrix, using information already gathered where possible to identify level of implementation of existing PCN Neighbourhood delivery models, and readiness to do more
- Build on existing work such as aligning wider prevention, signposting and wellbeing services with PCNs
- Explore new ideas in one or more PCNs, including building back-office functionality and workforce passports to enable frontline colleagues to work flexibly across settings; and integrated reablement and community nursing pathways.

Immediate next steps
Ensure that each GP practice in the borough is signed up to the Ageing Well MDT and Integrated Paediatric MDT model
Re-establish Neighbourhoods Working Group.
Formally build coproduction into Neighbourhood approach and governance.
Formally commence Grahame Park Estate 'Adults, Health and Wellbeing' Working Group and workstream, as part of overall Grahame Park Strategy – as a pilot site for hyper-local approach.
Develop pilot(s) for integrating reablement and community services.
Develop pilot(s) for bringing together navigation, prevention, signposting and low-level wellbeing services with PCNs or in other groupings.
Engage with each PCN to establish their top-3 health and wellbeing inequalities issues in their areas, to establish opportunities for further hyper-local pilots.
Explore other models of neighbourhood approaches from other places outside of Barnet.

This page is intentionally left blank

Neighbourhoods in Barnet

Barnet Borough Partnership

13 November 2022

Purpose of these slides

Barnet Borough Partnership

This deck is intended to describe our emerging model of neighbourhood working, setting out some agreed principles and, based on our conversations so far, a shared vision of what neighbourhood working could look like for Barnet in the future. The purpose is to assist discussion and agreement about next steps in moving forward our neighbourhood approach in Barnet.

Section 1. seeks to describe the benefits of neighbourhood working and the difference taking a neighbourhood approach could bring for residents and services operating in Barnet and describes our starting point for changing the way we work.

Section 2. sets out our vision for neighbourhoods, how we will work together to achieve this vision.

Section 3. looks at existing activity and ideas for building on or adding to this.

Section 4. shows our high level project plan for moving forward.

1. Why focus on neighbourhoods?

2. A Vision for Barnet

3. Neighbourhood level services and proactive, personalised care

4. Next steps..

Barnet Borough Partnership

1. Why focus on neighbourhoods?

The problems we are trying to address

Barnet Borough Partnership

Local services

We work in places but aren't always collaborating with each other	>	People end up getting passed from service to service
Neighbourhood working happens in some but not all parts of the system	>	People have an inconsistent user experience across the borough partnership
We aren't necessarily building and strengthening networks in neighbourhoods	>	People feel disconnected from their communities
We aren't always present and visible in our communities	>	People are unaware or don't feel connected to local services

Resident experience

By working together better in neighbourhoods we will address these issues and strengthen **prevention and early intervention**. We will also enable our staff do deal more effectively with **increasingly complex cases** through whole system responses.

Residents and patients tell us they want better, more joined up support

Barnet Borough Partnership

Barnet borough resident feedback – Healthwatch, NHS Stay Well Barnet Campaign Report'. 17/6/2022

Digital systems for accessing GP advice and support are experienced as a barrier by many, leaving patients feeling isolated and confused

Conflicting, incomplete or confusing information being given by different professionals in respect of the same condition creating anxiety for patients

"A nurse called left a message asking him for a blood test. I did not know why and then I got a text message following up the original call. I rang the hospital consultant who knew nothing about it, and I have not been able to find out more. I appreciate people are overworked but I found this all muddling and worrying."

"My GP referred me for counselling. I have had three bereavements recently and I am experiencing anxiety. When I tried to make the appointment….I was told it wasn't serious enough."

"I have type 1 diabetes and am experiencing problems getting my regular prescriptions. When I need them and go to collect them, they haven't been sent through to the pharmacy and I have to go back 2 or 3 times"

2. A Vision for Barnet

The Fuller Report

Barnet Borough Partnership

The Fuller Stocktake vision focuses on four main areas and we are using these to guide our focus:

- Neighbourhood teams aligned to local communities
- Proactive, personalised care with support from a multi-disciplinary team in neighbourhoods for people with more complex needs
- Streamlined and flexible access for people who require same-day urgent access
- A more ambitious and joined-up approach to prevention at all levels

Fuller stocktake report – Weblink to full report

Progress to date

Barnet Borough Partnership

- Early favourable ideas from key members across primary care, secondary care, council and NHS colleagues include a focus on **prevention and groups that would benefit from neighbourhood working and integration** and where foundations of integration already exist-such as **children and young people and frailty.**
- Vision and principles have been created plus extensive ideas for connecting wider services and preventative proactive coordination of services including those relating to cost of living, falls and these will be taken to **dedicated workshops** to discuss and collaboratively review these opportunities and collaboratively decide the way forward.
- A first draft of a **mapping exercise** has been completed and feedback is currently being sought from partners and a draft will be shared for further feedback with primary care in due course.
- Data, on a neighbourhood PCN level has also been identified for ageing well (aka frailty).
- The team have also **established a mini co-production and engagement team** with appropriate expertise from across the council and voluntary care sector to help support the essential resident engagement and true co-production approach.
- In terms of the full 'Fuller vision', there is more to do on aspects such as: other services that should move to the neighbourhood level, co-location, links to other services, etc.
- The BBP are recruiting key new roles to drive this priority workstream forwards...

What is our vision?

Barnet Borough Partnership

A CONNECTED WORFORCE who feel connected to each other and able to work flexibly, better able to meet people's needs

MORE SUPPORT FOR RESIDENTS through provision of integrated teams to get healthy, stay well, keep safe and be as independent as possible

ACTIVELY SUPPORTED COMMUNITIES within neighbourhoods to help themselves and each other

REDUCED BOUNDARIES so that care meets physical, mental social and related needs of residents and families

CARE THAT IS SEAMLESS at the point of delivery, joined up and personalised with boundaries removed

RESIDENT'S INTERESTS FIRST and resources collectively focussed on improving health outcomes

FLEXIBLE APPROACH BASED ON NEEDS and complex issues at place, addressing co-morbidity in more deprived areas

How we are working together. Our principles..

Barnet Borough Partnership

- Adopt **a strength and asset-based approach** across all our teams within Neighbourhoods so that we start with recognising the things that people and places have and gain an understanding of what a good life means for them.

- Work together to build strong and consistent local Neighbourhoods where the **focus is on people and communities** supporting each other alongside a vibrant and **diverse set of accessible services.**

- **Listen to what is important to our residents, staff and community leaders** to help identify the outcomes and priorities that we want to change and embody a true **co-production** approach

- Support each Neighbourhood **to determine its own priorities** which will influence where we all focus our efforts.

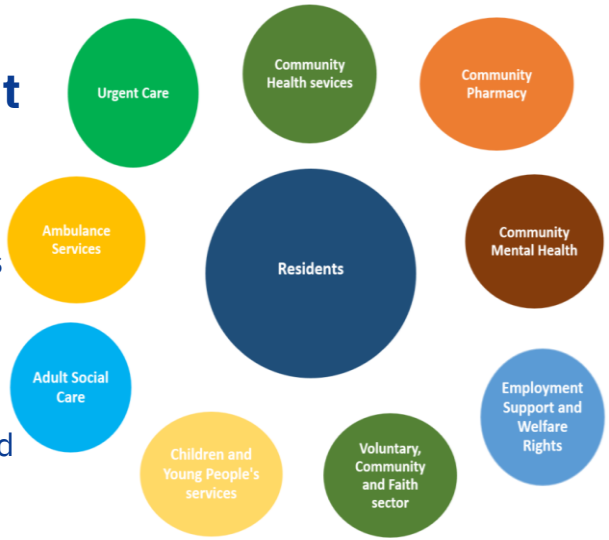
- Recognise and **value the important contribution of the voluntary and community sector** in improving health and wellbeing.

- Establish and agree a set of **aligned principles and aligned outcomes** and joint strategies to achieve them

What could Neighbourhood services look like?

Barnet Borough Partnership

- A shift in the culture of how people approach health and care, making it **more person-centred** and allowing residents to build more **personal resilience, increased confidence in self-management** as well as addressing their health and social needs.
- The strength and asset-based approach across all our teams within Neighbourhoods enables us to start recognising the things that people and places have and gain an **understanding of what a good life means** for them.
- A dedicated neighbourhoods programme group and governance structure will lead the programme of work, support providers as they plan and implement changes and ensure **consistent quality** across the various projects being undertaken.
- We need **prevention** to be much more “front and centre” in all the work we do and we need to be planning for long term health outcomes using a population health outcomes approach.

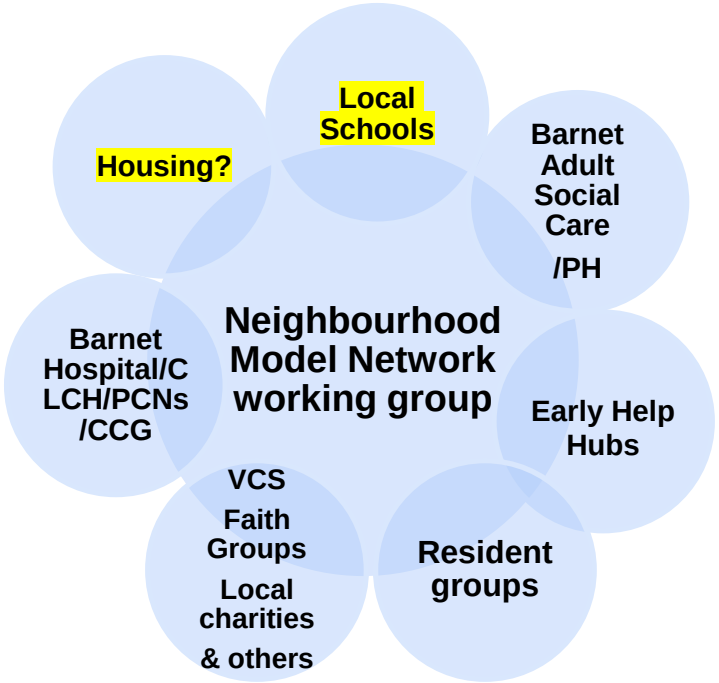


Engagement and Co-production is central to achieving our vision

- We are committed to embedding co-production and engagement across all work-streams. This is both an area of work in its own right and a cross-cutting theme which needs embedding in all other activity. This approach is central to our neighbourhoods approach.

- We have excellent engagement and have already established core shared principles and understanding across the Borough Partnership as to what 'coproduction' is and what effective user engagement looks like.

- A neighbourhood Model Network working Group is being developed..



3. Neighbourhood level services and proactive, personalised care

Prevention and same day access

Barnet Borough Partnership

- For the prevention element of the Fuller model – there is a comprehensive social prescribing service in each PCN, with a PH funded manager located in Age UK. The Council's ASC Prevention and Wellbeing Service is now borough wide, and working closely with the social prescribing team (with 8 additional staff in post doing community work, individual support &making connections)

- Other prevention/early intervention services/support such as health checks are already delivered out of primary care

- There is more to do to work through the best way to align wider prevention services with PCNs and think about how wider services and neighbourhood health and care services work together, and what the best footprint for specific services is. Lots of other council services are already working with primary care and GP practices. Slides 10,11 and 12 list some of these services.

- Same day urgent access to primary care. Each PCN now runs its own extended GP access service, so that residents can get a GP appointment outside 'normal' hours, 8-8, 7 days a week. In addition, the same day emergency care (SDEC) model has been implemented at Finchley Memorial Hospital, where diagnostics are also available.

Current neighbourhood delivery models

Barnet Borough Partnership

MDT Models

- Ageing Well Pathway Model - this MDT supports people with frailty and dementia
- Paediatric Integrated service
- 0-19 hubs

Test and Learn

- Graham Park Neighbourhood Model – hyper local approach

Integrated Ageing Well MDT supporting people with frailty and dementia - Service-building foundations of neighbourhood model working

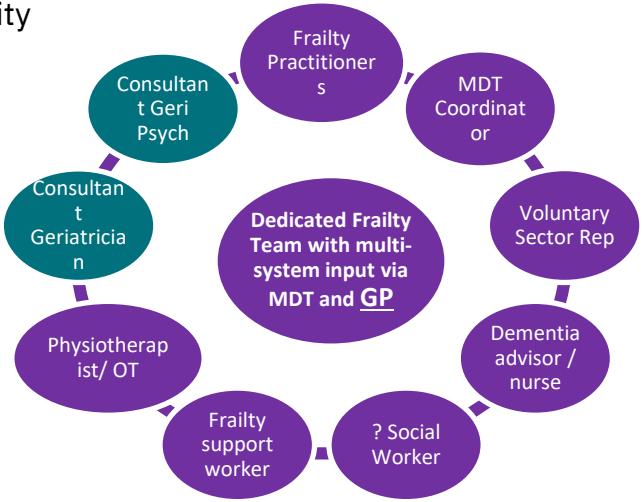
Barnet Borough Partnership

Primary Care and prevention

GP input and central to identifying patients. Primary care interdependencies-DES, QOF, use of EMIS and coding.
Proactive identification, self management and preventative/ 'keep well' element to be worked up with wider community sector input
NEW LCS to support GP's to support model

Frailty offer

NEW Dedicated Frailty Team pan Barnet to assess and treat/ rehab/ case management frailty cohort and highlight patients for escalation/bring to MDT/ onward referrals via SPOA
SPOA-Inc. efficiency and enhanced monitoring and reporting outcomes
Multi-disciplinary team meetings-acute, community and primary care and VCS coming together to discuss cases- direct access to treat and educational benefits for team.



Secondary Care and palliative care Interface

Consultant attendance and input from RF/BEH/North London Hospice into **MDT** and **direct access to treat/ escalation of care**
Expert advice and access for patients and training element for all
Acute link to service and **relationship building**/ open communication channel

Barnet, Enfield and Haringey NHS Mental Health NHS Trust
A University Teaching Trust
DementiaUK
Barnet ageUK
NHS Royal Free London NHS Foundation Trust
NHS Central London Community Healthcare NHS Trust

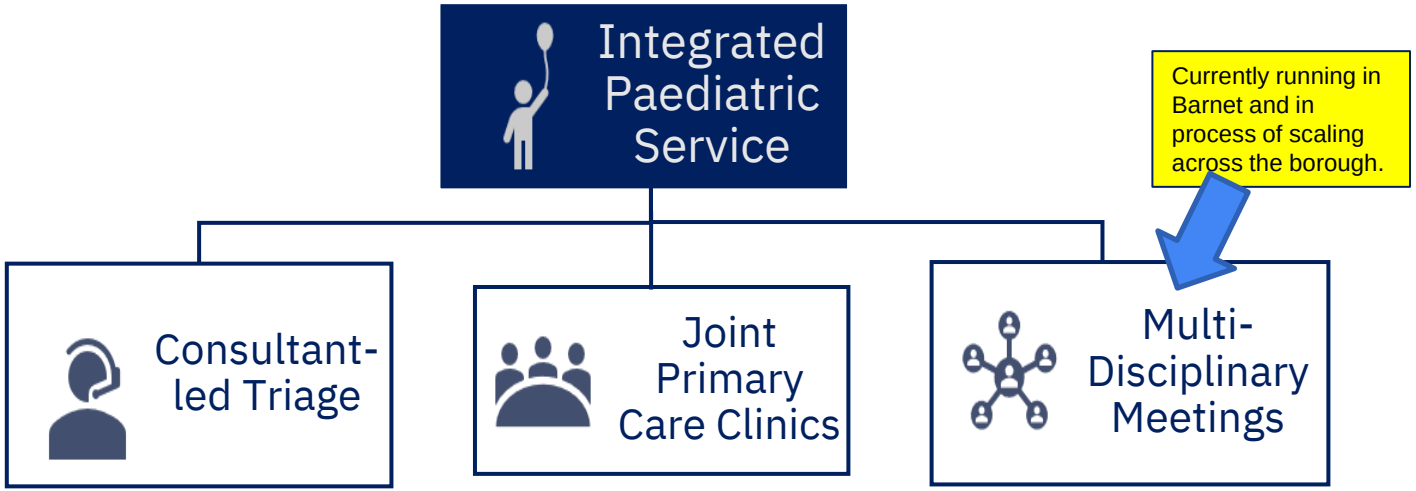
Strengths of the model and feedback

Barnet Borough Partnership

North Central London Integrated Care System

Barnet Borough Partnership

North Central London ICS Model



Triage of all general paediatric outpatient referrals

Children will be seen jointly by a Consultant Paediatrician and local GP

Specialist Advice & Guidance and Learning between Consultant Paediatrician and Team of Multi-Disciplinary professionals

Planned Benefits

Barnet Borough Partnership

Benefits for patients:

- Enhanced early advice and management within primary care, potential to reduce time waiting for secondary care opinion etc. and reduced anxiety for residents and their families.
- Improved patient experience -more personalised care closer to home
- Appropriate referrals and investigations of patients prior to attendance at hospital appointment where necessary, resulting in fewer hospital follow up appointments and more efficient care.
- Holistic, multi-disciplinary care enhancing care

Benefits for System:

- Support long term plan commitment to reduce unnecessary outpatient activity through enhanced management, upskilling and integration with primary care
- Enhanced relationship building and integration between primary and secondary care
- Enhanced primary care expertise and provision and integration of services provision reduce A&E attendances
- Building blocks for integration, potential to build multi-disciplinary teams, offer for children and their families and consider neighbourhood model working with wider services.

Benefits for RFL:

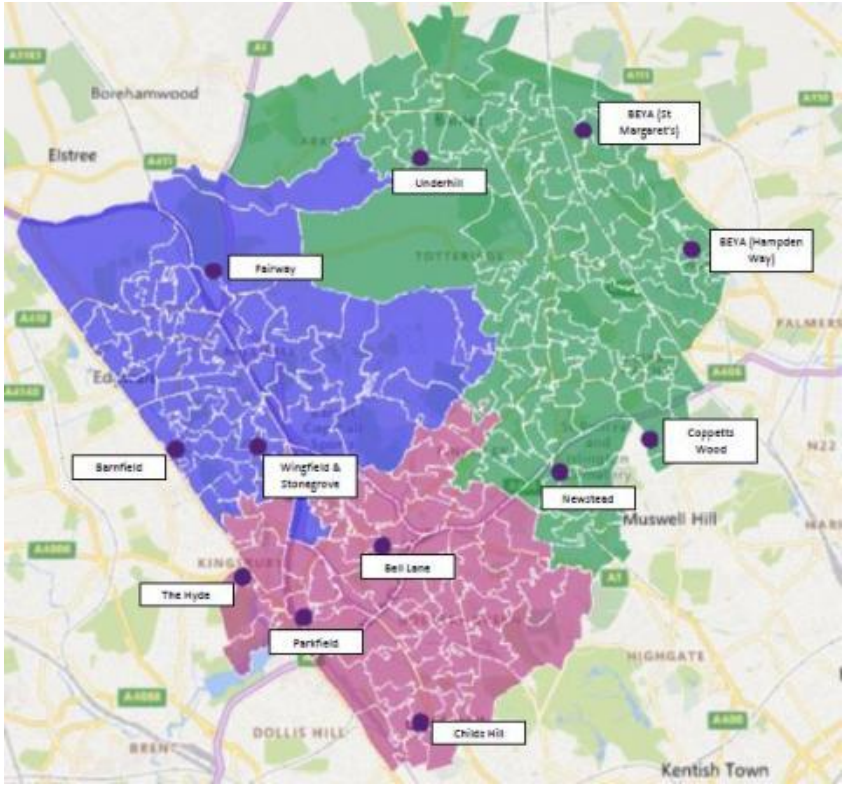
- Support more appropriate referrals from general practice
- Potential to reduce waiting times
- Enhanced working relationship and integration with local primary care and wider teams

Benefits for General Practice:

- Increased confidence managing paediatrics
- Improved accessibility of secondary care consultant opinion
- Improved relationships with secondary care
- Resource shifted to primary care
- Reduced repeat attendances in primary care for key pathways (e.g. allergy)

Children's Services Early Help Hubs

Barnet Borough Partnership



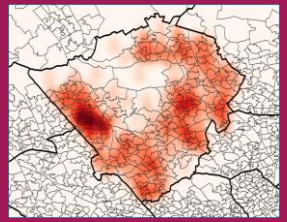
Test & Learn activity

- Test & Learn activity should encourage relationships and integrated working practices to flourish between the **different parts of the neighbourhood network**
- Test and learn activity could take a number of different forms
- When thinking about Test & Learn activity we might ask ourselves: what is the easiest, cheapest thing we could do with a small number of people to test this idea?
- We may want to take a population health approach in deciding where could have most impact for those who are living in an area which has a high population of people who are multiply deprived
- In setting up Test & Learn activity we may then ask ourselves: what do we want to learn, what are our assumptions to test, and how will we measure success? Ideas can then be prioritised and implemented for short fixed periods, with successful ideas considered for scaling and implementation.
- Our focussed work in Graham Park is our prime “Test and Learn” Neighbourhood Model

Grahame Park Neighbourhood Model

Barnet Borough Partnership

Case Study: Substance Misuse Outreach Services



Hospital Admissions for Alcohol-attributable Harm (SAR), 2019

Hospital admissions for alcohol-attributable harm are high in Grahame Park.

1. The *Health Needs Assessment* identified higher rates of substance misuse in Grahame Park.
2. We approached stakeholders, who complained that the monthly outreach services provided by Change, Grow, Live were too infrequent.
3. A *Mental Health Deep Dive* was completed for Grahame Park, which investigated substance misuse further to determine whether more outreach was equitable and justified.
4. Public Health looked at the feasibility of increasing the frequency of outreach services.
5. Change, Grow, Live will visit Grahame Park on a weekly basis going forwards, and are being hosted by Colindale Communities Trust, an organisation based on the Concourse.

Next Steps for the Neighbourhood Model

- Building relationships with the community. We are working (in forums like the Grahame Park Strategy Group) to build trust.
- Confirming our priorities for the Neighbourhood Model. We are confident that this will include mental health and wellbeing and preventing cardiovascular diseases.
- Coproducing interventions with residents. After confirming our priorities (i.e. mental health), we will engage with residents to understand, for instance, the barriers to accessing existing mental health services, whether crisis support or early intervention is more appropriate, and which groups struggle most with stigma around mental health, etc.
- Working closely with the Barnet Borough Partnership to refine neighbourhood working.

Health & Wellbeing Board visited Grahame Park in September.

Community Research Project Outline & Plan

- Inclusion Barnet will be supporting four organisations across Colindale to conduct community research into accessing health and social care, and any barriers to this
- Local organisations will be trained on how to conduct this research, which will be carried out through a blend of in-depth interviews, focus groups and other approaches
- Their aim is to target 100 individuals to get a better understanding on what it's like to access Health and Social Care for local people
- The output of this research will be a Health and Social Care 'Toolkit', as well as valuable learning on the process for community research and co-production

Individual Context – home, work, family, friends

What are the barriers to accessing health and social care – including broader community services

Experiences of using services – specific journeys explored as appropriate – awareness of services

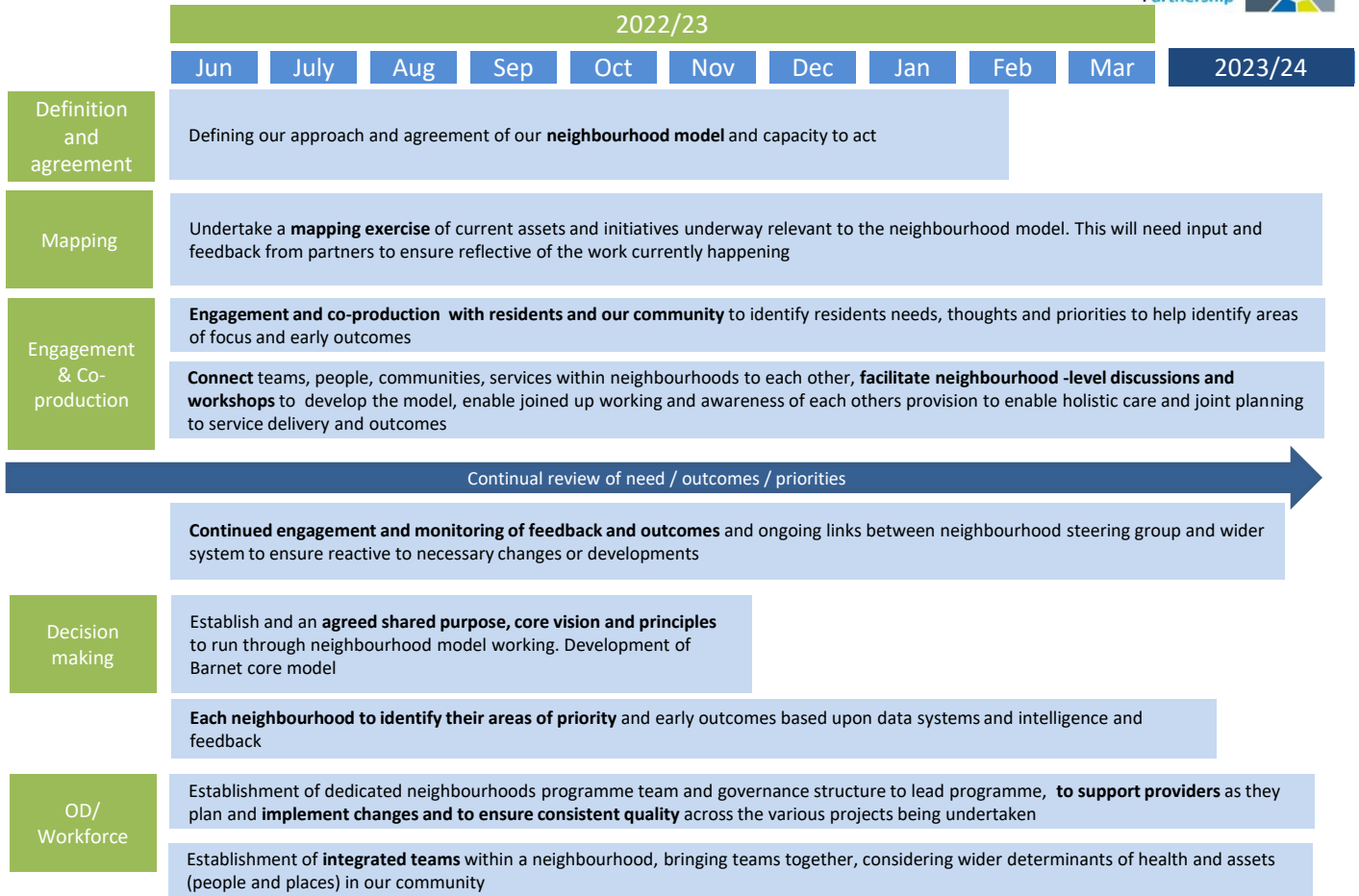
Perceptions of health and health behaviours

What can services do to listen and engage more with them

4. Next steps

Our high level programme plan

Barnet Borough Partnership



This page is intentionally left blank

	Health and Wellbeing Board **11 May 2023**
Title	**Draft Barnet Children and Young People Plan 2023-2027**
Report of	Executive Director Children's and Family Services
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Draft Children and Young People Plan 2023- 2027
Officer Contact Details	Ben Thomas, Assistant Director, Family Services Ben.thomas@barnet.gov.uk Lee Robinson, Commission, Strategy & Policy Advisor Lee.robinson@barnet.gov.uk

Summary

The draft Children and Young People's Plan 2023 – 2027 sets out the ambition, direction, priorities and objectives of partners in Barnet to support children and young people in the coming years. It outlines the priorities, needs and aspirations of our local population with the intention of making Barnet an even more family-friendly place to live. Children and young people have been central to the development of this draft from the outset and a broad range of partners as well as parent carers have been engaged in its development. The draft has been approved by the Children's Partnership Board, which has representatives from the key partners across Barnet, including from Public Health, as well as by the Children, Education and Safeguarding Committee. A consultation is due to launch at the beginning of May. This report seeks comments as part of the consultation ahead of finalising and launching the Children and Young People's Plan in mid-June.

Officers Recommendations

1. **That the Health and Wellbeing Board consider and comment on the draft Children and Young People Plan 2023-27 including the vision and key outcomes**

1. Why this report is needed

1.1 Barnet's Children and Young People Plan (CYPP) is a four-year plan setting out priorities to improve outcomes for children and young people in the borough. The plan has been co-produced through consultation and engagement that has included children, young people, young carers, children with SEND, children in care, parent carers and key agencies from across the partnership that support them.

1.2 The partnership remains committed to the vision to make the borough the best place to live for families in London in line with our concept of Family Friendly Barnet. This Plan builds on that vision where outcomes and priorities focus on how partners can support children, young people and families to be resilient thereby strengthening communities.

1.3 The plan's aim is for children and young people in Barnet to have the best start in life and the right support, when they need it, to live their lives successfully into adulthood.

1.4 Since the development of the Barnet Children and Young People Plan 2019-2023 there have been significant changes impacting the lives of young people in the borough. These include national policy changes affecting the delivery of essential services as well as raising standards in social care. There have also been changes in the way that health and police are structured, as well as a pandemic and a cost-of-living crisis. The Plan has therefore been developed in response to these changing needs.

1.5 The Plan has been driven by input from children and young people from the very beginning as part of a co-production approach. Following the Youth Perception Survey, which involved interviews with 500 young people across Barnet, there was a series of focus groups in summer 2022 with specific groups of young people such as children with a disability, young carers and those in the more deprived wards in Barnet.

1.6 Sessions were then held with Barnet Youth Board and Youth Assembly and Barnet On Point in September 2022 to gain initial ideas and views from young people. Meetings with Barnet Young Carers took place in December 2022 gathering their opinions and views. There have then been further meetings with Youth Board at various points in the process to get their feedback on drafts as the plan has developed.

1.7 As well as children and young people, there has been a range of engagement across Barnet at various stages of the plan's development, which has included parent carers, professionals and volunteers who support children and young people. There was a small working group that oversaw the development of the plan from the outset which included colleagues from Public Health.

1.8 The plan sets out four key themes resulting from our conversations with children, young people and parent carers as well, as our own data and research. There are priorities under each of these themes set out in the plan. The plan has also been aligned with priorities set out in other current strategies.

1.9 The four themes in the plan are:

- Safe & Secure - ensuring that the most vulnerable are protected, safe and supported to make the best choices and to build trusted relationships.

- Family & Belonging – supporting all our children, including those in care and care experienced young people, to live their lives successfully, to develop a sense of identity, improve wellbeing and to have fun and play. •

- Health & Wellbeing - supporting our children and young people to adopt healthy lifestyles to prevent avoidable illness and improve their social, physical and mental wellbeing, including through integrated health and social care. •

- Education & Learning – supporting children and young people to reach their educational and academic potential, by closing attainment gaps and reducing exclusion.

2. Reasons for recommendations

2.1 The Board is asked to provide comments and feedback on the draft plan ahead of the plan being finalised and launched in June.

3. Alternative options considered and not recommended

3.1 The Council does not have a legal requirement to have a children and young people's plan, however the Council has a significant number of statutory duties in relation to these individuals and having a key strategic plan will enable it to plan how it will meet these duties.

4. Post decision implementation

4.1 The consultation on the Children and Young People's Plan is due to launch in the first week of May and to run for six weeks. Following the end of the consultation period, comments will be incorporated into the final version which will be published and launched in June.

4.2 Implementation of the Plan will be monitored through regular reports presented to the Children's Partnership Board. This will enable review and scrutiny and highlight progress against objectives.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 Creating a place where children excel and enjoy living, enabling opportunities for young people to achieve their best is a key aim of the Barnet Family Friendly vision for the borough.

5.1.2 Family Friendly is one of the priorities set out in the new Barnet Plan 2023-26. It sets out the aspiration of 'resilient children thriving in resilient families living in resilient communities' and the Barnet Plan reflects many of the priorities and aspirations set out in this draft Children and Young People's Plan.

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

5.2.1 The Children and Young People's Plan sets out what all partners will do to improve outcomes for children and young people in Barnet. It has been developed in consultation with children, young people, parent carers and those who support them.

5.2.2 Council budgets already support key partnerships in Barnet to achieve the desired outcomes in the Children and Young People's Plan. Key partnerships include Barnet Safeguarding Children Partnership Board and Health and Wellbeing Board which is supported by a wide variety of council budgets.

5.2.3 Any financial implications of the Children and Young People's Plan will be contained within existing budgets.

5.3 Legal and Constitutional References

5.3.1 Local authorities have specific duties in respect of children under various legislation including the Children Act 1989 and Children Act 2004 and education duties in relation to the diversity and quality of education in the Borough and support for children who are not in school and those who have special educational needs and disabilities. The duties are wide ranging and include specific and general duties, including a general duty to safeguard and promote the welfare of children in need in their area and, if this is consistent with the child's safety and welfare, to promote the upbringing of such children by their families by providing services appropriate to the child's needs. They should do this in partnership with parents, in a way that is sensitive to the child's race, religion, culture and language and that, where practicable, takes account of the child's wishes and feelings.

5.3.2 Under the Council's Constitution Article 7 (Committees, Forums and Partnerships) the terms of reference of the Children, Education and Safeguarding Committee includes the 'responsibility for all matters relating to children, care experienced (up to the age of 25), schools and education.'

5.4 Insight

5.4.1 The development of the Children and Young People Plan has drawn on insight from official data sources to support identification of key areas of need across the borough along with a range of other findings and consultations including a regular young people survey capturing their views and opinions.

5.5 Social Value

5.5.1 In taking forward the Children and Young People's Plan due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek to look for added value that our partners can bring to deliver desired outcomes.

5.5.2 The Plan is designed to proactively include young people in making decisions and providing their views about council activities that promote their safety and wellbeing.

5.6 Risk Management

5.6.1 The nature of services provided to children and young people provides a certain element of risk. Poor information can affect response or affect decision making that could lead to poor outcomes. Good quality data reduce this likelihood and increase the chances of children developing into successful adults and achieving and succeeding. The plan aims to reduce risk and help to drive forward improvements towards good outcomes.

5.7 Equalities and Diversity

5.7.1 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:
(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
The protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

5.7.2 The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services.

5.7.3 The Plan takes account of the diverse population in Barnet. Information on children and young people relating to gender, disability and ethnicity is set out in the plan and includes the needs of these different groups. In developing the plan, there has been engagement with a wide range of children and young people across Barnet.

5.8 Corporate Parenting

5.8.1 The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, as follows:

1. to act in the best interests, and promote the physical and mental health and well-being, of those children and young people;

2. to encourage those children and young people to express their views, wishes and feelings;

3. to take into account the views, wishes and feelings of those children and young people;

4. to help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners;

5. to promote high aspirations, and seek to secure the best outcomes, for those children and young people;

6. for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and;

7. to prepare those children and young people for adulthood and independent living.

5.8.2 Barnet On Point (the Children in Care Council) have been engaged in the develop of the plan through sessions run by the Participation Team. The plan includes a range of priorities and actions the aim to improve outcomes for children in care and care experienced young people, and aligns with the Corporate Parenting Strategy.

5.9 **Consultation and Engagement**

5.9.1 Consultation and engagement with children and young people is central to the Corporate Plan that provides support and improves outcomes. It is important that the work is child-centred and that we know, understand and capture their lived experience which leads to service improvement.

5.9.2 Engagement has taken place with children, young people, young carers and those that support them including services and external partners. Their feedback has been critical in the development of the draft Plan.

5.9.3 The consultation and engagement process will launch at the start of May and will run for six weeks. It will consist of an online consultation - published on Engage Barnet which will include a link to the full strategy and a consultation document which summarise the strategy and key questions. Residents will be able to give their views via an online questionnaire. Alternative formats will also be made available on request.

5.9.4 This draft strategy document will have final approval for sign off via the chief officer and chair of the CES Committee to ensure it reflects the feedback from consultation and meets corporate design guidance.

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

None

BARNET

Children and Young People's Plan

2023 – 2027

Caring for **people**, our **places** and the **planet**

FAMILY FRIENDLY BARNET

BARNET
LONDON BOROUGH

Welcome

I'm delighted to present to you the Children and Young People's Plan for Barnet 2023-2027.

Drawing upon our research data, what children and young people have told us, as well those that work with them, this Plan sets out our ambition for the coming years. It highlights what more we can do to support children, young people and their families to improve their outcomes.

Our vision is to make Barnet a safer, affordable and family friendly place to live. We want to ensure all families benefit from services and have the support they need.

We want to enable them to celebrate and have fun together. This Plan will drive our decisions and actions for the next four years to help all children and young people in Barnet fulfil their potential.

Cllr Coakley-Webb
Chair, Barnet's Children, Education and Safeguarding Committee

Welcome to the Children and Young People's Plan 2023-2027. From the outset this partnership plan has been driven and developed by the views of children, young people and their parents and carers. We aspire to enable all to achieve their potential. The plan brings together agencies in Barnet who work with children, young people and their families who remain committed to our vision to make Barnet a family friendly borough where children and young people are safe, happy, healthy, achieve well, have an influential voice and are at the heart of all decisions that affect them. Our commitment to a family friendly borough is a clear demonstration of how important we see children and young people to the future of Barnet.

It is critical that we perform our public duties to the best of our abilities. We celebrate our successes when things go well but reflect, learn, and respond in equal measure when they do not. As a partnership we act together to drive better outcomes for children, young people and their families.

Children and young people face difficulties and challenges, and our partnership has a history of working together to support families increasing their resilience enabling them to thrive.

This Plan seeks to bring the changes required to enable us to meet the needs of our most vulnerable children and young people in Barnet, while operating in a constantly changing and complex environment. We continue to be flexible and will remain so in meeting future challenges together.

I'd like to thank our children, young people, parents, carers and all those who work to support them, for help in developing this Plan. It has increased our understanding of what needs to happen to continue to make Barnet a great place for children and young people to grow up.

Chris Munday
Executive Director Children's Services

Welcome

The Children and Young People's plan is a comprehensive strategy designed to ensure that children and young people in Barnet will have the best possible start to life. As young people, we appreciate how the plan has stemmed from what children have told policy makers from the early stages of discussion before even a first draft of the plan was created.

Young people including members of Youth Board and Barnet's Child in Care Council BOP were then consulted throughout and their ideas and recommendations used to make changes to the document. As one young person commented seeing the feedback included - "Wow they really listened". You as the reader will also see this feedback highlighted in the plan which has adopted four 'key drivers' prioritised by young people themselves: participation and co-production, inclusion, fighting inequalities and having fun.

As shown by the results from the Young People's resident survey, Barnet is a great place for children to grow up, we feel safe here and the area as a whole is very family friendly. Nevertheless, there is always more that can be done, particularly for young people with disabilities. This plan acknowledges the issues raised through the survey, identifies the areas requiring particular attention (drugs, knife crime, gangs and anti-social behaviour) and concludes with four key areas of focus (Family and Belonging, Safe and Secure, Health and Wellbeing and Education and Skills) that will help solve the issues raised.

Furthermore, not only has the plan set out the key areas of focus, but has also laid out how progress in these areas can be monitored (the Family Friendly Index) to ensure that this strong plan is delivered. As children and young people, we greatly welcome this plan and eagerly wait for its swift and effective implementation.

Overall the Children and Young Peoples Plan is impressive, bold and promising and we have high hopes for what it can accomplish.

Suren Ramankumar

Barnet Youth Board Member and
Co-Chair of Barnet Youth Assembly

Introduction

The Children and Young People's Plan 2023 – 2027 sets out our ambition, direction and goals in supporting children and young people in the coming years. It outlines the priorities, needs and aspirations of our local population with the intention of making Barnet an even more family-friendly place to live. We have developed this plan with children and young people who have been at the heart of its development from the start. Opinions and views have been taken from a range of young people forums including Barnet Youth Board, Barnet Youth Assembly, Barnet On Point and Barnet Young Carers, as well as parents, professionals and volunteers who support them.

Families are struggling with the impact of the cost-of-living crisis in the wake of the COVID-19 pandemic that starkly exposed deep existing inequalities in society and the interconnections between them such as race, gender and disability, but it also showed what is possible when communities come together to provide support. We want to create a future that is family-friendly, where a collaborative partnership and community can work together to improve health and wellbeing, reduce poverty and tackle inequalities so that all children and young people achieve great outcomes.

This plan covers a wide range of organisations that are committed to making children's lives better. Our Children and Young People's Partnership board brings together representatives from different agencies across the borough who work with children, young people and their families.

These include

- the North Central London Integrated Care Board (NCL ICB) and its providers and commissioners (NHS)
- the Barnet Voluntary, Community, Faith and Social Enterprise (VCFSE) sector
- the London Borough of Barnet Council
- the Metropolitan Police
- Barnet Education and Learning Service (BELS)
- Barnet Schools and Settings
- Barnet Parent Carer Forum

Introduction

Important issues that affect children, young people and their families are discussed by the Board and solutions sought. As a partnership we act to drive forward change that will deliver better outcomes for children, young people and their families in Barnet.

We have achieved a lot through the previous Children and Young People's Plan 2019-2023 and our regular Youth Perception Survey (YPS) results have reflected these improvements. However, it is clear that there are still specific areas to address and that there are still specific groups of young people that do not feel as positively about Barnet. Our focus remains to ensure that all children and young people across Barnet feel positive whether they are disabled children, young carers, looked after children, unaccompanied asylum-seeking children or children of families moving into Barnet.

There have been many changes to the children's landscape since 2019 - both challenging and complex. Earlier this year an Independent Review of Children's Social Care found the current system often weakens rather than strengthens a child's support networks, depriving them of long-term loving relationships. The recent publication of Josh MacAlister's review of social services discovered they are overly focused on "investigating" families struggling to care for their children rather than providing support to help them through their difficulties. The report identified a series of recommendations to improve the system which we will be taking forward.

At the end of March 2022, the government published its long-awaited SEND review. It was commissioned to improve an inconsistent, bureaucratic, and complicated system which often means delays in children accessing the right support for their needs. The SEND Review green paper sets out the proposals for the future of the special educational needs and disabilities (SEND) and alternative provision (AP) systems. It highlights the need for a system that offers children and young people the opportunity to thrive, with access to the right support, in the right place, and at the right time, so they can fulfil their potential and lead happy, healthy and productive adult lives.

We as a partnership have worked with children and young people to develop this latest version of our Plan. It sets out our ambition for the coming few years and provides a strategic partnership framework with a commitment to work in a joined-up approach to achieve our key outcomes.

Vision

Our vision is for children and young people in Barnet to have the best start in life and the right support, when they need it, to live their lives successfully into adulthood.

We want Barnet to be the best place in London to raise a child and for all children to thrive, be healthy and achieve their potential – socially, emotionally, and academically. Our aim is to make Barnet the most family friendly borough, where children, young people and their families are safe, healthy, resilient, knowledgeable, responsible, informed and listened to. We know that family has a huge impact on children's lives, wellbeing and chances of success.

We will achieve this by delivering universal services that are accessible, offer support to enable families to thrive and build on their strengths and resilience, recognising these as important protective factors. We have excellent schools achieving some of the best results in the country and our aim is for every school in Barnet to be good or outstanding. Tackling the gap by fighting inequalities will be a key driver in all that we do. We will also deliver high quality targeted and specialist services for our most vulnerable children and young people working together with our partners and strengthening our commitment to work together to secure the delivery of efficient, high quality and best value services.

Key to all of this is our focus on resilience - we want children, young people and their families to have the ability to bounce back from stress and hardship. To take on new challenges, which lead to better outcomes. Our aspiration for a Family Friendly borough is:

"Resilient children thriving in resilient families living in resilient communities"

To help us deliver the family-friendly vision, we want the children, young people and families who live here and use our services to tell us how well we are doing, what we need to do differently and help us make the changes that children and young people want to see.

'My Say Matters' is what we have called our Child Participation and Family Involvement Strategy. It sets out the way we are going to work to involve children and young people so they can tell us what they think, help us make decisions, design and shape our services. We want to include children and young people of different ages up to 25 years, and parents for younger children, from different backgrounds and experiences so we can make sure that we get lots of different views and ideas. We want to include children and young people with SEND so that their views are central to what we do.

Co-production will continue to be central to our work and we will build on the strengths of the Parent Carer Forum and the Parent Champions in co-producing services for children and young people with SEND.

Family Friendly Index

To assess whether we are delivering on our vision for a family friendly borough, we have developed a family friendly index, which sets out a range of aspirations for children and young people. These will be looked at annually to see if progress is being made against our vision for a family friendly borough. The aspirations are:

- There is a strong social care service that builds resilience
- Children and young people feel that Barnet is a family friendly place to live
- Children and young people are involved in decision making
- There are good outcomes for children with SEND
- All schools are good or outstanding and children get good educational outcomes
- There are low figures of crime involving children and young people
- Health outcomes for children and young people are good
- There are low rates of children and young people living in temporary accommodation or unsuitable housing
- Families are able to access the benefits and financial assistance that they need

What's different about this plan

We want all children and young people but especially those who are most vulnerable, to have access to a good education and to lead safe, happy and healthy lives. They have told us what's important to them and we have listened. Achieving the desired outcomes is not straightforward but as partners we have chosen to adopt four key drivers than underpin delivery of the Plan based on feedback.

Great Partnerships: Participation & co-production

Means that children, young people, parents and carers can discuss and co-decide on all matters that affect them, like family, school, community matters, local government policies & legal policies. It means that their voices are being heard.

> *Seeing young people not only as beneficiaries but also as partners*
> (YP age 18)

Inclusion

We want to ensure that whatever benefits and opportunities there are in Barnet must be afforded to all. We want to make sure those with a perceived difference overcome barriers to participate in the community in accessing many things that others take for granted. This can include those with a disability as well as families migrating to Barnet.

> *That students with any additional needs are supported to learn and not held back due to needing additional support*
> (YP age 13)

Tackling the gap and fighting inequalities

We aim to ensure we understand how children and young people experience inequality of opportunities and experiences in Barnet and why this might be, in order to start to tackle these inequalities. Our focus is on addressing inequality and driving forward better outcomes for groups that include ethnic minority communities, young people with a learning disability, young carers, looked after children/care leavers and those who come into contact with the justice system.

> *You shouldn't be held back due to going to a school in a more deprived area which may lack resources.*
> (YP aged 15)

Children and young people having fun

Play is an essential right of childhood which stimulates brain development. For all young people it's the fun part that balances the stressful times. It's where important social skills are gained and healthy social development is learned through expression. It is our aim for Barnet to be place to live and enjoy being a part of, where there are opportunities to participate in sport, leisure and arts and cultural activities, as well as gain employment and build careers.

> *Engage more with young people to produce fun activities*
> (YP age 11)

About Barnet and its young people

148
Registered childminders (January 2022)

14
Libraries and a digital library service centres

2
Pupil referral units/hospital schools

90
Primary schools

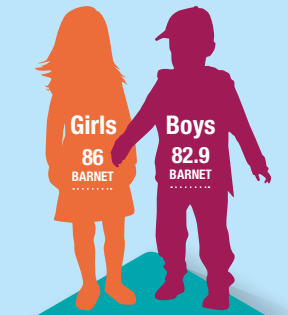
200
Parks and greenspaces

25
Secondary schools

47
Colleges

3
Early Help hubs including a range of children centres

6
Special schools



life expectancy at birth (2017-2019)

Girls		Boys	
84.7	LONDON	80.9	LONDON
83.4	ENGLAND	79.8	ENGLAND

888
people housed in four Asylum Seeker contingency hotels (May 2022)

97K
of our residents are young people under the age of 19 (2021 census)

132
visas issued in Barnet to British Overseas Nationals from Hong Kong and refugees from Ukraine (April 2022)

40.3%
Black and Minority Ethnic population in Barnet

Barnet's young people and their health

in 2021/22, 10.7% of Barnet Reception children were overweight and a further 9% were living with obesity.

20%

of young people in Barnet eat the recommended five or more portions of fruit and vegetables each day

(Barnet Young People Survey 2022).

24%

of Barnet's children have visibly decayed teeth by age five

(Oral health - GOV.UK (www.gov.uk)

free school meals

13.1% secondary schools (In line with national average)

16.7% nursery and primary children (national average **14.5%**)

2.61%

of Barnet school pupils were identified as having social, emotional and mental health needs (London **2.4%**, England **2.7%**)

(JSNA) (2020)

238

children on Child Protection Plans

1788

open Early Help Assessments

52% of primary and **38.2%** of secondary school pupils speak English as an additional language

9.3% children in out of work households (national average **14%**)

13.5% children in low-income families (national average **16.8%**)

Our schooling

97%

schools were graded good or outstanding at their last Ofsted inspection.

18.8% of the Barnet school population are entitled to Free School Meals

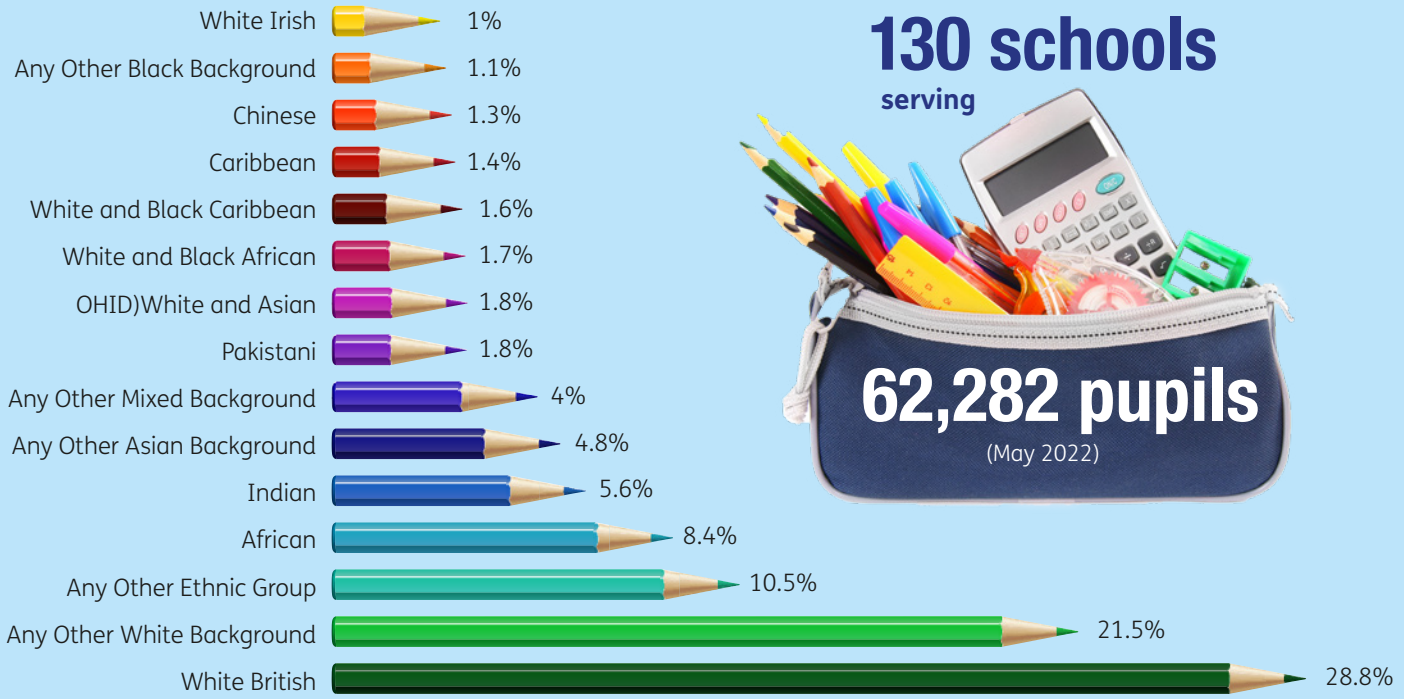
(January 2022)

10.6%

school pupils are identified as requiring SEN support (**11.7%** London, **12.6%** England)

3.6%

children and young people with Education, Care and Health Plans (EHCPs), (**4.1%** London, **4%** England)



130 schools

serving

62,282 pupils

(May 2022)

Developments and progress since 2019

The past four years have seen significant progress and achievements in the support provided to children and young people in Barnet. Educational development and achievement have improved consistently in recent years in the borough. Over 97% of Barnet schools are good or outstanding and Barnet is now in the top 10% for many measures of achievement in schools and the top 5% for many of the measures.

Our Social Care, Special Educational Needs and/or Disabilities and Youth Justice Services have been subject to inspection by Ofsted and HM Probation Inspection, and judged to be making good progress with areas of improvement identified. Figures for our looked after children remain low when compared to the rest of London and we continue to put in place measures that divert children and young people away from entering the care system where possible. However, once in the care system we work to ensure they are well supported to have the best outcomes.

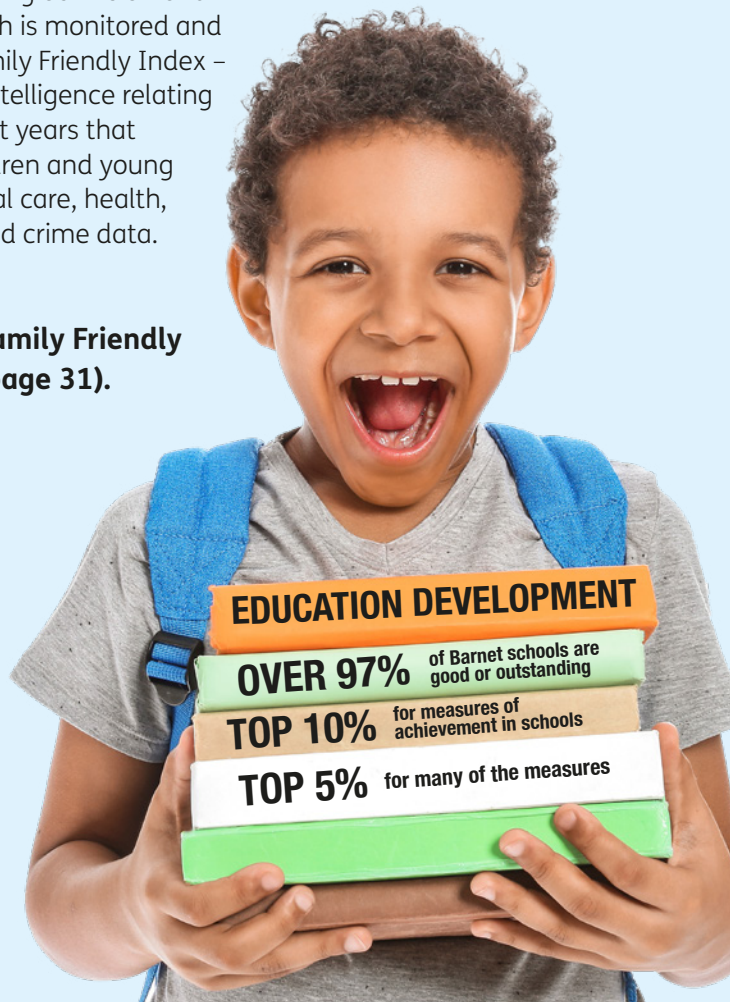
Concerns around crime, violence and exploitation are subject to a vigorous and joined up approach with partners working to ensure the most vulnerable are protected. In March 2022, the Domestic Abuse and Violence Against Women and Girls Strategy was launched. This strategy sets out our vision to see Barnet become a borough where everyone is free of domestic abuse and women and girls are safe from violence.

A multi-agency coordinated response has been developed to tackle increasing levels of mental and emotional well-being concerns for children and young people. The Barnet Children and Young People's Mental Health and Wellbeing Board has been established, which focuses on strengthening support to children and young people experiencing problems.

Health and wellbeing of children and young people continue to be strengthened through preventative and resilience building programmes. Collaborative approaches enable whole system support for healthy diets, physical activity, sexual health, and emotional wellbeing - creating health promoting environments and communities and empowering young people to make healthier choices now and into adulthood.

Our progress in achieving our vision of a family friendly borough is monitored and rated through our Family Friendly Index – a range of data and intelligence relating to changes over recent years that includes views of children and young people as well as social care, health, education, housing and crime data.

See Appendix for Family Friendly Index trend data (page 31).



Family Friendly Barnet

There is a strong social care service that builds resilience

208 Barnet
347 London | 337 England
Children in need in 2022 per 10000

35 Barnet
42 London | 70 England
Children in care in 2022 per 10000

23 Barnet
38 London | 42 England
Rate of child protection in 2022 per 10000

Health outcomes for children and young people are good

8.6% Barnet
10.1% London | 10.8% England
Reception overweight including obesity in 2021

19.9% Barnet
23.4% London | 25.8% England
Year 6 overweight including obesity in 2021

80.2% Barnet
89.2% London | 79.9% England
Vaccination coverage – 1 dose (2 year olds) in 2021

2.6% Barnet
2.8% London | 2.5% England
Pupils with social, emotional and mental health needs (SEND) in 2021

All schools are good or outstanding and children get good educational outcomes

Ofsted

Outstanding	31%	40
Good	65%	84
Requires improvement	4%	6

67.4% Barnet | 58.7% national average
Children reaching expected standard in Reading, Writing, Maths (KS2) – end of primary school

58.1% Barnet | 48.8% national average
16 year olds attainment (KS4) achieved in 8 subjects

66.8% Barnet | 49.8% national average
Children who achieved a 5 or better at the end of KS4 in English and Maths

There are good outcomes for children with SEND

25.9% Barnet | 18.1% national average
Children reaching expected standard in Reading, Writing, Maths (KS2) – (combined)

34.9% Barnet | 29.4% national average
16 year olds attainment (KS4) achieved in 8 subjects

28.7% Barnet | 18.3% national average
Children who achieved a 5 or better at the end of KS4 in English and Maths

There are low rates of children and young people living in temporary accommodation or unsuitable housing

1062
Number of families in temporary accommodation at end of 2022

2272
Number of children (under 18s) in temporary accommodation at end of 2022

105

Family Friendly Barnet

Children and young people feel that Barnet is a family friendly place to live

89%

84%
(2019/20)

Young People Survey 2021/22

Children and young people are involved in decision making

70%

60%
(2019/20)

Young People Survey 2021/22

There are low levels of crime involving children and young people

24

20
(2021)

Serious incidents pertaining to violence involving young people
(Met Police statistics)

Families are able to access the benefits and financial assistance that they need

BACE

5,253 Spring
13,098 Summer
4,587 Winter

Participants in Barnet's Active, Creative & Engaging (BACE) holidays programme 2022

What young people have said

Children and young people provided us with feedback on the issues that are important to them. We are committed to listening and acting in their best interests. Regular surveys gave responses on what is important to young people. This data has been used alongside a range of engagement sessions with children and young people to drive improvements and develop this revised Children and Young People's Plan.

The Young People's Resident Survey (YPS) is a bi-annual face-to-face survey of Barnet young residents aged 11-18, undertaken by an independent research company. The survey has been undertaken since 2016 which gives indications of trends in young people's views over time. 500 Barnet young people were interviewed between November and March 2022.

The majority of young people feel Barnet (89%) is a family friendly place to live.

Children and young people with a disability are less likely to say they are happy with their local area as a place to live (77%)
and say they are satisfied with local services.

> *Barnet is inaccessible for wheelchairs and people are not that accommodating – has faced issues getting on and off the bus. ...People don't take young people seriously so young carers feel doubly ignored.*
> (Young carer SEND youth forum member, Young People Focus Group)

What young people have said

Those who have a disability are more likely to want the council to focus resources on supporting those with long-term health problems or disabilities and those with emotional and mental health problems.

Their top priorities are:

52% protecting children and young people from harm

50% supporting those with long-term health problems or disabilities

43% supporting those with emotional and mental health problems

Overall young people have said knife crime (51%) remains among their top personal safety concern, but the percentage putting it in their top three concerns is significantly lower than in 2019. Similarly, the level of concern over gangs (35%) is also significantly lower than in the last survey while people taking drugs has also fallen (34%).

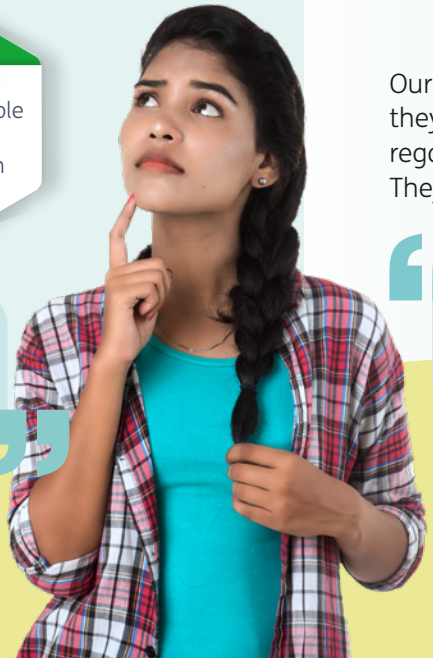
Young people's top priority remains:

41% protecting people from antisocial behaviour

38% protecting young people from harm

29% supporting people with mental health problems

> *Gangs are a problem but they are just out to make money...if you ignore them and keep yourself to yourself they won't bother you.*
> **(YP aged 14-15, Black Female, Young People Focus Group)**



They want access to play opportunities, outside spaces and outdoor learning. They want to be able to travel safely around independently to activities and school using accessible footpaths, cycle-paths and public transport.

> *Having access to outdoor space where young people feel safe and school playgrounds not affected by poor air quality if near busy roads.*
> **(YP aged 11, Youth Assembly)**

Our young people have told us that it is really important that the place they live is inclusive in all senses, where all young people are treated fairly regardless of race, ethnicity, sexual orientation, gender, identity or disability. They want to have equality of opportunity and outcome.

> *Equal education across areas and demographics, you shouldn't be held back due to going to a school in a more deprived area which may lack resources.*
> **(YP aged 15 Youth Assembly)**

What we are doing

There are a wide range of strategies, plans and partnerships that enable us to do our work and they are all inextricably linked and critical to the delivery of our shared vision and objectives set out in this Plan. This Children and Young People Plan will routinely interface with other key plans and strategies affecting children and young people.

What we are doing

Reducing healthcare inequalities for children and young people is also an integral part of our approach as a partnership. The NHS England Core20PLUS5 approach (shown in the diagram below) is designed to support an integrated care system to drive action in health inequalities improvement.

It is a national approach which focuses on the following populations for children and young people:

- The nationally identified – 'Core20', which is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD) and the '5' which is the five key clinical areas identified as areas of health inequalities (asthma, diabetes, epilepsy, oral health, and mental health).
- The area specific – 'Plus', which are population groups identified within NCL as experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within Core20 alone and would benefit from a tailored healthcare approach. As of February 2023, work is ongoing across North Central London (NCL) to identify which population groups will be included within the Plus populations for NCL.

The Partnership has a wide scope of activity and to deliver the outcomes identified, we will work together from now until the next plan by organising ourselves around four key themes resulting from our conversations with children, young people and parent carers as well as our own data and research. The themes are Family and Belonging, Safe and Secure, Health and Wellbeing and Education and Skills.

What we are doing

Family and belonging

- Support our children in care and care experienced young people to live their lives successfully
- Support children and young people with SEND to achieve well, be confident individuals, live fulfilling lives
- Provide support to young carers in carrying out their roles
- Provide support that encourages and builds resilience
- Children and young people develop a positive sense of identity
- Enable environments to allow children to have fun, play and explore the world

Safe and Secure

- Ensuring children have the space and opportunity to build trusted relationships
- Ensure the most vulnerable are protected
- Children and young people are safe and helped to make good choices
- Ensure that there is sufficient placement choice that provides safe and secure homes for our children in care

Health and Wellbeing

- Improve children's life chances by supporting their health and wellbeing from very early age and through to their transition into adulthood
- Promote good mental and emotional health across all ages and different communities and work together to prevent severe mental illness, substance misuse and suicide
- Improve choices for physical activities locally for all ages and abilities, and ensure residents know how to access it
- Provide integrated care by joining up services across health and social care

Education and Skills

- Improve the educational progress and outcomes for all children and young people
- Diminish the differences in attainment and progress between the most disadvantaged and vulnerable pupils and their peers
- Ensure the provision of high quality local placements and support for children and young people with special educational needs and disabilities
- Ensure there are sufficient high quality school places to meet the needs of Barnet children including progress into Higher Education, Apprenticeships or Employment
- Ensure that every school and setting is good or outstanding

Monitoring and governance

The monitoring of this Plan will be by the Children and Young People's Partnership Board. Regular reports on progress will be presented to the Board for scrutiny, including an annual review of the Family Friendly Index. The Partnership, which includes young people representatives, will ensure that agreed priorities against objectives are reflected in partnership work to make certain the impact of the Plan is felt by children, young people and their families. Our efforts to implement this plan will be a key priority for the coming years.

Appendix

Plan engagement

There has been a range of engagement across Barnet at different stages of development that helped shaped this plan. This included conducting a series of face-to-face consultations with children and young people as well as input taken from a range of surveys capturing their views and talking with partners. From this, we have agreed new principles and priorities through and around which we will work to deliver our agreed outcomes.

Young people engagement

- Barnet Youth board
- Youth Parliament
- Barnet Youth Assembly
- Barnet Youth Ambassadors
- Barnet Inclusive Next Generation (BING) – SEND Youth voice forum
- Barnet On Point (BOP) – Children in Care youth voice forum
- Barnet Young Carers Group

Young People's views

- Young People's Survey
- Young People's Focus Groups
- Children in Care Survey - Your Life, Your Care Barnet
- Care Leavers Survey - Your Life Beyond Care Barnet

Services and Partner engagement

- Mental Health
- NHS North Central London Integrated Care Board (NCL ICB)
- Public Health
- Metropolitan Police Barnet
- Barnet Education and Learning Service
- Voluntary Sector
- Post 16/NEET
- SEND & Inclusion
- Libraries
- Business, employment, skills & training
- Housing
- Employment
- Food Security
- Corporate Parenting
- Green Spaces & Leisure
- Early Years/Resilience/Troubled Families
- Growth & Development
- Members
- Housing
- Barnet Parent Carers Forum
- Community Safety

ACTION PLAN

Family & Belonging

Supporting all our children, including those in care and care experienced young people, to live their lives successfully, to develop a sense of identity, improve wellbeing and to have fun and play.

> **Family is when we can be with people who we love and feel safe.** (Female,16)

Objective	Priority	Service/Partner strategy
Support our children in care and care experienced young people to live their lives successfully	Develop mentor support to ensure that it meets the needs of care experienced young people	Barnet Corporate Parenting Strategy
	Recruit more Barnet based foster carers, so that care experienced young people can stay close to their school and other relationships, where that is in their best interest	
	Support for care experienced young people to have a smooth transition from childhood to adulthood whilst ensuring your health and wellbeing are considered in their wishes on how and where they want to live	
	VCFSE groups support the capacity building to VCFSE groups that work with CIC	Barnet VCFSE strategy
	Continue to support foster carers and social workers with specialist library tickets and learning resources	Barnet Libraries Delivery Plan
Support children and young people with special educational needs and disabilities to achieve well, be confident individuals, live fulfilling lives	Ensure that all children and young people with SEND have their needs identified as soon as possible and receive the right support at the earliest opportunity	Barnet SEND Strategy
	Ensure that children and young people with SEND receive high quality, integrated and inclusive services through effective and timely decision making across partner agencies	
	Ensure services are delivered locally and as inclusive and close to home as possible so that children and young people with SEND can benefit from community integration and support from services in Barnet	
	Explore ways to improve the accessibility of library services for children and families with SEND	Barnet Libraries Delivery Plan
	Upskill providers within the VCFSE to ensure that services are more inclusive	Barnet VCFSE strategy
Provide support to young carers in carrying out their roles	Proactive identification of carers and young carers	Barnet Carers & Young Carers Strategy Young Carers
	Individualised support so that carers and young carers can maintain their own health and wellbeing	
	Recognising carers and young carers as key partners in care and support and recognising the important role they play	
	Ensuring respite care is provided to young carers to enable breaks when they need it	
	Ensure that the wider VCFSE work in partnership with Barnet Carers where possible to provide the best support pathways for young carers	Barnet VCFSE strategy

ACTION PLAN

Family & Belonging

Supporting all our children, including those in care and care experienced young people, to live their lives successfully, to develop a sense of identity, improve wellbeing and to have fun and play.

> **It encourages people to be together and be part of a community that is welcoming.** (Female,13)

Objective	Priority	Service/Partner strategy
Provide support that encourages and builds resilience	Meeting childcare sufficiency and providing families quality-assured childcare options	Barnet Early Help Strategy
	Provide an inclusive service delivery that supports children with special educational needs or a disability	Barnet SEND strategy
	Ensure all children are supported to access free early years education offer	Barnet Early Help Strategy
	Provide foster carers with therapeutic training to meet the emotional needs of children in their care	Barnet Corporate Parent Strategy
	Our partners in the Police will make engagement with children and young people central in their use of powers in order to build trust	Barnet Metropolitan Police Strategy
	Ensure early help is provided as early in the life of a problem as possible to reduce problems and enable children and families to only tell their stories once	Barnet Early Help Strategy
	Work with partners and local communities, including hotels who are accommodating refugee families to offer support, advice and guidance	Barnet Early Help Strategy
	Young Barnet Foundation continues to take the lead in helping to develop the VCFSE sector in creating safer, stronger and more connected communities for our young people to thrive	Barnet VCFSE Sector Strategy
Children and young people develop a positive sense of identity	Care experienced young adults to be supported accessing their files and understanding their care journey	Barnet Corporate Parent Strategy
	All care experienced children and young people to have access to life story work and later life letters	Barnet Corporate Parent Strategy
	Celebrate the diversity of young people in the borough and help them to develop their creativity through involvement in the forthcoming Culture Strategy	Barnet Growth and Development Strategy
	Develop one of the first accessible and inclusive playgrounds for all ages in the UK	Barnet Parks and Open Spaces Strategy
	Support young people to have a stronger sense of self-worth and self-confidence through knowledge and understanding of gender, sexuality and healthy relationships	Barnet Public Health Strategy
	The VCFSE sector will work together to build a strong sense of community and belonging for all our children and young people through local participation/community activity	Barnet VCFSE Sector Strategy
	Ensure that library resources and events and activities reflect the diversity of the borough, and help to build strong positive identities for children and young people	Barnet Libraries Delivery Plan

Family & Belonging

Supporting all our children, including those in care and care experienced young people, to live their lives successfully, to develop a sense of identity, improve wellbeing and to have fun and play.

> **Families and children coming together as a community so they have the support around them and don't have to go through rough times on their own.** (YP aged 17)

Objective	Priority	Service/Partner strategy
Enable environments to allow children to have fun, play wand explore the world	Continue a high quality distinctive local programme to upgrade the borough's park playgrounds and ensure the inclusion of all schools and parks	Barnet Parks and Open Spaces Strategy
	Explore further funding for the development of local parks and open spaces	Barnet Parks and Open Spaces Strategy
	Develop a play strategy for children and young people in Barnet	Barnet Play Strategy
	All children and young people have access to our range of children centres and positive activities during term times and holiday periods	Barnet Early Help Strategy
	Explore ways to extend and enhance the range of cultural activities and services available for children and young people in Barnet's libraries	Barnet Libraries Delivery Plan
	Actively encourage young people's involvement in the development of public art and creative placemaking projects across the borough exploring play and discovery	Barnet Growth and Development Strategy
	Increasing the variety of play spaces for children and young people, by providing more informal play opportunities in our town centres (e.g. playful interventions, furniture, performance spaces and public art opportunities, safer social spaces to meet, etc.) through a programme of public realm improvement works	
	Developing individual town centre play strategies, through a series of Town Centre Public Realm Design Framework documents, to support coordinated delivery of play and youth infrastructure in public spaces across our town centres	
	Supporting independent mobility of children and young people across the borough by improving wayfinding and access to walking and cycling routes in our town centres	
	The VCFSE sector will work together to ensure that spaces occupied by children and young people – home, School and community are safe and nurturing	Barnet VCFSE sector

ACTION PLAN

Safe & Secure

ensuring that the most vulnerable are protected, safe and supported to make the best choices and to build trusted relationships

> **This is very important to me because it can be scary not to be protected from harm as a young person.** (Female, 13)

Objective	Priority	Service/Partner strategy
Ensuring children have the space and opportunity to build trusted relationships	Engaging and inducting a young person representative as a member of the Youth Justice Management Board	Barnet Youth Justice Plan
	Embedding opportunities for care experienced young people to feedback into everyday activities	Barnet Corporate Parent Strategy
	Care experienced children and young people to know their social worker and be supported with regular contact and visits	Barnet Corporate Parent Strategy
	Strengthening links between home, school and community to ensure that adequate opportunities to build trusted relationships with their peers and trusted adults within schools and the wider community	Barnet VCFSE Sector Strategy
Ensure the most vulnerable are protected	Violence against women and girls is eliminated	Barnet Domestic Abuse & Violence Against Women & Girls Strategy
	Prevent children and young people from being exploited and exposed or drawn into violence and crime	Barnet Youth Justice Plan
	Ensure the needs of unaccompanied asylum-seeking children are met through a partnership approach	Barnet Family Services Strategy
	We will support Police to work with partners to reduce the criminal victimisation of those who are most disadvantaged	Barnet Metropolitan Police
	Work together with the Youth Justice Board to make plans to address disproportionality of different groups of young people in the justice system	Barnet Youth Justice Plan
	Ensure that our town centres are welcoming and safe for young people	Barnet Growth and Development Strategy
	Through a home, school, community approach, work with partners to create safer, stronger, more connected communities for our CYP to thrive	Barnet VCFSE Sector Strategy

ACTION PLAN

Safe & Secure

ensuring that the most vulnerable are protected, safe and supported to make the best choices and to build trusted relationships

> **A safe place to me is somewhere I don't feel afraid about being there.** (Female, 16)

Objective	Priority	Service/Partner strategy
Children and young people are safe and helped to make good choices	Work effectively together to ensure children feel safe, are safe and supported at home, in school and in the communities in which they live	Barnet Family Services Strategy
	Continue reducing the number of First Time Entrants, young people who reoffend and young people who are handed down custodial sentences	Barnet Youth Justice Plan
	Police will work proactively with communities to reduce violence by building trust	Barnet Metropolitan Police Strategy
	Regular reviews with children and young people with their network to support them in making good decisions and learning from their decisions	Barnet Family Services Strategy
	Working with the Police design out crime and Community Safety officers to deliver public space and safety improvements in our town centres	Growth and Development Strategy
	VCFSE to work proactively with CYP, families and Partners to create a safer, stronger, more connected communities where CYP are supported to make better choices	Barnet VCFSE Sector Strategy
Ensure that there is sufficient placement choice that provides safe and secure homes for our children in care	To lead the development of a secure children's home provision in London	Barnet Placements Sufficiency Strategy
	Work in partnership to deliver the Pan London Pathfinder supported accommodation provision for young people as a positive alternative to custody	Barnet Youth Justice Plan
	Refresh Barnet's Placement Sufficiency Strategy in line with the needs of Barnet Children and develop local placement provision in accordance with needs, best practice and new regulation standards	Barnet Placements Sufficiency Strategy
	Development of solo provision to meet the needs of the most vulnerable young people who are new into care	Barnet Corporate Parent Strategy
	Ongoing recruitment of foster carers and supported lodgings hosts to meet the diverse needs of looked after children and young people	
	Care experienced young adults to be supported in accessing the right accommodation to meet their needs	
	VCFSE to signpost community members towards fostering recruitment	Barnet VCFSE Sector Strategy

ACTION PLAN

Health & Wellbeing

supporting our children and young people to adopt healthy lifestyles to prevent avoidable illness and improve their social, physical and mental wellbeing, including through integrated health and social care

> **Being a young carer can be mentally draining at times, need encouragement to have a healthy lifestyle.** (Female, 13)

Objective	Priority	Service/Partner strategy
Improve children's life chances by supporting their health and wellbeing from very early age and through to their transition into adulthood.	Implementation of the Barnet Food Plan to ensure good quality, healthy and sustainable food for all Barnet families with a strong emphasis on tackling cost of living crisis	Barnet Food Plan Strategy
	Conduct air quality audits and implement measures on all schools with high air pollution (as identified by TfL)	Barnet Health & Wellbeing Strategy
	Promote oral health by building on the findings of the oral health needs assessment and developing a collaborative action plan	Barnet Health & Wellbeing Strategy
	Provide information and education to boys and girls about periods, period poverty and hygiene to help address period stigma	Barnet Health & Wellbeing Strategy
	Develop a needs bank at Chipping Barnet Library, with free hygiene resources for young people	Barnet Libraries Delivery Plan
	Continue to support the mental health and wellbeing of new parents through rhymetime and other Early Years library activities	Barnet Libraries Delivery Plan
	Continue to support sexual health education and healthy relationships among young people	Barnet Health & Wellbeing Strategy
	Continue to implement whole setting health promoting approaches to achieve and maintain healthy weight	Public Health Strategy
	Ensure that we continue to grow opportunities within the community/VCFSE for CYP to feel that they belong to a safe, strong, connected community	Barnet VCFSE Sector Strategy

ACTION PLAN

Health & Wellbeing

supporting our children and young people to adopt healthy lifestyles to prevent avoidable illness and improve their social, physical and mental wellbeing, including through integrated health and social care

> **Important taking care of yourself and mental health.** (Male, age 11)

Objective	Priority	Service/Partner strategy
Promote good mental and emotional health across all ages and different communities and work together to prevent severe mental illness, substance misuse and suicide	Barnet Integrated Clinical Services (BICS) to provide a range of interventions to support children and young people's mental health & wellbeing	Barnet Mental Health Strategy
	Ensure that a universal approach including supporting the Resilient Schools Programme, is delivered to all schools to raise awareness of mental health and reduce stigma	Barnet Health & Wellbeing Strategy
	Work with partners to improve access to mental health support for CYP	Barnet Health & Wellbeing Strategy
	Work with partners to promote parity of access to mental and physical health services for children, young people with mental illnesses or SEND	Barnet Health & Wellbeing Strategy
	Develop and implement a refreshed Barnet Suicide Prevention Strategy	Barnet Health & Wellbeing Strategy
	VCFSE to work to ensure that we continue to grow our community offer for early mental health support, (EIP) backed up with increased wellbeing activities	Barnet VCFSE Sector Strategy
Improve choices for physical activities locally for all ages and abilities, and ensure young people know how to access it	Provide information for access to a range of activity programmes including free swimming, junior park run, after school clubs	Barnet Health & Wellbeing Strategy
	Deliver the Fit & Active Barnet (FAB) Framework to focus on wider engagement for physical activity	Barnet Health & Wellbeing Strategy
	Maximise the use of facilities and identify opportunities for co-location and community hubs, widening access to ensure that facilities and open spaces are better used by the communities they serve	Barnet Health & Wellbeing Strategy
Provide integrated care by joining up services across health and social care	Commitment to develop a child development centre where children with disabilities and their families can access assessment and a range of services from the same location	Barnet Integrated Health Strategy
	Continued development of our existing programme of work based around integration of GP networks with paediatricians enabling closer contact for children and young people	Barnet Integrated Health Strategy
	Embed collaborative work between borough partners to identify and proactively support children to manage asthma in the school environment	Barnet Integrated Health Strategy

Education & Skills

supporting children and young people to reach their educational and academic potential, by closing attainment gaps and reducing exclusion

> **Schools should be teaching us more about adult life and how to do things when we leave school**
> (Female 13)

Objective	Priority	Service/Partner strategy
Improve the educational progress and outcomes for all children and young people	Support children to reach their educational and academic potential	Barnet Education Strategy
	Support schools to improve attendance and reduce exclusion	Barnet Education Strategy
	Support children to have their best start in life and be ready for learning	Barnet Education Strategy
	Bid for funds to deliver a Festival of Stories in Barnet's libraries	Barnet Libraries Delivery Plan
	Enhance study facilities for children and young people in Barnet's Libraries	Barnet Libraries Delivery Plan
	Ensure that robust planning and support is in place to enable all young people to return to education and training following the disruption of COVID 19	Barnet Education Strategy
	Work collaboratively to embed preparing for adulthood outcomes from an early age	Barnet Education Strategy
	Support CYP to access opportunities within their communities (VCFSE) that will complement their educational and emotional development	Barnet VCFSE Sector Strategy
	Grow partnerships between education and the VCFSE to address needs within schools	Barnet VCFSE Sector Strategy
Diminish the differences in attainment and progress between the most disadvantaged and vulnerable pupils and their peers	Proactively enabling families with young children to access children centres and the free early education entitlement	Barnet Early Help Strategy
	Working across the partnership to address the impact of the pandemic on the development of our youngest children and support the transition into school	Barnet Education Strategy
	Listen, communicate and make decisions with our children in care and care experienced young people and ensure educational provision is strong	Barnet Education Strategy
	Continue to support schools, settings, children and young people in recovery from the impact of the pandemic on learning and mental health and wellbeing	Barnet Education Strategy
	Minimise the number of young people who are NEET, by developing the employability skills and resilience	Barnet Education Strategy
	Barnet YJMB will develop a tracker to measure progress against actions to reduce exclusion of Black boys from education	Barnet Youth Justice Plan
	Ensure that we continue to seek to hear the voices of the seldom heard to improve their engagement with the services that need to support them	Barnet VCFSE Sector Strategy

Education & Skills

supporting children and young people to reach their educational and academic potential, by closing attainment gaps and reducing exclusion

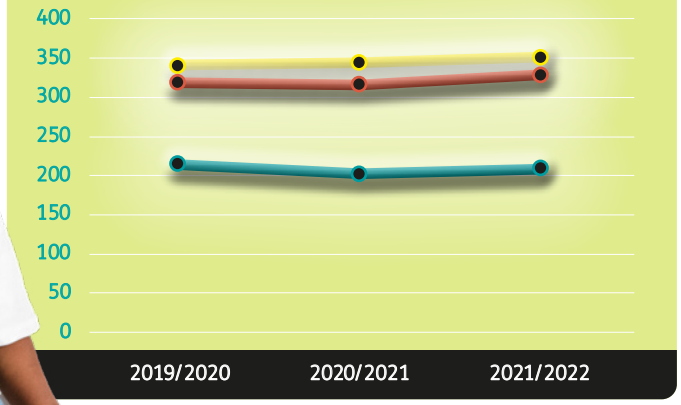
> **I think education and learning is very important in preparing you for the outside world** (Female, 13)

Objective	Priority	Service/Partner strategy
Ensure the provision of high-quality local placements and support for children and young people with special educational needs and disabilities	Improve outcomes for CYP with special educational needs and disability	Barnet SEND Strategy
	Develop greater confidence, skills and competencies in mainstream schools to meet the needs of children and young people with SEND	Barnet SEND Strategy
	Develop skills, knowledge and understanding across the workforce and local area to create supporting environments that promote community integration and independence	Barnet SEND Strategy
Ensure there are sufficient high-quality school places to meet the needs of Barnet children including progress into Higher Education, Apprenticeships or Employment.	Supply of school places are available to satisfy demand	Barnet Education Strategy
	Ensure the provision of high-quality local placements and support for children and young people with special educational needs and disabilities aged from three to 25	Barnet SEND strategy
	Increase the number of young people who are engaged in learning and work post 16 and increase supported internship opportunities	Barnet Education Strategy
	Develop further opportunities in education, employment and training for care experienced young people	Barnet Education Strategy
	Increase the opportunities for disadvantaged young people to progress to suitable education, training and employment, including care leavers and young people with special educational needs and disabilities	Barnet SEND strategy
	Minimise the long-term impact of the Covid-19 pandemic on the attainment, achievement and psychological wellbeing of children and young people with SEND	Barnet SEND strategy
	Work with wider partners to ensure that there are pathways to employment for YP with SEND	Barnet VCFSE sector strategy
Ensure that every school and setting is good or outstanding	Focus on meeting the needs of vulnerable pupils, including those with SEND, children looked after, children in need and children eligible for free school meals	Barnet SEND strategy
	Good relationships with schools and settings enabling rigorous monitoring, challenge and support for all schools and settings and the targeted support for schools and settings causing concern	Barnet School Improvement Strategy
	Strengthen high levels of attainment and progress in all phases	Barnet School Improvement Strategy

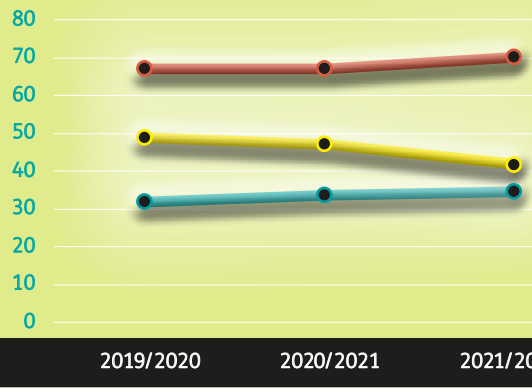
Family Friendly Index trend data

There is a strong social care service that builds resilience

Rate of Children in Need per 10,000 children*



Rate of Children Looked After per 10,000 children

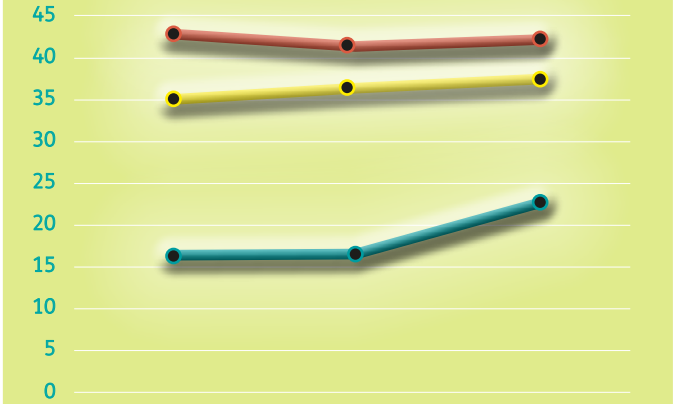


Barnet
London
England

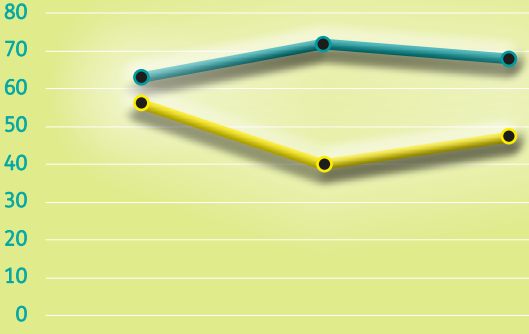
*children aged 0-17

Source: DfE statistics

Rate of Child Protection Plan per 10,000 children*



Unaccompanied Asylum-Seeking Children Numbers at Year End 2018 to 2022



Children and young people feel that Barnet is a family friendly place to live

89%
2021/22

84%
2019/20

Source: Young People Survey

Children and young people are involved in decision making

70%
2021/22

60%
2019/20

Source: Young People Survey

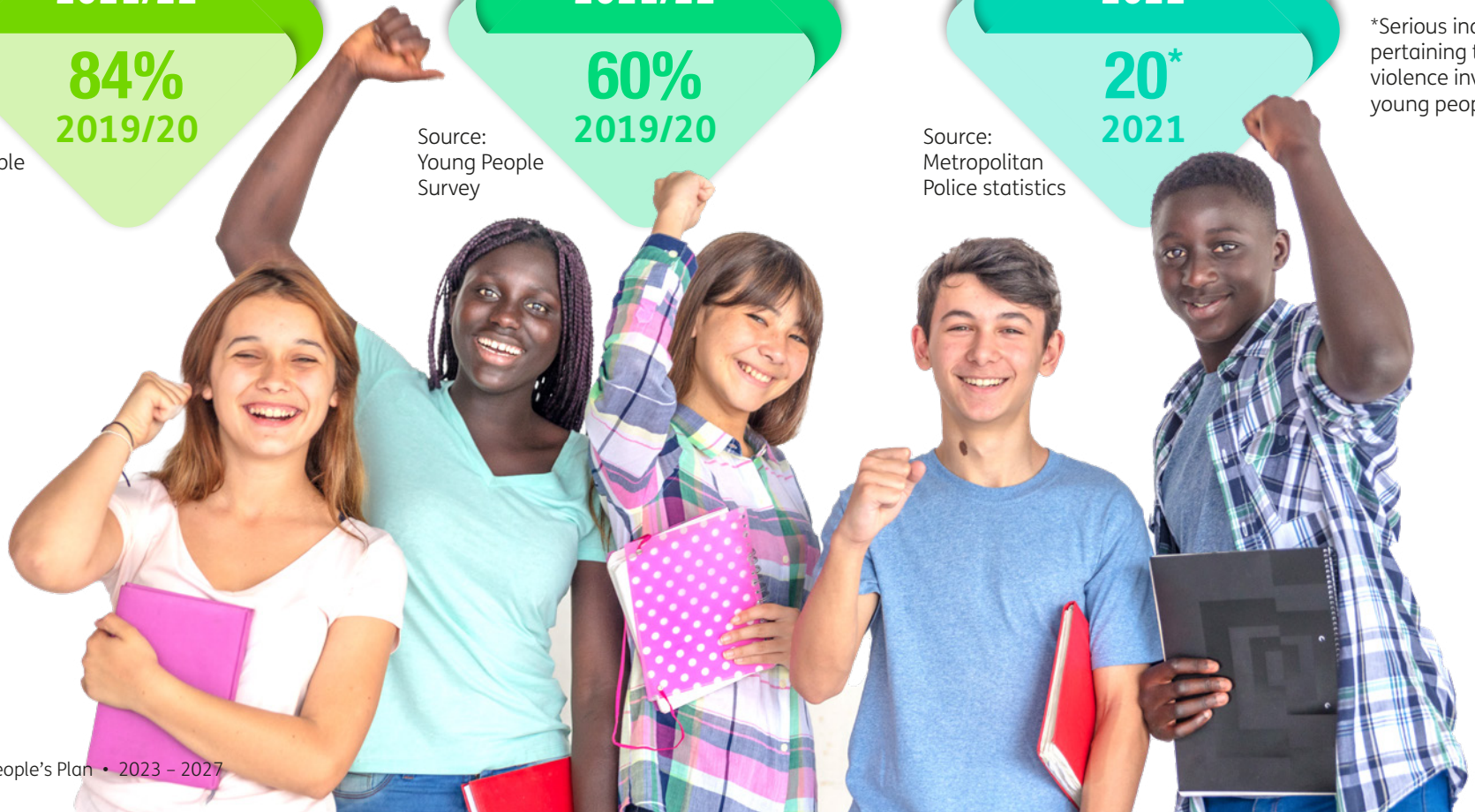
There are low figures of crime involving children and young people

24*
2022

20*
2021

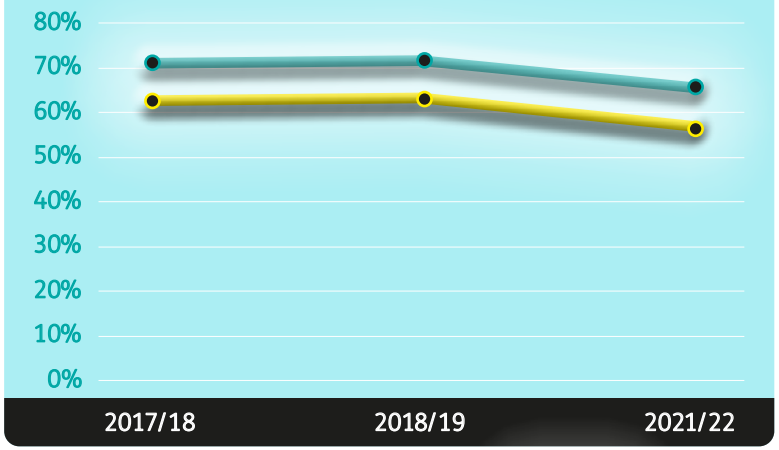
Source: Metropolitan Police statistics

*Serious incidents pertaining to violence involving young people

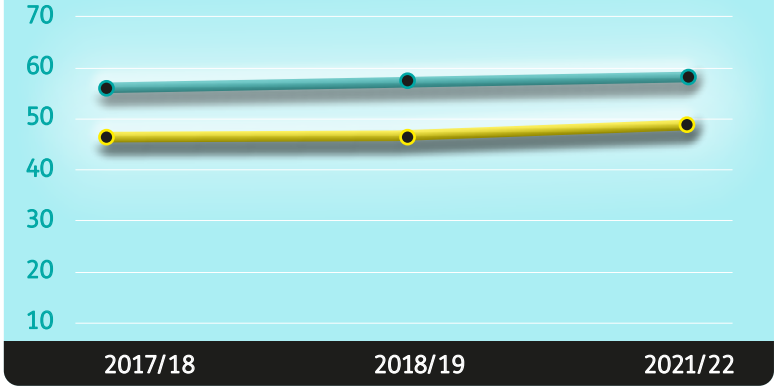


All schools are good or outstanding and children get good educational outcomes

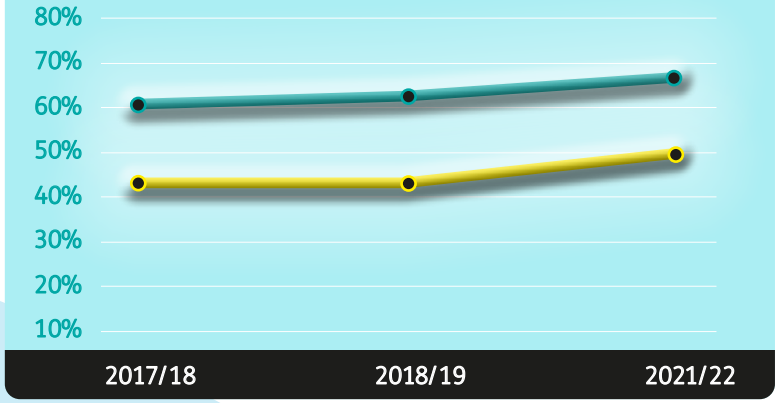
Key Stage 2: RWM Expected Standard | Trend



Key Stage 4: Attainment 8 | Trend



Key Stage 4: English & Maths 5+ | Trend



There are good outcomes for children with SEND

25.9% — 7.8% higher than national average

At the end of primary school. 25.9% achieved the expected standard in Reading, Writing and Maths (combined)

34.9% — 5.5% higher than national average

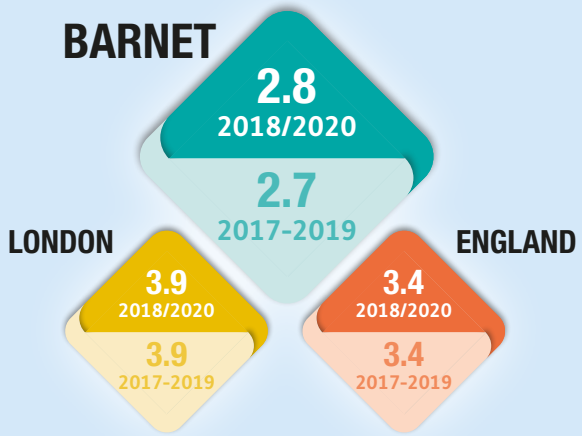
At the end of Key Stage 4 (16 year olds) the Attainment 8 figure was 34.9

28.7% — 10.4% higher than national average

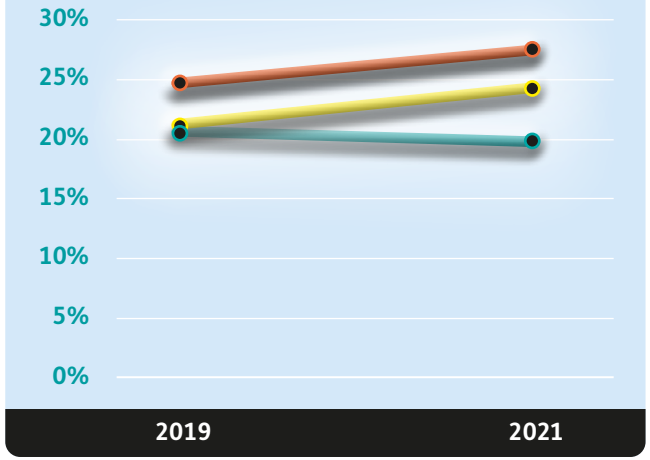
At the end of Key Stage 4 (16 year olds) 28.7% achieved a 5 or more in English and Maths

Health outcomes for children and young people are good

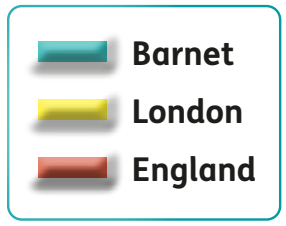
Infant mortality rate (Crude rate per 1,000)



Year 6: Prevalence of Obesity

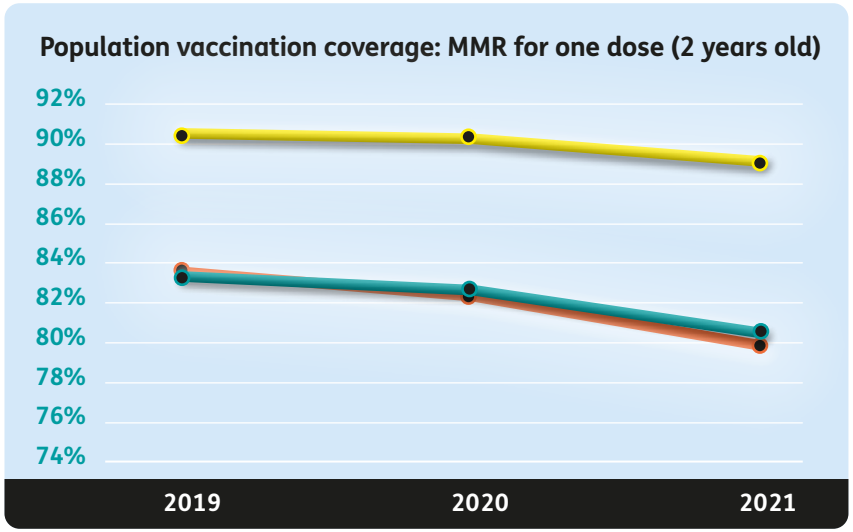


Due to COVID-19, trend reports skip 2020

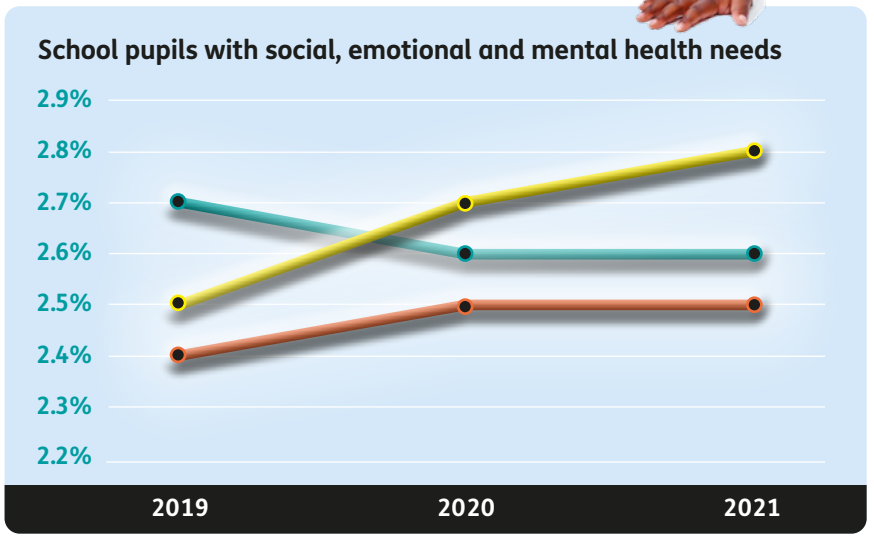


Source: Office for Health Improvement and Disparities statistics

Population vaccination coverage: MMR for one dose (2 years old)

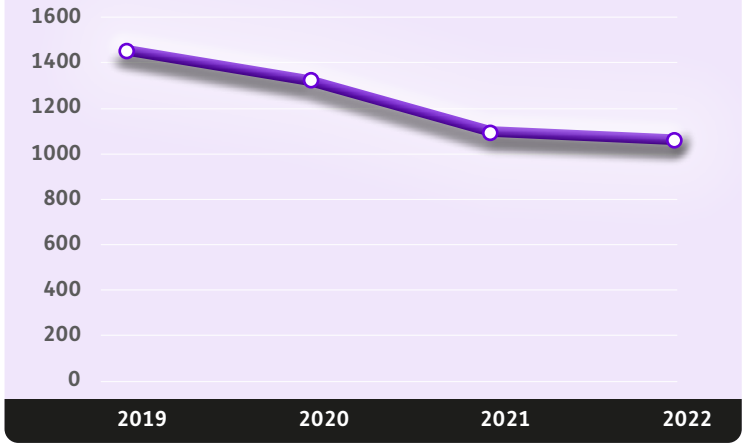


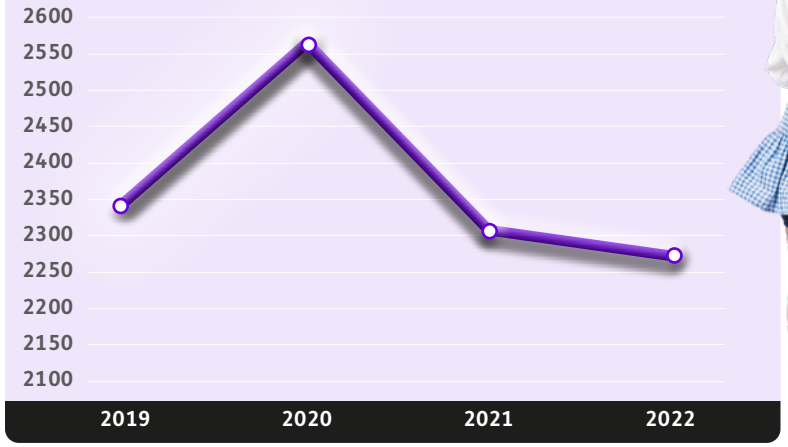
School pupils with social, emotional and mental health needs



Only relates to children with SEND

There are low rates of children and young people living in temporary accommodation (TA)





Source: Department of Levelling Up, Housing and Committees data

Families are able to access the benefits and financial assistance that they need

BACE HOLIDAYS

Spring	Summer	Winter
35 Programmes	47 Programmes	32 Programmes
1,373 Unique CYP	2,871 Unique CYP	2,035 Unique CYP
5,253 Total participants	1,3098 Total participants	4,587 Total participants

Source: Barnet Council data

	Health and Wellbeing Board **11th May 2023**
Title	**Section 75 Review - update**
Report of	Executive director – Communities, Adults and Health Executive Director – Children's and Family Services
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – BCF and Section 75 report
Officer Contact Details	Colette Wood, Director of integration colette.wood1@nhs.net Jess Baines-Holmes, Director of integrated commissioning Jess.Baines-Holmes@barnet.gov.uk Muyi Adekoya, Head of joint commissioning muyi.adekoya@nhs.net Collette McCarthy, Assistant director of commissioning Collette.McCarthy@Barnet.gov.uk

Summary

In March 2023 the north central London (NCL) Integrated Care Board (ICB) and the five north London councils of Barnet, Camden, Enfield, Haringey and Islington conducted a review of all existing Section 75 (S75) agreements and the Better Care Fund (BCF).

S75 agreements (under the NHS Act 2006) provide a legal framework for councils and the NHS to enter into pooled or aligned budget arrangements to commission health and social care related services and integrated services.

The BCF is a national policy requiring ICBs and councils to enter into pooled funding arrangements to develop integrated health and social care, with defined criteria, conditions and nationally set performance metrics. Health and Wellbeing Boards (HWBs) are responsible for the BCF in their area and sign off the BCF plan.

The purpose of the review was to assess the extent to which the current schemes support the integrated care ambitions of each council, the ICB and the borough partnership; and offer value for money. This report provides an update on the review or services in Barnet.

In total, there is £467m of spend, funding a range of services for children, young people and adults across NCL ICB and the five boroughs. In Barnet, S75 agreements and the BCF account for £56.1m of spend on health and social care services.

Officers Recommendations

1. **That the Health and Wellbeing Board note the outcome of the Better Care Fund and Section 75 review**

1. Why this report is needed

1.1 The purpose of this report is to update the HWB on the outputs of the S75 and BCF review. Officers in Barnet worked alongside ICB colleagues to carry out a review that comprised of assessing value for money, alignment with local and NCL objectives, opportunities for greater integration and the potential for improvements and alternative options.

1.2 The schemes were reviewed during March and April. A report containing the recommendations for Barnet is now being presented to the HWB in May.

1.3 In Barnet, S75 agreements and the BCF account for £56.1m of spend on health and social care services annually, as can be seen in the table below.

Borough	Barnet	Camden	Enfield	Haringey	Islington	Total
ICB Min Contribution	29,344	22,289	24,908	22,211	22,045	**120,797**
Improved Better Care Fund (iBCF)	9,622	12,874	11,726	9,806	14,501	**58,529**
Disabled Facilities Grant (DFG)	2,885	1,047	3,736	2,679	1,940	**12,287**
BCF Discharge Fund	2,939	2,006	2,655	2,214	2,056	**11,870**
Total BCF	**44,790**	**38,216**	**43,025**	**36,910**	**40,542**	**203,483**
Section 75 (Non BCF)	**11,399**	**70,588**	**9,211**	**117,437**	**54,915**	**263,550**
Section 75 Grand Total (£'000)	**56,189**	**108,804**	**52,236**	**154,347**	**95,457**	**467,033**

1.4 The agreements cover both children and young people's services and those for adults. In children's services, this includes therapies and mental health. In adult services, it includes community health services, equipment, social care, and learning disability support.

1.5 There are five S75s for children services:

Section 75s	Description
Children's Integrated Therapies	Sets out joint arrangements for commissioning and funding therapies provision for children in the borough delivered by the Whittington Health NHS Trust.
Children's Mental Health & Wellbeing Early Help Services	Covers funding made available from the ICB to Children's & Family services to commission a range of

	early help provision within the Getting Help and Getting More Help domains of the THRIVE model.
Mental Health Support Teams in schools	Sets out arrangements for funding provided by NHSE for provision in schools that is currently delivered by the Barnet Integrated Clinical Service (BICS).
Looked After Children (LAC)	Covers joint funding of the LAC nursing team delivered by Central London Community Healthcare Trust (CLCH).
Mental Health Provision within Youth Justice Service (YJS),	Sets out arrangements for funding from NHSE provided to the YJS for a speech & language therapist, forensic psychologist and Diversion & Liaison Officer

1.6 There are three S75s for adult services:

Section 75	Description
Integrated Specialist Community Learning Disabilities Team	Covers the Learning Disabilities nursing and health functions provided by Central London Community Healthcare Trust (CLCH) and mental health specialist services provided by Barnet, Enfield and Haringey Mental Health Trust (BEH).
The Learning Disabilities Campus	Sets out the arrangements for a specialist residential service for adults with learning disabilities.
The Better Care Fund schedule	Details the services supporting health and care integration and joint working.

2. Reasons for recommendations

2.1 Barnet's Health and Wellbeing Board is responsible for the BCF and S75 agreements between the NHS and the council. It is essential that the HWB is fully briefed on the review and provides direction and oversight.

3. Alternative options considered and not recommended

3.1 Not applicable in the context of this report.

4. Post decision implementation

4.1 Recommendations from the review to be incorporated into the planning of the 2023-25 BCF Plan.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The Barnet Plan – Caring for people, our places and the planet, sets out that integrated care is a priority. The S75 agreements and the BCF form a core part of the ambition to provide effective integrated care.

5.1.2 These agreements and the purpose of the BCF also support the achievement of the Joint Health and Wellbeing Strategy, (JHWS) which emphasises integrated, joined up care for those who need it.

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

5.2.1 The total value of the S75 agreements and the BCF for Barnet, by area of spend and organisation is set out in the table below.

	Barnet			Camden			Enfield			Haringey			Islington			Total		
Area of spend	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA
CAMHS	925	925	0	11,091	8,100	2,991	17	17	0	2,935	1,785	1,151				14,968	10,826	4,142
Learning Disabilities	5,166	3,193	1,973	17,823	6,737	11,086	5,616	2,386	3,230	43,348	12,452	30,896	40,904	5,580	35,324	112,857	30,349	82,509
Mental Health	1,415	475	940	19,874	9,650	10,224	2,515	1,634	882	63,376	46,781	16,596	13,510	6,548	6,962	100,690	65,087	35,603
CIC	648	324	324	2,382	2,382	0	592	592	0	347	347	0	388	388	0	4,357	4,033	324
Children's	3,631	2,983	648	20,248	10,349	9,899	427	302	125	7,225	297	6,928				31,532	13,931	17,601
Safeguarding				315	65	250	0	0	0							315	65	250
Community	13,837	13,837	0	8,203	8,203	0	13,730	12,687	1,043	13,762	13,741	21	9,450	8,592	858	58,982	57,061	1,921
Primary Care				270	270	0				985	985	0	463	463	0	1,717	1,717	0
Social Care	29,067	15,405	13,662	28,600	13,608	14,992	29,173	11,620	17,552	22,368	8,926	13,442	30,741	12,659	18,082	139,949	62,218	77,731
End of Life care	1,499	1,499	0				167	167	0							1,667	1,667	0
Grand Total	56,189	38,642	17,547	108,805	59,363	49,442	52,237	29,406	22,831	154,346	85,313	69,034	95,456	34,230	61,226	467,033	246,953	220,080

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.

5.3.2 Section 75 agreements are made under s75 of the National Health Services Act 2006). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised.

5.4 Insight

5.4.1 There are no insight implications in relation to the recommendations of this report.

5.5 Social Value

5.5.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

5.6 Risk Management

5.6.1 Both the Council and the ICB have established approaches to risk management, which are set out in their respective risk management frameworks. The review will be carried out in accordance with both organisation's approaches to risk management

5.7 Equalities and Diversity

5.7.1 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:

a) Age
b) Disability
c) Gender reassignment
d) Pregnancy and maternity
e) Race
f) Religion or belief
g) Sex
h) Sexual orientation
i) Marriage and civil partnership

5.7.6 Advice on completing Equality Impact Assessments (EIAs) can be found here.}

5.8 Corporate Parenting

5.8.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The services contained within S75 agreements for children's services are directly relevant to corporate parenting and meeting the needs of looked after children and care experienced young people. Services within the adults agreement are relevant to care

experienced adults with health and care needs and it is important that services are accessible and effective for this group of people.

5.9 Consultation and Engagement

5.9.1 Any changes arising from the review will be subject to appropriate engagement and consultation, in accordance with the policy of the relevant organisation.

5.10 Environmental Impact

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

6. Background papers

6.1 Review of Section 75 funding (including Better Care Fund) (Public Pack)Supplement - Item 12 - Section 75 funding Agenda Supplement for Health & Wellbeing Board, 16/03/2023 09:30 (moderngov.co.uk)

This page is intentionally left blank

S75/BCF: VFM review

Update to Health and Wellbeing Board

S75 Total Investment 2022-23: Overview

Borough	Barnet
ICB Min Contribution	29,344
Improved Better Care Fund (iBCF)	9,622
Disabled Facilities Grant (DFG)	2,885
BCF Discharge Fund	2,939
Total BCF	44,790
Section 75 (Non BCF)	11,399
Section 75 Grand Total (£'000)	56,189

S75 Total Investment by Borough 2022-23 by area of spend

There is again, **significant variation in approach, particularly in the non-BCF elements of the agreements**:

- Some boroughs include **core-NHS mental health contracts** (Haringey and Camden in particular), others do not;
- Some boroughs have many services sitting outside of a s.75 (Enfield as an example);
- The majority of the budgets are **"aligned" rather than pooled**;
- Some boroughs include **s.117 funding** (mental health aftercare) within the s.75 and others do not;
- Some budget lines included within the s.75 have **no investment from the partner organisation** i.e. they are either completely NHS or completely LA funded with no delegation of commissioning responsibility;
- Some boroughs include **LA-commissioned children's services** within the s.75 and others do not;
- Some boroughs have **shared commissioning teams** for the areas sitting under the s.75 and others do not; and
- With the exception of social care, there is **variation in approach in most areas of spend**.

	Barnet	Camden	Enfield	Haringey	Islington	Total
Area of spend	Budget	Budget	Budget	Budget	Budget	Budget
CAMHS	925	11,091	17	2,935		14,968
Children's	3,631	20,248	427	7,225		31,532
CIC	648	2,382	592	347	388	4,357
Community	13,837	8,203	13,730	13,762	9,450	58,982
End of Life care	1,499		167			1,667
Learning Disabilities	5,166	17,823	5,616	43,348	40,904	112,857
Mental Health	1,415	19,874	2,515	63,376	13,510	100,690
Primary Care		270		985	463	1,717
Safeguarding		315	0			315
Social Care	29,067	28,600	29,173	22,368	30,741	139,949
Grand Total	56,189	108,805	52,237	154,346	95,456	467,033

There is also significant variation in contributions made within s75 agreements between LA and ICB partners within different areas of spend, reflecting historical commissioning

Key opportunities within the review

1 STRENGTHENING INTEGRATION

Within **key areas of joint working at place** such as MH, LD, our UEC pathway, including with our VCS partners.

2 BETTER MEETING POST-PANDEMIC NEEDS OF POPULATION INCLUDING INEQUALITIES

We know our population needs have changed post-pandemic. There are **significant inequalities** in terms of outcomes. In terms of the UEC pathway, we are facing **rising complexity and need**. Borough partnerships have an opportunity through this review to **re-think the way place-based partners work together** to better improve population health outcomes.

3 SETTING THE SCOPE AND MANDATE FOR BOROUGH PARTNERSHIPS

In line with the 'NCL Place paper' (via the NCL Place Editorial Board) the review will act as **a pre-curser for potential delegation to place and an accountability framework.** This is key for supporting population health improvement work.

4 "OPEN BOOK" ACTIVITY AND FINANCE

We need to build a **better shared understanding** of what activity S75 agreements support, including their **productivity and effectiveness** at supporting population health outcome improvement. We can build on the baseline understanding for example, that national reporting for the BCF Additional Discharge Fund provided.

5 DRIVING VFM

The challenges both Local Authorities and the ICB are facing mean it is imperative to ensure together that **every influenceable pound within these agreements drives value**. ICB commissioned contracts and schemes within S75 agreements have not been through a contract review process to ensure VFM for some time.

6 BOOSTING ALIGNEMENT WITH NATIONAL OR LOCAL OBJECTIVES

S75 agreements should form the **basis for how we drive population health outcome improvement together**. In addition, all schemes within the **BCF** should support its aims, objectives and tangibly **drive at least one national metric (see slide 20).**

*See slides 21-22 for further information re. potential thematic opportunities within the BCF.

Principles and process 1/2

Following the publication of 2023/24 planning guidance, and the local government settlement, it is clear commissioning organisations will be operating in a **financially-constrained environment for at least the 2 two years.**

The following slides set out a **potential process,** for undertaking a shared, borough-based review of schemes and contracts to: (a) identify where potential opportunities may sit within local s.75 agreements, and (b) determine next steps.

Principles

It is proposed that joint (Council and NHS) reviews reflect the following principles:

- ✓ Taking shared Cabinet / corporate responsibility
- ✓ Appropriate time and senior input is committed
- ✓ Recommendations are scoped / agreed locally, and endorsed at system level
- ✓ An agreed route for escalation to support reviews commencing / continuing, and for resolving matters as required

Process

- Review to be co-led by Council and ICB lead
- Two stage process. Initial meeting to review / moderate / agree the schemes to focus on (*informed by matrix overleaf*). DCS, DASS, DPH and DOI to be involved
- Further meeting/s with co-leaders, and to be informed by joint commissioners to scope viable changes and efficiencies
- An ongoing T&F group to manage the delivery of specific projects, and to unblock potential issues
- A system-level fora should be identified where wicked issues can be fed back / addressed, and to provide space for considering schemes of pan-NCL value.

Principles and process 2/2

Identifying potential opportunities

- Joint review with schemes scored once by NHS and once by Council
- Scores to be shared and moderated through a joint meeting
- Opportunities can be agreed through:
  - 5 lowest-scoring schemes
  - Thresholds i.e. those under 10 points

Scoping action

- Once schemes are identified for more detailed review, joint commissioner input is key to quantify opportunities, and scope plans to implement
- Potential dispositions:
  - Terminate duplicative / overlapping schemes (commissioning efficiency)
  - Reprocure an individual scheme (contract efficiency)
  - Align and procure related schemes, at borough or NCL level (contract efficiency)
  - Vary an individual scheme – finance, scope/do-differently (operational efficiency)
  - Align and vary related schemes, at borough or NCL level (operational efficiency)

Potential **scoring framework** to identify opportunities

Scoring	**Strategic fit** *"Does the scheme deliver population health, borough partnership, and/or NCL system priorities?"*	**Economic value** *"Does the scheme meet local demand and need? And how efficiently is the scheme delivered assessed against comparators?"*	**Service effectiveness** *"Does the scheme demonstrate proven benefits for residents, clinicians, and the wider system?"*	**Ability to re-provide in an alternative way** *"Is the scheme provided in the most efficient and appropriate way, without alternative means to deliver?"*
5	Statutory services	Delivers over and above original baseline in terms of activity, complexity, or by addressing unmet need; and/or at exemplary unit cost	System-wide impact, robustly demonstrated, with a range of preventative outcomes	Setting of, or delivery model for, scheme is crucial to achieving outcomes; and/or cannot be rescoped due to geographic, economic or technological factors
4	Core services	Delivers original baseline in terms of activity, complexity, or by addressing local demand; and/or at a competitive unit cost	Service-level impact, robustly demonstrated, with a blend of preventative outcomes and operational outputs	Setting of, or delivery model for, scheme is important to achieving outcomes; and/or would be challenging to rescope due to geographic, economic or technological factors
3				
2	Discretionary services	Falls short of original baseline in terms of activity, complexity, or does not meet local need or demand; and/or at an uncompetitive unit cost	Narrow impact, and/or demonstrated in a limited way, with largely operational outputs	Setting of, or delivery model for, scheme is unrelated to achieving outcomes; and/or could be rescoped to better meet geographic, economic or technological needs
1				

Potential **scoring sheet** linked to the framework and review requirements

Provide tangible evidence of the impact against at least one population heath/national BCF metric (as appropriate) is being improved through the scheme including measurable impact such as bed days saved, admissions avoided, £ system savings etc.

How can the service be organised in a way that creates more value to the system e.g. in terms of the impact on metrics/pop health oucomes, activity, inequalities, changing the model or if not possible, decommissioned.

Scheme /Contract Name	(£)	Lead Org'n	Score from opportunity framework analysis (slide 15)	Which local or national metrics does the scheme drive and what contribution does it make?	Inequalities: contribution made by the service and/or how this could be enhanced?*	Cost per intervention analysis and benchmark	Explain how additional value could be enhanced from this service	Recommended outcome	What are the next steps to realise additional value from this service?
e.g. jointly comm P2 beds	*£480k*	*LA*	*5*	*N/A as unit does not meet P2 clinical criteria*	*The service is currently poorly utilised so the contribution is likely to be suboptimal and other social care interventions are likely to be more beneficial to tackling inequalities*	*£12k per episode vs £7k in units elsewhere which can meet clinical criteria*	*Significant options have been explored to assess whether clinical standards could be met – however this is not viable due to registration conditions* *Discussions are taking place including at DASS level on next steps with a view to potential consultation on the future of the service.*	*Consider termination*	*Discussion with DASS to agree approach (Jan 11th)* *Finalise governance approach in both LA and ICB (end January)* *Finalise suite of consultation documentation including QIA and EQIA (by mid February)*

For this section if you are unable to provide measurable impacts that justify the spend then you may need to consider whether this service should continue at all.

How much does each intervention cost (total contract size/activity). How does this compare with other similar services across NCL? Is the cost per episode and associated impact sufficient to justify the expenditure?

*Further work taking place on methodology for this element by ICB Communities team with suggested input from LA colleagues

High level timeline for joint review

Place based initial review of schemes

- Refine principles and process with LA colleagues
- Agree internal and external comms
- Place based review of schemes in line with potential scoring matrix and checklist for BCF schemes (slides 13 and 15)
- Identification of schemes for more detailed review

During February

Scoping action

- Once schemes are identified for more detailed review, joint commissioner input is key to quantify opportunities, and scope plans to implement

Potential dispositions:

- Terminate duplicative / overlapping schemes (commissioning efficiency)
- Reprocure an individual scheme (contract efficiency)
- Align and procure related schemes, at borough or NCL level (contract efficiency)
- Vary an individual scheme – finance, scope/do differently (operational efficiency)
- Align and vary related schemes, at borough or NCL level (operational efficiency)

March/April

Decision phase

- Confirm recommendations at relevant jt. governance including any next steps associated with relevant decision making forums in the ICB or LAs;
- Read across with relevant NCL governance – a report would be provided to the SDC on 21st June (for example); and
- Commence decision making process via appropriate governance where possible, e.g. for ICB commissioned contracts if a decision was made to terminate, duties around service change would need to be followed Quality Impact Assessment (QIA); Equalities Impact Assessment (EQIA)) would be required to inform relevant ICB/ICS decision making.

May/June

Implementation phase

- Implement optimised ways of working between organisations as part of partnership forums or within individual providers where this is about a change in service delivery
- Incorporate changes within joint planning for 2023/24* (with regard to notice periods for any services decommissioned/varied where applicable) via joint planning process:
- For BCF – set stretching joint metric ambitions for 2023/24 in line with changes agreed via joint planning process

July to Dec

*The committee should note any proposed changes to services commissioned through BCF or s.75 agreements must reflect the ICB's formal duties around both service change and contractual notice period. This means most proposed contractual changes will be subject to a lead in time to implement.

Appendix B: Themes for exploration within the BCF 1/2

A **Dementia Services (c. £1.86m)**	• Both ICB and LA's (dependent on borough) have contracts for dementia support • These services contribute to helping keep people at home and independent and admission avoidance • Are all optimised to add sufficient value to BCF metrics achievement given our UEC pressures? • Does unit cost analysis and comparison vs. the different models suggest value for money or an optimal approach?
B **P2 Beds in care homes (c. £2.6m)**	• Local Authorities and the ICB jointly commission P2 beds in care homes • The CSR P2 review has highlighted that care home based provision does not meet clinical criteria required for P2 at Mildmay, St Anne's and PWH (Islington/Haringey): opportunity to agree a joint approach re. the future of this provision and alternatives.
C **Staffing spend (c. £1.59m)**	• Is all of this funding (which is in both NHS and LA sides of BCF) recurrently spent? Are there any vacancies that have not been recruited to for a long time – are they still needed? • Do the staffing costs contribute sufficiently enough to BCF ambitions and metrics?
D **Discharge teams (c. £1.7m)**	• Initial analysis suggests that this is not duplicative with non-recurrent funding for Integrated Discharge Teams in 2022-23 • The areas that receive funding for this within the BCF seem to be very variable e.g. Barnet Hospital acute discharge team (£150k); Camden ASC (£300k); Haringey ASC SPA (£266k) etc. Are we confident this funding is having the impact on 7 day discharges that it needs to? • Are there areas of potential duplication with what we have committed to as part of the new ASC BCF funding?
E **Non-BCF services? (c. £2.1m)**	• The following services are all funded via the BCF and whilst the services may be required, they may not tie closely in with the BCF's aims, ambitions and metrics e.g. children's services in Camden (£776k); a Fracture Liaison service in Barnet (£109k); the Barnet CHS SPA (£350k) and IAPT in Enfield (£314k); Carer Bereavement Service (£84k) • Two possible scenarios: a) more appropriate substitution with areas of core contracts that tie in to BCF better or b) 'difficult decision' reviews

*Please note financial values are approximate based on desktop thematic analysis of Autumn 2022 planning returns

Appendix B: Themes for exploration within the BCF 2/2

F **Carers Support (c. £3.9m)**	• The role carers play is crucial to admission avoidance, discharge and the aims and objectives of the BCF • Commissioned by both ICB (some in Islington) and LA (others) in line with historic arrangements • Are we collectively confident between Local Authorities and the ICB that this invaluable support to the system is optimised? Do we understand which models work best across NCL and are we supporting partners to link into place based partnership improvement work sufficiently well?
G **Various others (c. £1.1m)**	• There are a range of contracts that may benefit from a value for money/impact review including unit cost analysis to assess whether they are adding maximum impact, or whether given the challenging financial situation for both the NHS and LA's other services should be prioritised for funding. • Note for some: sufficient detail not available in BCF submissions re. the service context and descriptors • For example: ASC in Primary Care in Camden (£671k); Family Group Conference in Camden (£64k) – LA ; PH Intervention F21M Islington £150k
H **Core Services across NHS Providers and ASC/LA (c. £164m)**	• Are we confident that we understand how this funding is spent in line with the aims and ambitions of the BCF or iBCF? • In terms of the NHS, are we substituting appropriate parts of provider contracts that most support admissions avoidance and discharge? If not, are there more appropriate things we can substitute in order to ensure alignment? • How mature is partnership work between partners at place to drive improvement in admission avoidance and discharge?

*Please note financial values are approximate based on desktop thematic analysis of Autumn 2022 planning returns

Appendix C: S75 Investment by Borough 2022-23 (showing LA and ICB contributions)

	Barnet			Camden			Enfield			Haringey			Islington			Total		
Area of spend	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA	Budget	ICB	LA
CAMHS	925	925	0	11,091	8,100	2,991	17	17	0	2,935	1,785	1,151				14,968	10,826	4,142
Learning Disabilities	5,166	3,193	1,973	17,823	6,737	11,086	5,616	2,386	3,230	43,348	12,452	30,896	40,904	5,580	35,324	112,857	30,349	82,509
Mental Health	1,415	475	940	19,874	9,650	10,224	2,515	1,634	882	63,376	46,781	16,596	13,510	6,548	6,962	100,690	65,087	35,603
CIC	648	324	324	2,382	2,382	0	592	592	0	347	347	0	388	388	0	4,357	4,033	324
Children's	3,631	2,983	648	20,248	10,349	9,899	427	302	125	7,225	297	6,928				31,532	13,931	17,601
Safeguarding				315	65	250	0	0	0							315	65	250
Community	13,837	13,837	0	8,203	8,203	0	13,730	12,687	1,043	13,762	13,741	21	9,450	8,592	858	58,982	57,061	1,921
Primary Care				270	270	0				985	985	0	463	463	0	1,717	1,717	0
Social Care	29,067	15,405	13,662	28,600	13,608	14,992	29,173	11,620	17,552	22,368	8,926	13,442	30,741	12,659	18,082	139,949	62,218	77,731
End of Life care	1,499	1,499	0				167	167	0							1,667	1,667	0
Grand Total	56,189	38,642	17,547	108,805	59,363	49,442	52,237	29,406	22,831	154,346	85,313	69,034	95,456	34,230	61,226	467,033	246,953	220,080

Exclusions

1. S256s
    - Tripartite (0 – 18)
    - S117 joint funding arrangements
    - Contribution to discharge brokerage

2. NHSE passthroughs:
    - SRS legal support and advocacy
    - Youth Justice Service
    - Mental Health Early Help
    - Mental Health Support Teams

3. Staffing funding for joint team currently under discussion as part of ICB restructure

Summary of scoring

Scoring	Investment lines evaluations
Excluded	8
0 – 5	2
6 – 10	1
11 – 15	3
16 - 20	29 (17[6], 18[8], 19[6], 20[9])

Recommendations - projects for greater review

Using a scoring threshold of ≤10:

- Frailty MDT - £76k
- Fracture Liaison Service - £109k
- Enhanced Health in Care Homes - £207k

Total - £392k

Further areas for consideration:

1. Use of the next round of planning for 23/24 BCF to identify opportunities for alignment with core offer implementation

2. Identification of key areas for greater investment in the event funding becomes available locally or through central allocations

3. Clearer articulation in BCF narrative of links with equalities and opportunity to diversify delivery models to third sector and through community led initiatives

4. Care Home LCS investment in context of equitable support and provision across NCL and a consistent primary care offer for residents of care homes.

5. Investment and sustainability of funding for Children's Integrated Therapies to meet current and future demand and deliver a full core offer of universal and statutory support

	Health and Wellbeing Board **11th May 2023**
Title	**Director of Public Health Annual Report 2022/23**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Director of Public Health Annual Report 2022/23: Mind The Health Gap in Barnet!
Officer Contact Details	tamara.djuretic@barnet.gov.uk james.rapkin@barnet.gov.uk deborah.jenkins@barnet.gov.uk

Summary

The role of the Director of Public Health (DPH) is to be an independent advocate for the health of the population and system leadership for its improvement and protection.

The independence is expressed through the statutory requirement to produce DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available (e.g. health profiles; Joint Strategic Needs Assessment etc). Due to the pandemic, annual production of these reports were paused over the last few years.

This year the Annual Report from the Director of Public Health focuses on the Health Inequalities in Barnet.

Officers Recommendations

1. **That the Board approve the recommendations set out in the Director of Public Health Annual Report 2022/23.**

1. Why this report is needed

1.1 The Director of Public Health has a statutory duty to produce annual report on the state of population's health in the area they serve. This year, DPH Annual Report focuses on Health Inequalities in Barnet.

1.2 On average, Barnet is a healthy borough with average life expectancy and healthy life expectancy higher in Barnet compared to London and England's average. However, there is still 6.7 years difference in male life expectancy and 5.7 years difference in female life expectancy between those living in most affluent and most deprived parts of the borough. Furthermore, a length of years spent in good health has been decreasing over the last decade (healthy life expectancy) with people, on average, living last 18-19 years in poor health.

1.3 This report aims to describe health inequalities, provide some key, high level local measures, explains what factors influence our health and contribute to the life expectancy gap, mention some work already underway and provide a high-level recommendations for future focus.

1.4 The aim of the report is to recommend areas for future work consideration for the Health and Wellbeing Board and wider partnership that would help improve the overall health and wellbeing of residents in Barnet.

2. Reasons for recommendations

2.1 Recommendations in the report will strengthen ongoing work with targeted interventions for those communities most at risk of poor health and premature mortality.

3. Alternative options considered and not recommended

3.1 N/A

4. Post decision implementation

4.1 Recommendations, once approved, will be incorporated into the Health and Wellbeing Strategy 2021-25 Implementation Plan for 2023/24.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 Director of Public Health Annual Report on Health Inequalities link to the 'Caring for people, our places and the planet: Our Plan for Barnet 2023 to 2026links to the outcomes in all three pillars and is supporting delivery of the overarching outcomes of the Health and Wellbeing Strategy 21-25.

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

5.2.1 Production of the report and implementation of recommendations will be delivered within

the existing resources in Public Health Grant, Our Plan for Barnet and the Transformation Strategy.

5.3 Legal and Constitutional References

5.3.1 The Health and Social Care Act 2012 (2012 Act) confers duties on Local authorities to improve public health. Local authorities have a duty to take steps as they consider appropriate for improving the health of people in their area.

5.3.2 The Health and Social Care Act 2012 (s30) added s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the Local Authority and the Local Authority is required to publish this report.

5.3.3 In line with Article 7 of the Council Constitution, the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To jointly assess the health and social care needs of the population with NHS, commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific 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 promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- To explore partnership work across North Central London where appropriate.
- Specific responsibility to oversee public health and promote prevention agenda across the partnership and develop further health and social care integration

5.4 Insight

5.4.1 Barnet Joint Strategic Needs Assessment, Office of National Statistics (ONS) Census 2021 and the Office of Health Inequalities and Disparities (OHID) Fingertips were used to inform content of the report.

5.5 Social Value

5.5.1 Not applicable

5.6 Risk Management

5.6.1 None identified

5.7 Equalities and Diversity

5.7.1 A whole systems approach focusing on health inequalities is aimed at improving health and wellbeing outcomes of those with the highest needs, including communities with protected characteristics.

5.7.2 The report will feed into the emerging work on Tackling the Gaps being undertaken by the Council, and it will support transformation and delivery of Our Barnet Plan 2023-26.

5.8 **Corporate Parenting**

5.8.1 Whilst there is no direct impact on the council's corporate parenting role as a result of the Director of Public Health Annual report, interventions aimed at reducing health inequalities provide opportunities to support the council's role as corporate parent through the health and wellbeing improvement interventions for children and young people residing in the borough.

5.9 **Consultation and Engagement**

5.9.1 Reducing health inequalities is overarching theme in Barnet Joint Health and Wellbeing Strategy 2021-25 that was informed by extensive public consultation and engagement. Reducing inequalities theme is part of the recently published our Barnet Plan that was informed by productive community engagement with local residents.

5.10 **Environmental Impact**

5.10.1 Recommendations of the report include actions around promoting Active Travel and the School Superzones has actions around improving access to green spaces and improving air quality. It is anticipated that this will have a positive impact on the Council's carbon and ecology impact.

6. Background papers

6.1 Joint Strategic Needs Assessment Joint Strategic Needs Assessment | Barnet Council

6.2 Barnet Joint Health and Wellbeing Strategy 2021-25 Barnet Joint Health and Wellbeing Strategy 2021 to 2025 - full document.pdf

Mind The Health Gap in Barnet!

Your Health Barnet

Director of Public Health Annual Report 2022/23

Caring for **people**, our **places** and the **planet**

www.barnet.gov.uk

BARNET LONDON BOROUGH


inclusion
barnet
Your
Health
Barnet

Foreword

Cllr Alison Moore

Chair of the Health and Wellbeing Board

Tackling inequalities in our community is a key strand in Barnet's new Corporate Plan, 'Caring for people, our places and the planet; Our Plan for Barnet 2023-2026. I therefore particularly welcome this year's Public Health report.

In the Report we start to describe the health inequalities experienced by our residents, some of which were highlighted by the Covid 19 pandemic and its impacts, emphasising that many health inequalities are preventable, and thus can represent fundamental inequities and injustices in our community.

It is important to recognise that it is only through working together across the Council, NHS and wider partnerships, and alongside our communities that we can begin to fully understand and tackle real causes and impacts of health inequalities.

It is our ambition and vision to ensure that everyone who lives, works and studies in Barnet has a good chance to enjoy a long and healthy life, regardless of their background, race, gender, age, economic or migration status.

As Chair of the Health and Wellbeing Board, I am keen to ensure that we focus on tangible interventions that are based on the evidence for what works, resonates with our residents and are delivered in true partnership across the local system and beyond.

Dr Tamara Djuretic

Director of Public Health and Prevention

As Director of Public Health, it is my responsibility to highlight health inequalities in Barnet and propose a way forward to reduce unfair differences in health, by working collaboratively and influencing strategically across the system at the local, regional and national level.

This report describes health inequalities that still persist in Barnet, includes some examples of good work already taking place across the system and recommends further actions for consideration.

Barnet is a growing, diverse and economically thriving borough where people, on average, enjoy good health and wellbeing. We know however that not everyone lives in the same economic, social and environmental circumstances. Some communities have more opportunities than others to enjoy long, healthy and happy lives.

The COVID-19 pandemic has highlighted further disparities in our society. We have also seen new and innovative ways of delivering services and engaging with communities which should be maintained. We made some way in reducing the health inequalities gap for men in Barnet but there is a lot more to do and we are committed to continue our journey to healthier Barnet for all!

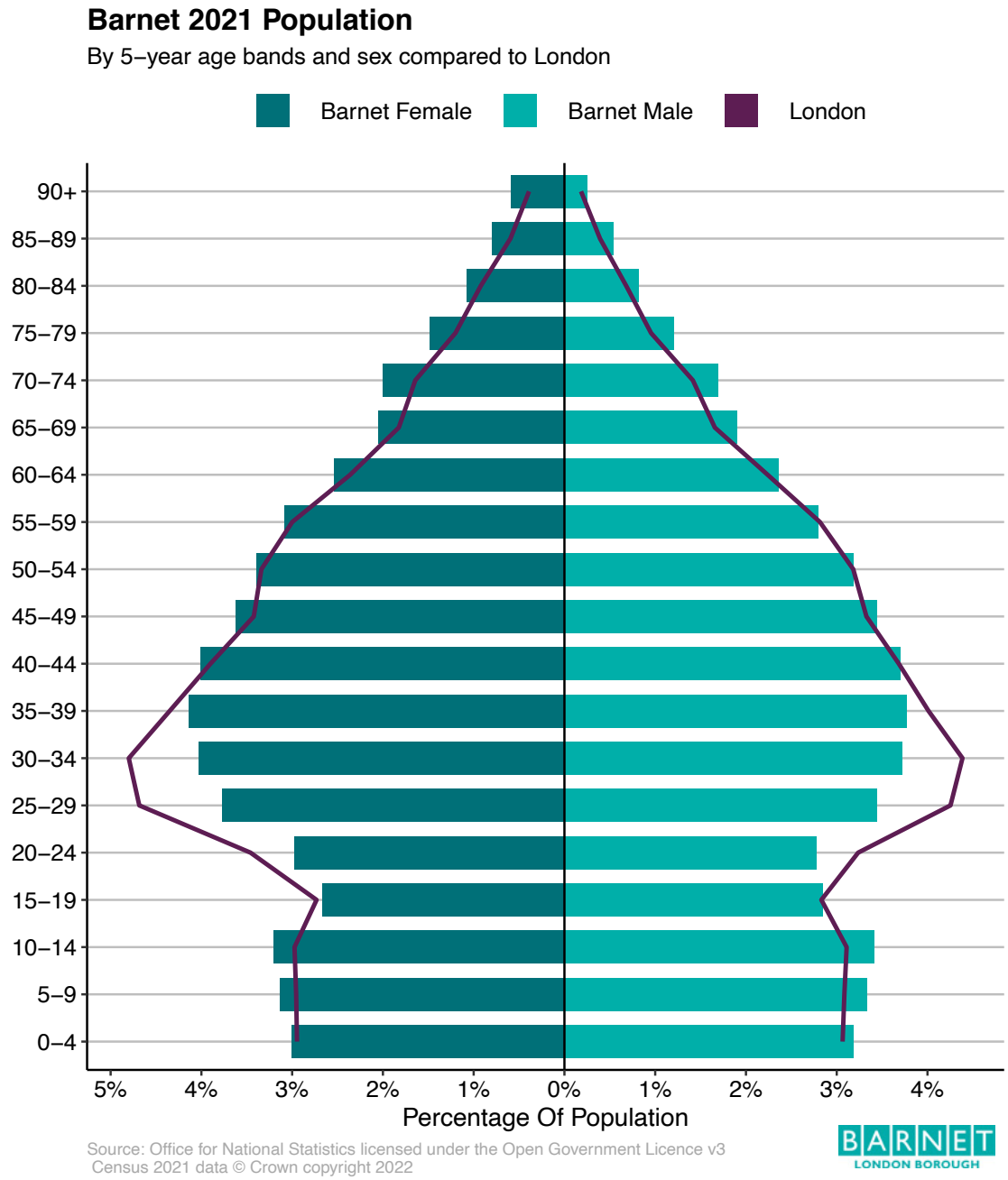
1. Barnet's population – who lives in Barnet?

Our borough's population has increased by 9.2% over the last 10 years to a total of 389,300 residents and is now the second most populous borough in London.

Barnet's population composition has changed over the last decade, and it differs to London overall – Barnet has a rapidly increasing and large population of children and young people and older adults, with a reducing proportion of younger adults aged 20-35 (Figure 1).

Barnet's population of under 19 years of age has increased fastest (by 40%) over the last 10 years and it now makes up a quarter of the overall local population. People over 65 years of age make 14% of the total population.

Figure 1: Barnet 2021 Population Pyramid



Barnet is proud to be a diverse borough with over 90 languages spoken; 44% of residents were born overseas and 42% are from non-White ethnic background (19.3% Asian, 7.9% Black, 9.8% other ethnic groups and 5.4% Mixed or Multiple ethnic groups).[1]

Barnet has a multi-faith composition; Christianity is most prevalent religion (41%) followed by Judaism (15%), Islam (13%), Hinduism (6%) and Buddhism (1%). Our LGBTQ+ residents make up 3% of the total population.

Barnet is the 10th least deprived borough in London however there are areas within Barnet that have high levels of deprivation - around 12,000 people in Barnet live in the 20% most deprived parts of England. Overall, Outer London has become more deprived than Inner London when measuring households deprived in at least one dimension (53% compared to 50%).

On average, people live longer in Barnet (82 years for males and 85 for females) compared to the London and England average but there are stark differences in life expectancy within the borough. This inequality is described in more detail in this report.

2. What are health inequalities?

Health inequalities are differences in the status of people's health but the term can also be used to describe differences in the care that people receive and the opportunities to lead healthy lives.[2]

Health inequalities can include differences in health status (e.g. life expectancy[3] and healthy life expectancy[4]), access to and quality of care received, behavioural risks to health (e.g. smoking and alcohol use) or wider determinants of health (e.g. employment).

Health inequalities between different population groups can be described as differences by socio-economic factors, geography, or by protected characteristics such as sex, ethnicity, or disability, and by under-served groups. People can also experience multiple factors that widen health inequalities and that is often called 'intersectionality'.

---

1 Source: Census 2021
2 King's Fund: What are Health Inequalities? June 2022
3 Life Expectancy (LE) - The average number of years a person would expect to live based on current mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
4 Healthy Life Expectancy (HLE) - A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

3. What factors impact our health and health inequalities?

Our health is shaped by a complex interaction of many different factors. These include access to healthcare services that has been estimated to shape around 15% of the population's health outcomes, social and environmental factors (e.g. housing, education, transport, relationships) estimated to influence 45% of the outcomes and behavioural factors (e.g. diet, smoking and alcohol consumption) estimated to contribute to 40% of the overall population health outcomes.[5]

When these factors are unequally distributed across the population, they result in health inequalities. Most of these factors are modifiable and therefore health inequalities can be reduced.

Figure 2: What impacts our health?

Adapted from: The Health Foundation (What Makes Us Healthy?)

Multiple factors can interact to influence people's health. The example, Figure 3 shows how children who are eligible for free school meals have, on average, lower attainment 8 scores, which can affect their life opportunities. In general, there are higher levels of smoking in areas of higher deprivation, which is directly harmful to health. These factors, and others, can contribute to the inequalities in healthy life expectancy and life expectancy between different population groups.

[5] https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health (See citation to McGiniss et al.2002)

Figure 3: Different outcomes for children, by the place they are born

[1]Department for Education; 2020-21 GSCCE results (Attainment 8)
[2] Annual Population Survey (APS)
[3] Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)
[4] Office for National Statistics; Disability by age, sex and deprivation, England and Wales: Census 2021
[5] Office for National Statistics, Life and Health state life expectancy, all ages, UK

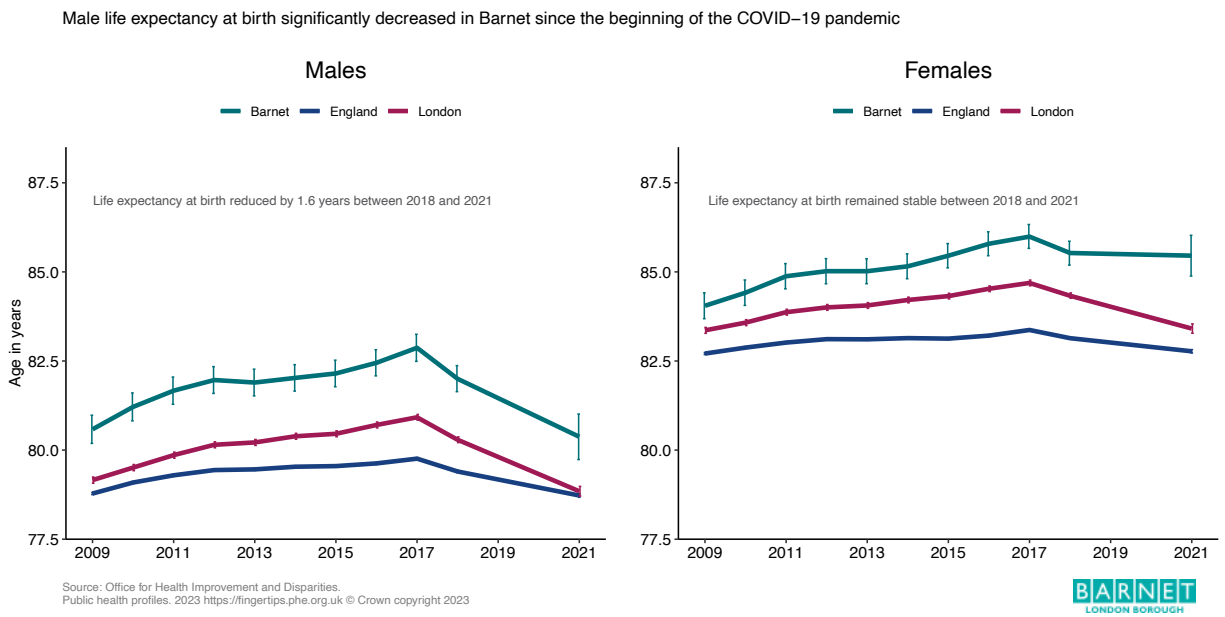
4. Measuring health inequalities in Barnet

Health inequalities can be measured in different ways. Life expectancy is a key measure of health status and therefore a difference in life expectancy is an overarching measure of health inequalities.

Life expectancy

There has been a considerable decline in male average life expectancy in Barnet since the beginning of the COVID-19 pandemic, compared to female average life expectancy (Figure 4). The decline in male average life expectancy has been influenced largely by excess deaths due to COVID-19 and cardiovascular diseases, which is similar to the rest of the country.

Figure 4: Life expectancy at birth, by sex

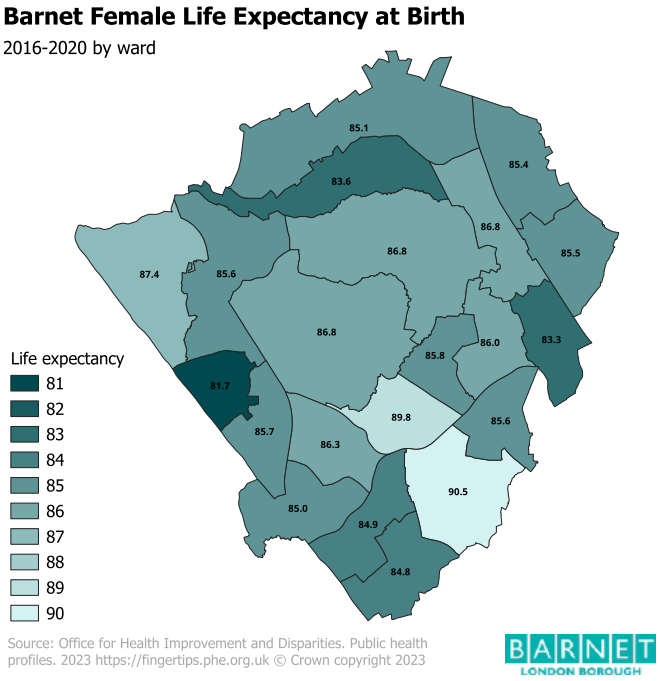


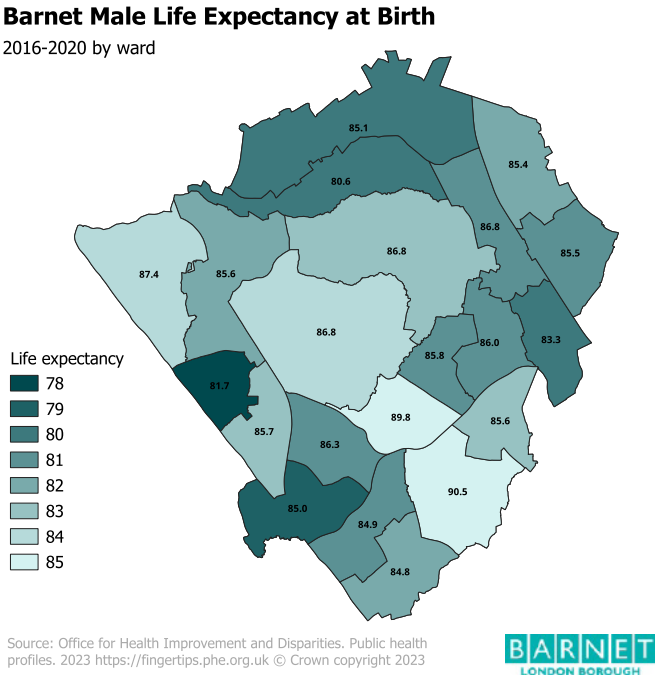
Source: Office for Health Improvement and Disparities.
Public health profiles. 2023 https://fingertips.phe.org.uk © Crown copyright 2023

There are marked differences in people's life expectancy between the areas in which they live (Figure 5). On average in Barnet, men living in areas of highest deprivation live 6.7 fewer years, compared to those living in the least deprived areas. This gap has narrowed over the last decade by 1.3 years, unlike in the rest of the country.

For women, the gap in life expectancy is 5.7 years between those living in the most deprived and the least deprived areas, and this has been consistent over the last decade.

Figure 5: Life Expectancy at birth, by wards[6]





Causes of life expectancy gap

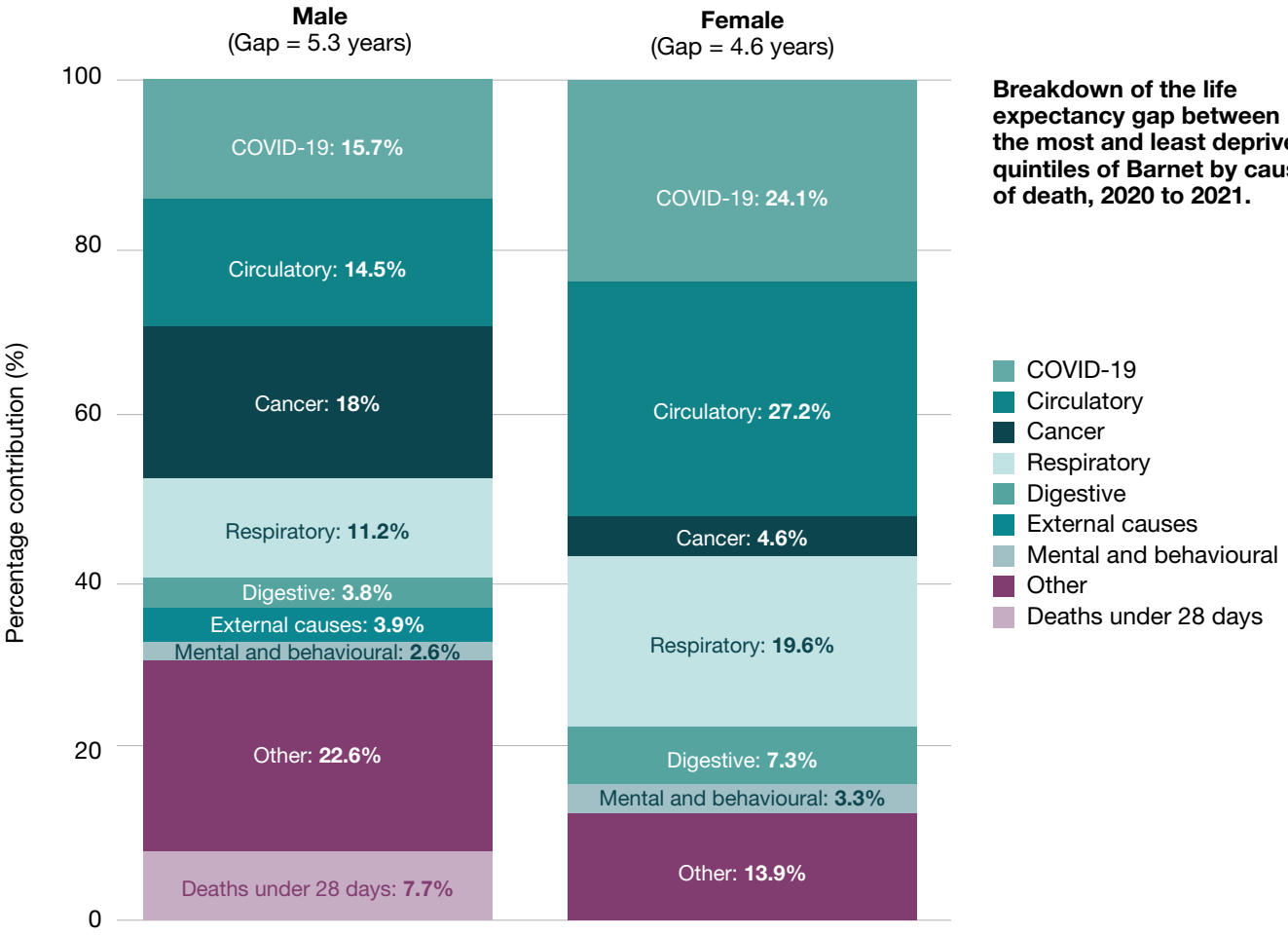
People's behaviours, their environments, and access to and quality of care that they receive can influence their health – these factors affect the likelihood that they develop health conditions that can shorten the number of years spent living in good health, and their life expectancy.

There are marked inequalities in life-expectancy in Barnet between those living in the most and least deprived areas, as shown in Figure 5. The main health conditions that contribute to this difference in Barnet, are shown in Figure 6. For males, the main conditions that affect the inequality in life expectancy between those living in the most and least deprived areas are other causes (22.6%), cancer (18%) and circulatory diseases (14.5%).

For females, the main conditions contributing to the gap are circulatory diseases (27.2%), COVID-19 (24.1%) and respiratory diseases (19.6%). Of note, this data is from 2020 to 2021, when the COVID-19 pandemic resulted in considerable mortality from COVID-19.

[6] At the time of publishing this report, only data using old ward, pre-2021 boundaries, was available. Awaiting ONS/OHID to publish updated ward level data.

Figure 6: Percentage contribution to the life expectancy gap between those living in the most and least deprived areas, by causes of death



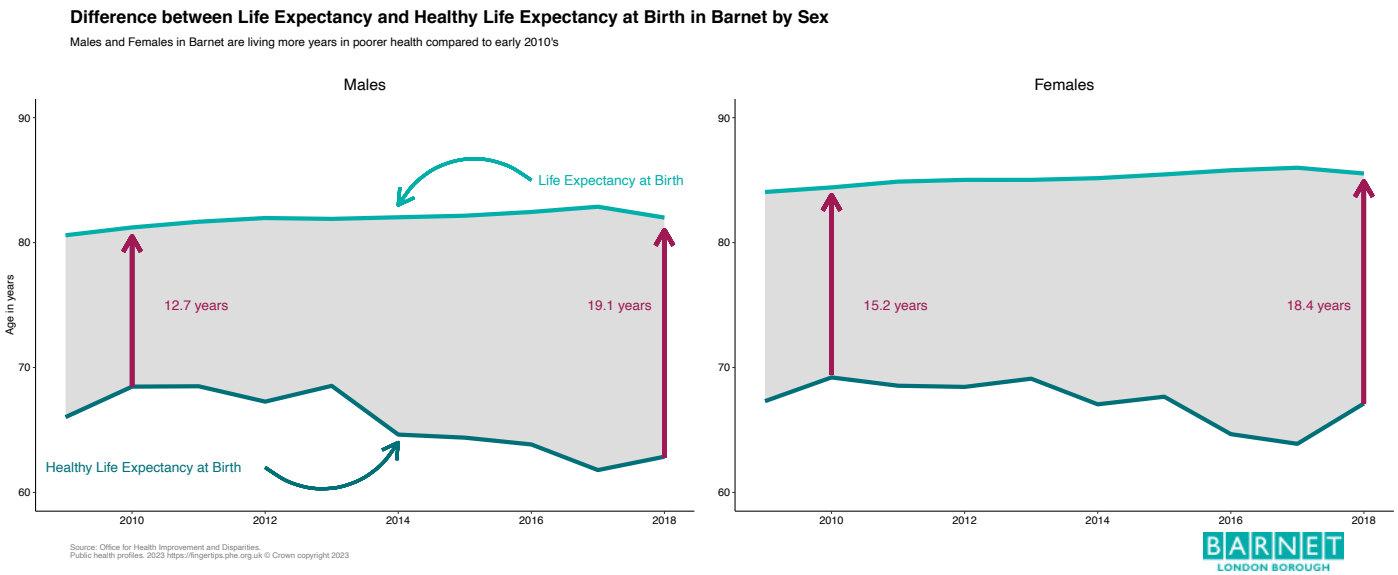
Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019.

Healthy Life Expectancy

Another measure of health status is how many years people live in good health. This measure is called Healthy Life Expectancy – and is an important measure for quality of life and as a predictor for the demand on health and care services. Poor health in later years of life is mostly attributable to long-term conditions such as cardiovascular diseases, cancer, diabetes, respiratory diseases, and mental ill health.

Although people in Barnet tend have a comparatively long life-expectancy, the last years of their lives may be spent in poor health. Both males and females spend more years in worse health now than ten years ago, but males experienced a bigger increase in years spent in worse health than females (Figure 7). Further information is needed to understand reasons behind these gender inequalities.

Figure 7: Inequalities in life expectancy and healthy life expectancy by sex



5. Behavioural and environmental factors that affect health inequalities in Barnet

Here we present examples in differences in people's behaviours and environments, that affect health.

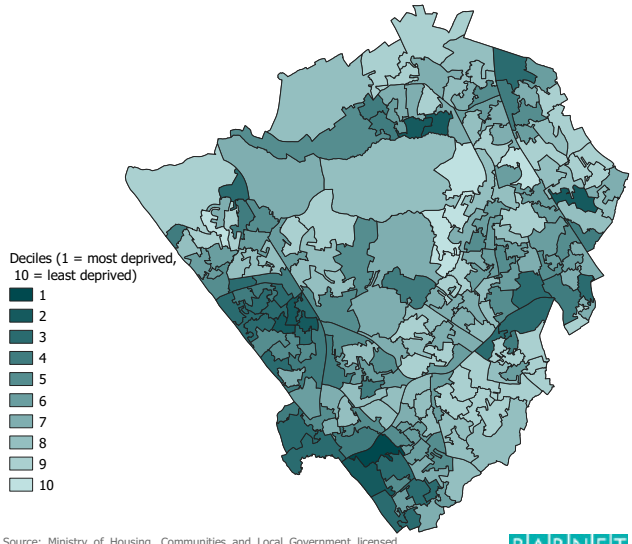
Examples of behavioural risk factors

The prevalence of obesity and severe obesity, alcohol misuse or dependence, and smoking differs across Barnet and it mostly mirrors the map of deprivation, with the highest prevalence of these behavioural risk factors observed in more deprived parts of Barnet (Figure 8).

Figure 8: Obesity, alcohol use and smoking prevalence compared to deprivation

Barnet 2019 Index of Multiple Deprivation

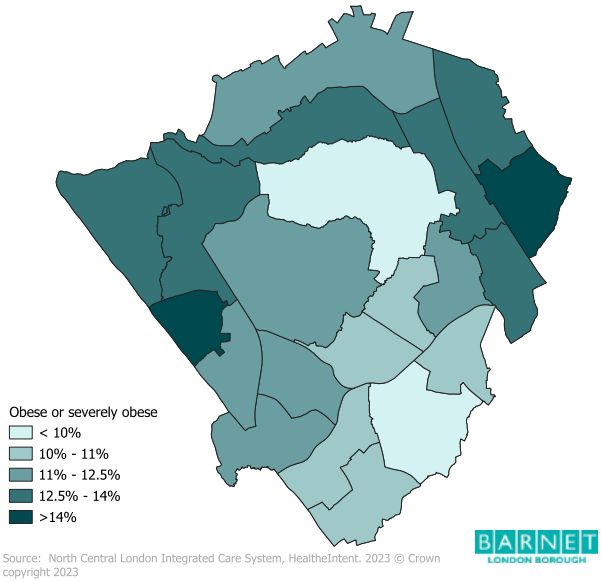
Deprivation decile by lower super output area



Source: Ministry of Housing, Communities and Local Government licensed under Open Government Licence v3 Indices of Multiple Deprivation 2019 © Crown copyright 2022

Obesity or Severe Obesity Prevalence in Barnet

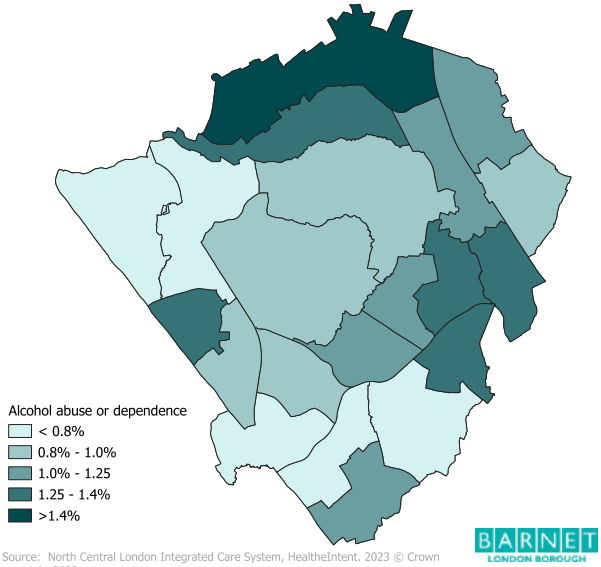
Based on registered GP population by ward



Source: North Central London Integrated Care System, HealtheIntent. 2023 © Crown copyright 2023

Alcohol Abuse or Dependency Prevalence in Barnet

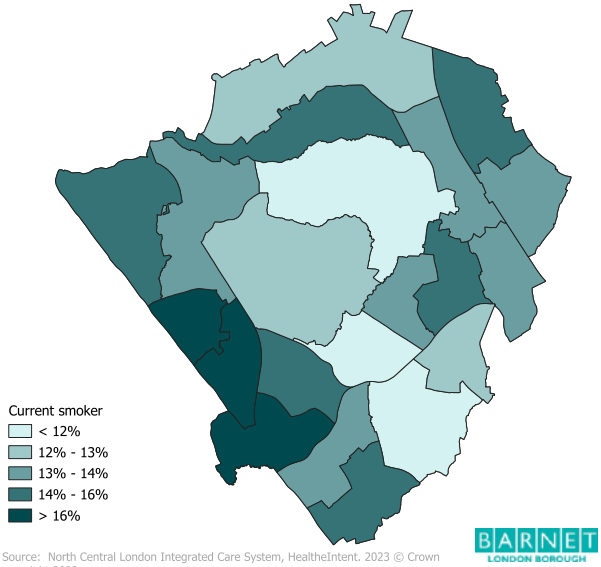
Based on registered GP population by ward



Source: North Central London Integrated Care System, HealtheIntent. 2023 © Crown copyright 2023

Smoking Prevalence in Barnet

Based on registered GP population by ward

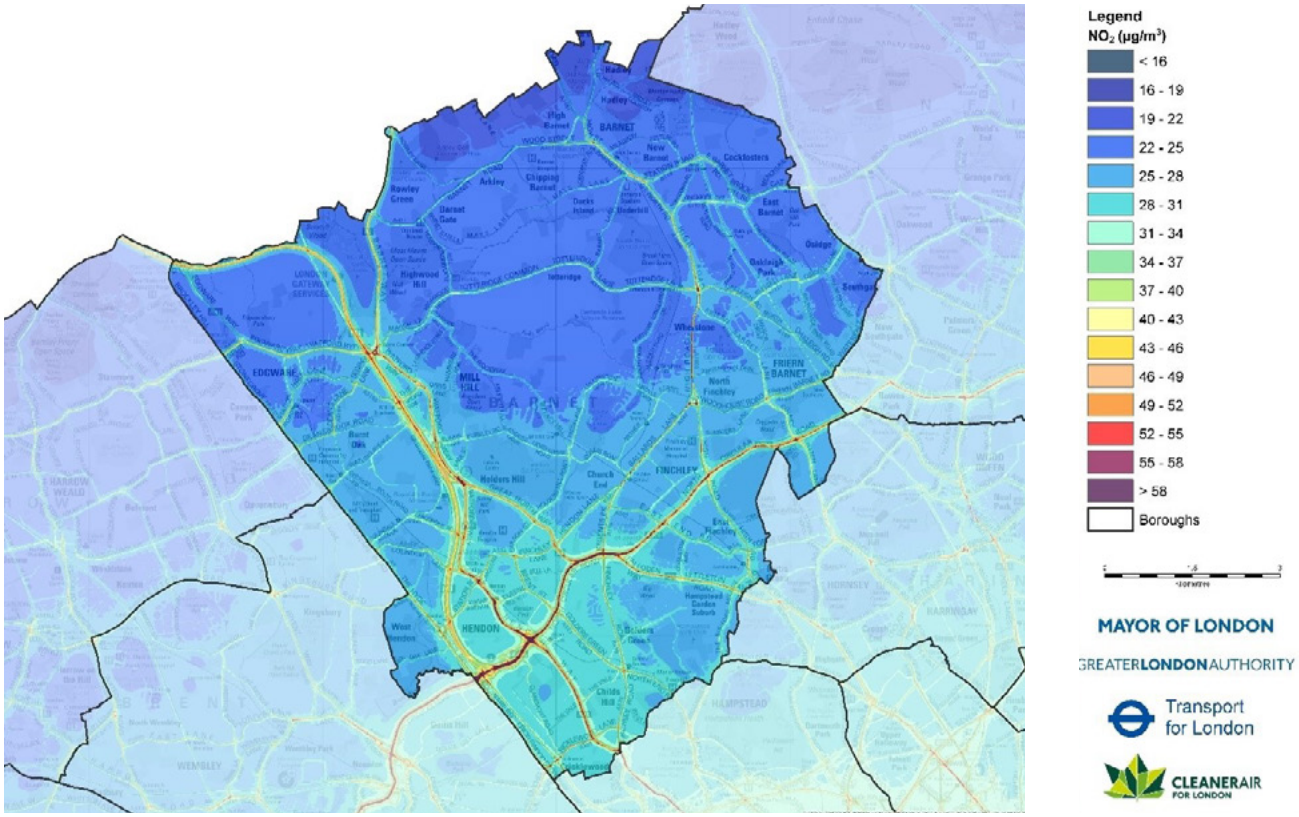


Source: North Central London Integrated Care System, HealtheIntent. 2023 © Crown copyright 2023

An example of an environmental risk factor

The effects of air pollution on health are well established – it is associated with impacts on lung development in children, heart disease, stroke, cancer, exacerbation of asthma and increased mortality.[7] The air quality map of nitrogen dioxide (NO_2) for Barnet suggests higher air pollution in more deprived parts of the borough, and along main roads (Figure 9).

Figure 9: Map of NO_2 concentrations across Barnet



6. What has the COVID-19 Pandemic taught us about health inequalities?

The COVID-19 affected some communities disproportionately. At the peak of first wave of the pandemic, black Londoners had around two and a half to three times the risk of dying with COVID-19 (within 28 days of diagnosis) compared to white Londoners, and Asian populations had up to twice the risk (UKHSA).

Local data on ethnicity and COVID-19 mortality is not available and there was no impact of deprivation on higher mortality from COVID-19 in Barnet. However, Barnet's older population was significantly impacted with 88% of those dying from COVID-19 in Barnet being over the age of 65 and 22% over the age of 90. Similar to national trends, minority ethnic populations in Barnet, as well as those living in more deprived neighbourhoods, were, and continue to be, less likely to be vaccinated against COVID-19.

During the COVID-19 pandemic, deaths due to cardiovascular diseases increased and became the leading cause of death among Barnet's males aged 45-59 years (premature mortality). The reasons for this are complex. People living with cardiovascular diseases are at significantly increased risk of severe outcomes due to COVID-19. This was coupled with limited access to hospital interventions, increased waiting times for treatment and a reduction in emergency cardiology admissions during the early stages of the pandemic. Furthermore, the number of Barnet's residents who were invited for NHS health checks and received them significantly decreased since 2019 and this has not fully recovered since.

The number of children (0-18 years) attending A&E, especially among 0-4 year olds, significantly increased since the beginning of the pandemic, with the steepest increases observed for Bangladeshi and black Caribbean children.

7. How to reduce health inequalities in Barnet?

In the ten years since the publication of The Marmot Review, an independent review into health inequalities and evidence-based strategies to reduce them, health inequalities appear to be widening[8].

The previous increases in life expectancy have stalled and even started to decline since the COVID-19 pandemic. Build Back Fairer: The COVID-19 Marmot Review[9] suggested adding additional principles under number 7 and 8 below, to address challenges highlighted by the pandemic:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle discrimination, racism and their outcomes
8. Pursue environmental sustainability and health equity together

[8] Health Equity in England: The Marmot Review: Ten Years On, 2020

[9] Build Back Fairer: The COVID-10 Marmot Review,

8. What are we doing to reduce health inequalities in Barnet?

Here are some of the many examples of work that Barnet Council and its partners are doing to help to reduce health inequalities in the borough.

These include actions to promote healthy environments, behaviours, and services that support the prevention of ill health. They are ordered to approximately align with the Marmot principles, and are examples to illustrate the breadth of work that is taking place:

Schools Superzones - This is Greater London Authority (GLA) funded initiative to protect children's health by promoting healthy behaviours around the schools. Saracens High School Superzone is focusing on community safety, active travel and access to green spaces while Edgware Primary School Superzone is focusing on air quality, healthy lifestyles and safe and green spaces for children to play.

School Meal Initiative for Learning Healthy Eating (SMILE) – The SMILE project is a school initiative to help Key Stage 1 children (aged 5 to 7 years) learn about healthy eating and encourage children to make healthier food choices. It supports schools, parents/carers and children to have a better understanding of age-appropriate portion sizes. The project involves delivering healthy eating sessions and the use of health-promoting SMILE trays. Since the re-launch of the project in 2021, four primary schools have taken part.

Young Brushers - The Barnet Young Brushers project is a targeted supervised toothbrushing programme in over 40 Early Years settings that have reached over 400 children so far. An evaluation of the intervention is underway.

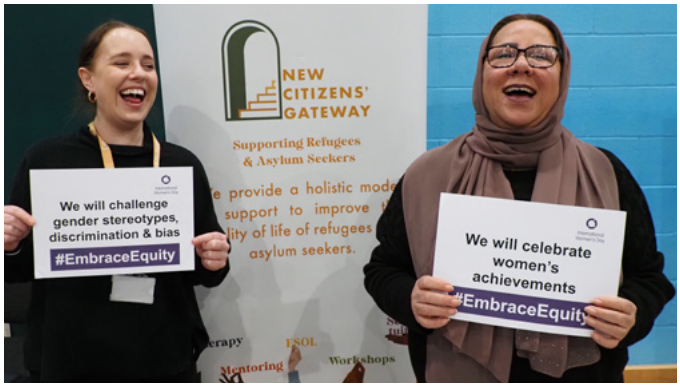
Good Work – The Barnet Education and Learning Services, in partnership with BOOST and The Shaw Trust, helped more than 1000 people into a job, including rough sleepers, graduates and people with disabilities. Barnet Council has also passed the motion to work towards becoming a Living Wage Borough and is considering requirements to work towards Living Wage accreditation.

The SMILE tray is a modified, health-promoting version of a traditional primary school meal tray and was developed in consultation with nutritionists, school catering managers and the product design team at Middlesex university in 2019. Yinka Thomas, one of the nutritionists from Middlesex University, owns the design copyright for the SMILE trays.

Community Innovation Fund (CIF) - The CIF encompasses Barnet-based voluntary and community projects that aim to improve health and wellbeing in the borough, focusing on particular communities where needs are greatest and projects that promote mental wellbeing, reduce the impact of the cost of living crisis, promote digital inclusion and reduce social isolation. The CIF is funded by the Barnet Integrated Care Partnership (Local NHS acute and community trusts, North Central London Integrated Care Board and Barnet Council). It is co-designed with Barnet Together, which is the borough's voluntary sector partnership. So far, over £800,000 has been allocated to over 45 projects helping Barnet residents improve their health and wellbeing. The Barnet Community Innovation Fund is built on the principle that when residents, voluntary sector organisations and the public sector all work together, the benefit to our residents is greater, it creates a culture of community innovation, and it tackles health inequalities.

Prevention Fund – A Prevention Fund of £500,000 was established to stimulate prevention interventions within council-run services. Funded through the Public Health Grant, the Prevention Fund supported 16 projects across the council that covered a wide range of prevention activity - from preventing isolation to reducing homelessness, improving people's employability to empowering people with a disability, raising awareness on safeguarding in minoritized ethnic groups and early years roadshow. This investment encouraged innovative practice and better collaboration across the council.

Vaccine Health Champions - In January 2022, Barnet Council was awarded £485,000 to promote vaccine uptake amongst disproportionally impacted communities. Working with our local partners (voluntary and community sector organisations, Young Barnet Foundation, and Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities, to increase the promotion and uptake of vaccines.
This involved a range of different solutions, including co-produced advertising campaigns, health workshops, and health ambassadors. This programme will be phased out over the next few months and lessons learnt will be incorporated into the overall Immunisation Action Plan and general Health Champions' Programme.



Cardiovascular Disease (CVD) Prevention – There is an increased focus on cardiovascular disease prevention in Barnet that includes the delivery of health checks in primary care and increased diagnosis of clinical cardiovascular risk factors.

A peer led Healthy Heart Support Programme, delivered by Inclusion Barnet, focuses on raising awareness of cardiovascular risk factors, behavioural changes to promote good heart health, and encourages people to come forward to receive health check screening in the community. The team have focused on engaging with people from African, Caribbean and South Asian communities in the borough, and have delivered a wide range of outreach activities and community engagement events. To date, 241 residents have engaged with peer support workers during visits and one-off events, and a further 92 people have attended at least one session of the intensive Healthy Hearts peer support programme.

Community Health Screening delivered by our partner General Practice Delivered Quickly (GPDQ) screened over 900 people with a quarter being referred to their GPs for further investigations. This service is focusing on areas with highest deprivation and high prevalence of cardiovascular disease.

Dementia Friendly Barnet - We have been recognised as a "Working to Become Dementia Friendly" borough by the Alzheimer Society and have over 15,000 residents and staff across the borough trained as Dementia Friends. A number of businesses have been accredited locally and we are focusing on places of worship across the borough.

Suicide Prevention campaign - In response to concerns about an apparent increase in suicide during the pandemic, we initiated an extensive suicide prevention campaign aimed at working-aged men between November 2021 and January 2022. The campaign combined outdoor advertising; digital marketing and targeted engagement with local male-dominated businesses such as construction companies, gyms and taxi services); encouraged the use of the Stay Alive app; as well as launching Andy's Men Club locally. The app reached over 100,000 people, with digital content displayed online over two million times. Andy's Man Club attendees reported that the clubs allowed them to express thoughts and emotions that they would have otherwise not spoken about. The clubs made them feel less alone and they had others to talk to when they needed. Preliminary data suggests no record of suicide in men during the campaign although further data validation is underway. This is an exceptional result compared to London data on suicide for the same time period.

Combating Drugs Partnership - The Combating Drugs Partnership has been formed in response to the national "From harm to hope: a 10-year drugs plan to cut crime and save lives 2021[10]. The plan requires national and local partners to work collaboratively focusing on three strategic priorities which include the plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The Barnet Combatting Drug Partnership Board (BCDPB) was established in October 2022 and additional funding was received from the Office of Health Inequalities and Disparities. The CDPB needs assessment will be finalised in May 2023, including consultation responses from users and family/friends of users of the local substance misuse service. This will inform a cross-partnership action plan that will be implemented and overseen by the BCDPB and the Health and Wellbeing Board, in partnership with the Community Safety Partnership Board.

Core20PLUS5[11] - Access to health services plays a part in reducing inequalities and the NHS England approach to reducing healthcare inequalities, the Core20PLUS5 national strategy, is welcome. Barnet Council, via the Barnet Borough Partnership, is working with the North Central London (NCL) Integrated Care Board to implement the Core20PLUS5 strategy via the recently finalised NCL Population Health and Integrated Care Strategy. Initial focus will include five areas of improvement: deprived communities, key adults and children communities that experience greatest health inequalities and poorest outcomes, wider determinants of health and key population health risks such as childhood immunization, heart health and mental health and wellbeing.

Equality, Diversity, and Inclusion (EDI)[12] - After publishing the Equalities, Diversity & Inclusion policy (2021-25), the Council have delivered significant change in their corporate approach to EDI, and is now working within a culture of different expectations. The ambition is to develop the approach further and in partnership both across the organisation and with external partners. Work is ongoing across the council to shift thinking, identifying the gaps and actions to reduce all inequalities with a particular focus on inequalities in access to council's services. An insight driven approach has resulted in the introduction of an HR Diversity Dashboard as well as a disproportionality study, using the Relative Rate Index (RRI)methodology, involving various council services with a specific focus on ethnicity. The study identified that disproportionality exists in the Borough across most services and that ethnicity data recording is inconsistent. Further work is ongoing to fully understand the reasons behind and the underlying factors that cause it.

Further information on the EDI agenda in the Council can be found here:
Appendix - Equalities Report December 22.pdf (moderngov.co.uk)

[10] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf
[11] NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
[12] Appendix - Equalities Report December 22.pdf (moderngov.co.uk)

9. Recommendations

Every resident in Barnet should be able to reach their full health and wellbeing potential and live long, happy and healthy lives regardless of their age, sexuality, gender, economic status or disability. As this report describes briefly, there are many factors that impact our chances to start and grow well, be economically active and age well.

In Barnet, we have been focusing on understanding and tackling health inequalities and we have seen a slow but steady decrease in the life expectancy gap for males, between those living in the most and least deprived areas, unlike the rest of the country - but we know there is a lot more to do!

No one person or organisation can change all the factors that cause health inequalities on their own. It is only by working together, systematically, and continuously to influence the national, regional, and local policies and by making healthy behaviours and choices easier options for our residents, that we can start to reduce health inequalities.

The recently published 'Our Plan for Barnet 2023-26: Caring for People, our Places and the Planet' articulates our vision for reducing all inequalities and calls for a number of ambitious actions, some of which are in line with Marmot's recommendations. This brings to Barnet new opportunities to strengthen further collaborative efforts across the Council and all system partners and to galvanise a visible change towards a healthier Barnet for all!

Below are some suggestions for further focus over the coming years. It is recommended that Barnet's Health and Wellbeing Board considers incorporating areas below into their Health and Wellbeing Strategy Implementation Plan for 2023/24 and beyond. Further detail on specific interventions linked to the proposed developmental areas below should be developed in line with the best available evidence on what works.

PEOPLE

- Continue to focus on improving educational attainment outcomes for those children and young people with multiple disadvantages;
- Develop a neighbourhood model of support across the whole local system and work closely with the communities further to improve their health and wellbeing;
- Continue investment in voluntary and community sector, coupled with a support and capacity building, and use lessons learnt from Community Innovation Fund to strengthen co-production further;
- Concentrate on specific communities, most in need and at risk of long-term conditions, to support behaviour such as decrease in smoking rates, increase in regular physical activity and support for healthy eating;
- Continue extending employment support interventions for people with disabilities, mental ill health, substance misuse and multiple co-morbidities;
- Improve Primary Care access in areas of most deprivation fastest;
- Work with NCL Integrated Care Board to implement NCL Population Health and Integrated Care Strategy;
- Work in partnership with the NHS to improve access to , and engagement with, antenatal care for most deprived communities.

PLACES

- Improve local infrastructure for active travel and the reduction of traffic accidents;
- Promote further Healthier High Streets scheme and encourage local businesses to take an active part;
- Ensure that health and wellbeing is considered in all council strategies and policies for example, The Housing and Transport Strategy;
- Focus on healthy homes initiatives including affordable retrofitting interventions for those who need support, reducing fuel poverty and strengthening partnership between housing and healthcare organisations to improve referrals for people with housing conditions that harm health.

PLANET

- Implement the Air Quality Action Plan and engage residents in a debate on Clean Air in Barnet;
- Ensure that the Food Plan is delivered across the partnership and linked to council-wide sustainability agenda;
- Improve access to green spaces, with a particular focus on those who live in housing with limited access to surrounding green spaces and those with multiple co-morbidities.

Acknowledgements

A special thanks go to James Rapkin, Head of Insight and Intelligence; Olivia Cowie, Public Health Intelligence Analyst; Alexis Karamanos, Senior Public Health Intelligence Analyst; and Deborah Jenkins, Consultant in Public Health and Lead on Health Inequalities, for their contribution to this year's report.

Mind The Health Gap in Barnet!

Director of Public Health Annual Report 2022/23

Your Health Barnet

BARNET LONDON BOROUGH

	Health and Wellbeing Board **Thursday 11th May 2023**
Title	**Joint Health and Wellbeing Strategy – Implementation Plan and Key Performance Indicators**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Phase 2 (2022-23) Implementation Plan Appendix B – Joint Health and Wellbeing Strategy Key Performance Indicators
Officer Contact Details	Claire O'Callaghan, Health and Wellbeing Policy Manager claire.o'callaghan@barnet.gov.uk

Summary

The Barnet Joint Health and Wellbeing Strategy 2021-2025 and Implementation Plan/Key Performance Indicators were signed off by the Board in July and September 2021 respectively. We are now midway through Year 2 of the strategy (to note, Year 2 of the Strategy covers the period from September 2022 – August 2023)

This report provides to Board Members:

- A six monthly progress update on actions due to take place in Year 2 of the Strategy
- A summary of performance in the key performance indicators

Officers Recommendations

1. **That the Board comments on and notes the current progress of the Implementation Plan, and on the Key Performance Indicators.**
2. **That the Board agrees to make updates to the Implementation Plan and Key Performance Indicators, following the recommendations from the Director of**

Public Health Annual report, and important actions from other key strategies ahead of the next six monthly report.

1. Why this report is needed

1.1 The Joint Health and Wellbeing Strategy (JHWBS) is a statutory document for each Local Authority area. The Health and Wellbeing Board must develop and agree the Strategy.

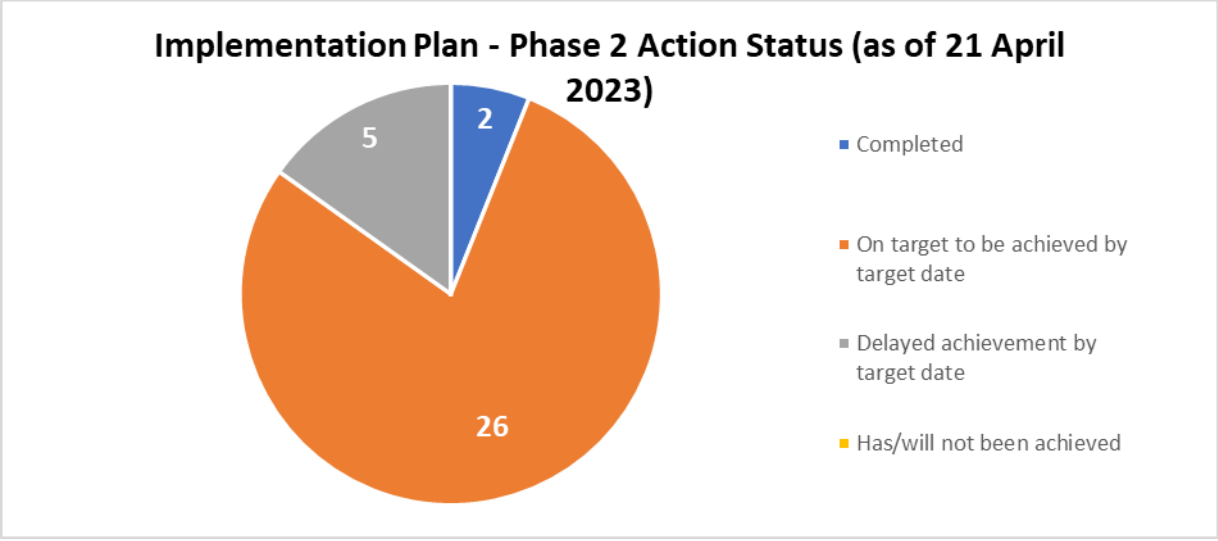
1.2 Barnet's current JHWBS was signed off in July 2021, with the Implementation Plan and Key Performance Indicators signed off by Health and Wellbeing Board in September 2021.

1.3 We have instituted a six monthly reporting cycle to Health and Wellbeing Board on progress on the Implementation Plan and Key Performance Indicators. The last update was in September 2022.

1.4 This report focusses on an update of all the Phase 2 Implementation Plan since September 2022, and presents updated Key Performance Indicator figures (where available) since September 2022.

1.5 <u>Phase 2 Implementation Plan</u>

1.5.1 Of the 33 actions in the Phase 1 Implementation Plan, 84.8% of actions are either completed or on target.



1.5.2 The full Phase 2 Implementation Plan is appended to this report as Appendix A. The following actions have been delayed from their original completion date.

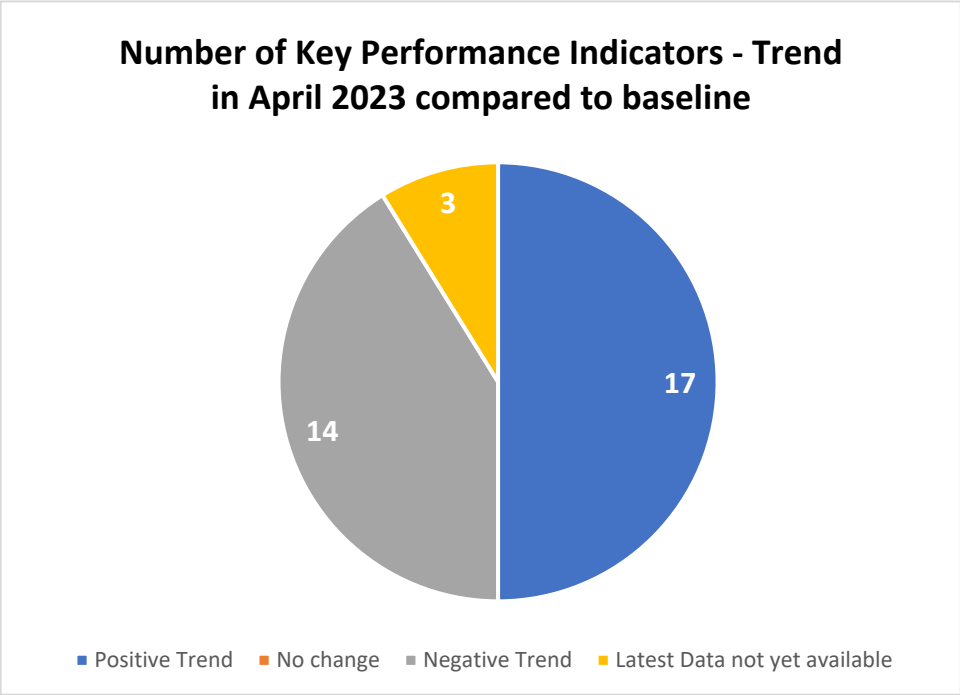
HWBS Key Area	Project Activity	Start Date	Finish Date	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 1	Development of Health Impact Assessment Policy	Sep-22	Sep-23	This action is still in progress, but progress slowed due to staff capacity. Team has had conversations with Planning on how to implement this in the current local plan, and looking ahead to the next local plan (due to start in 2030). Team is also working with LBB Licensing team on policy for gambling and alcohol premises, will include a health impact assessment on these decisions.
Key Area 1	Develop a strategic approach and work with businesses to make every Highstreet in the borough healthy	Sep-22	Aug-23	The programme is now catching up after a delay earlier in the year. At the time of reporting, 55 businesses are signed up to at least one element of the Healthier High Streets programme sticker. Creation of the interactive map is in progress, and we have had good engagement with local councillors who are supporting with raising awareness among businesses and signposting us to potential new sign-ups. The priority for the next six months will be publishing and advertising the business map, increase numbers of participating businesses, and launching a meaningful comms campaign in Summer 2023.
Key Area 1	Deliver action plan for Make Every Contact Count (MECC)	Sep-22	Sep-23	Barnet MECC Steering Group continues to meet, and seven bespoke training sessions have been delivered so far. Factsheets are being reviewed in March-May 2023 and potential new factsheets for Cost of living, Safeguarding, Fire safety, Self-neglect & Healthy Start are in the process of being developed. Upcoming training plan includes integration of the MECC eLearning training onto Barnet Council training platform, and delivery of bespoke sessions to NHS, Adult social care and Customer Service Team.
Key Area 2	Deliver the Cardiovascular Disease (CVD) Prevention Programme, and track its impact	Sep-22	Dec-24	Work on this action has been delayed due to vacancies within the team. However, these have now been filled, and progress is being made. The CVD Task and finish Group continues to meet, co-chaired by DPH and VCS lead, and the programme is currently being reviewed with a view to having a more effective strategic approach to steer action plan and programme.

HWBS Key Area	Project Activity	Start Date	Finish Date	Progress Report - What has been achieved, and what still needs to be achieved?
Key Area 3	Develop integrated pathways around CVD	Sep-21	Sep-23	NCL Stroke and Prevention Network continues to meet, and several preventative and management pathways have been identified and are being progressed, including BP @ Home; CVD/Stroke clinical pathway review; and roll out of Community Pharmacy Hypertension Advanced Service. The network rates current progress as Amber.

1.6 Key Performance Indicators

1.6.1 There are 34 Key Performance Indicators aligned to the Barnet JHWBS. This now includes the additional Food Plan indicator which was added in September 2022.

1.6.2 Of these, 17 indicators (50%) have a positive trend from the baseline, and 14 indicators (41.2%) have a negative trend since the benchmark data shared in September 2021.



1.6.3 Compared to September 2022, there are five more indicators showing a positive direction of travel compared to the baseline, seven more indicators showing a negative direction of travel.

All indicators	Sep-22		Mar-23		Change from Sept 22 - Mar 23	
Positive Trend	12	36.4%	17	50.0%	5	13.6%
No change	2	6.1%	0	0.0%	-2	-6.1%
Negative Trend	7	21.2%	14	41.2%	7	20.0%
Latest Data not yet available	12	36.4%	3	8.8%	-9	-27.5%

1.6.4 Although the number of indicators where we do not have reliable data yet has reduced significantly, there are still some areas where national data collection and dissemination has not yet caught up after disruption of the Covid19 pandemic. In Appendix B, we have listed when we expect the data to be available (where known).

1.6.5 We do not have updated figures since September 2022 for Life Expectancy and Healthy Life Expectancy for males and females in Barnet, but we expect to have this for the next update in September 2023.

1.7 Proposed Process for Updating the Implementation Plan and Key Performance Indicators

1.7.1 We are currently in a period of transition, with a number of key strategies being updated, or developed. This includes the North Central London Integrated Care and Population Health Strategy, the North Central London Joint Delivery Plan, and borough focussed strategies such as the Carers/Young Carers Strategy, Dementia Strategy, Housing and Homelessness Prevention Strategies and the Children and Young People's Plan.

1.7.2 In addition to this, the Director of Public Health Annual Report this year focusses on Health Inequalities in Barnet, and has several recommended areas to address.

1.7.3 Therefore, it is intended to review the Implementation Plan and Key Performance Indicators to ensure that the right actions and data are captured, to ensure that the Board has an oversight of health and wellbeing in Barnet, and the progress of actions underway to improve this. An updated Implementation Plan and Key Performance Indicators will come to the Board in September 2023.

2. Reasons for recommendations

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

3. Alternative options considered and not recommended

3.1 This is an information report for the board to review and discuss. Therefore, there are no alternative options.

4. Post decision implementation

4.1 Actions and indicators will continue to be tracked throughout the year, with key items for decision or consultation brought to Board as required.

4.2 The Board is recommended to review the Implementation Plan and indicators as outlined in paragraphs 1.7.1 – 1.7.3, to ensure that implementation continues to be relevant and is tracked appropriately.

5. Implications of decision

5.1 Corporate Priorities and Performance

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

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

5.2.1 There are no resource implications because of the proposals.

5.3 Legal and Constitutional References

5.3.1 Under section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended), there is a statutory duty to produce a Joint Health and Wellbeing Strategy to meet the needs identified in the joint strategic needs assessment

5.3.2 The Terms of Reference of the Health and Well Being Board include (1) To jointly assess the health and social care needs of the population with NHS commissioners and use the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to inform all relevant local strategies and policies across partnership. (2) To agree a Health and Wellbeing Strategy (HWBS) for Barnet taking into account the findings of the JSNA and strategically oversee its implementation to ensure that improved population outcomes are being delivered.

5.4 Insight

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

5.5 Social Value

5.5.1 Not applicable

5.6 Risk Management

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

5.7 Equalities and Diversity

5.7.1 A whole systems approach to prevention and health and care integration focus on health inequalities which persist amongst groups with protected characteristics. To do this, we use the best data available, which often includes nationally collected datasets which are not routinely – at Local Authority level - broken down by protected characteristics. However, by consulting and engaging with appropriate communities and stakeholders, it is expected that a whole systems approach to prevention will prevent unintended harms against marginalised groups and promote health equity. As the COVID-19 pandemic has shone a further light on disproportionality of the health outcomes amongst various groups, reviewed Health and Wellbeing Strategy process will include an engagement with diverse communities with a particular focus on Black,

Asian and Minority Ethnic Groups.

5.7.2 The Implementation Plan will also be informed by the emerging work on disproportionality and Closing the Gap being undertaken by the Council.

5.7.3 Any evidence that demonstrates a disproportionate impact will be reviewed within the Actions and, if necessary, edited to ensure that the goal of equality within health is as tangible as possible.

5.8 **Corporate Parenting**

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

5.9 **Consultation and Engagement**

5.9.1 The JHWS underwent a consultation on the draft strategy between 29 January 2021 and 12 March 2021. This consultation consisted primarily of an online questionnaire with an engagement session taking place with Barnet MENCAP users. The option of alternative questionnaire formats was advertised but not taken up by respondents. 72 responses were received for the questionnaire.

5.9.2 From the consultation with the public and engagement across the organisation and CCG, actions and KPIs have been identified in order to achieve the overarching goals of the JHWS.

5.10 **Environmental Impact**

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

6. Background papers

6.1 Approval of the Joint Health and Wellbeing Strategy - Item 9 on agenda for 15 July 2021 Agenda for Health & Wellbeing Board on Thursday 15th July, 2021, 9.30 am | Barnet Council (moderngov.co.uk)

6.2 Barnet Joint Health and Wellbeing Strategy, 2021-2025, Barnet Joint Health and Wellbeing Strategy 2021 to 2025 - full document.pdf

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

This page is intentionally left blank

Appendix A

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of April 2023	Progress Report - What has been achieved, and what still needs to be achieved?	September 2022 notes on action
Key Area 1	Development of HIA Implementation plan	Public Health Strategist	Sep-22	Sep-23	Delayed achievement by target date	This action is still in progress, but progress slowed due to staff capacity. Team has had conversations with Planning on how to implement this in the current local plan, and looking ahead to the next local plan (due to start in 2030). Team is also working with LBB Licensing team on policy for gambling and alcohol premises, will include a health impact assessment on these decisions.	An option appraisal draft will be shared with partners in September 2022. HIA technical note will be developed in line with feedback and comments
Key Area 1	Become a dementia friendly borough	Senior Health Improvement Specialist	Sep-21	Sep-23	On target to be achieved by target date	Submission to Alzheimer's Society to be considered for Dementia Friendly status was made in September 2022. As at April 2023, Barnet has 12 venues accredited as Dementia Friendly under the Mayor of London's Scheme, and over 15,000 registered Dementia Friends. We will submit an updated self assessment in September 2023 to the Alzheimer's Society as part of their ongoing review of our application.	Public Health will submit application to be considered for Dementia Friendly Borough status in September 2022. The Alzheimer Society will review the application and Barnet's progress towards this goal over the year.
Key Area 1	Work with partners like 'Drink Coach' to embed preventative services for higher risk drinkers	Public Health Strategist	Sep-22	Aug-24	On target to be achieved by target date	This continues to be delivered as part of Barnet Combatting Drugs Delivery Plan. Current uptake in a 12 month period up until January 2023, included 5,348 visits, with 1,647 people completing the questionnaire showing drinking risk levels. The data shows that users are more heavily weighted towards older age ranges, and women. The team are currently reviewing the model and communications approach ahead of recommissioning, with a view to improving uptake of direct coaching.	In progress and will be part of new substance misuse strategy 22/23 - currently working on North Central London primary care alcohol pathway including low risk drinkers
Key Area 1	Develop a strategic approach and work with businesses to make every Highstreet in the borough healthy	Public Health Strategist/Engagement Officer	Sep-22	Aug-23	Delayed achievement by target date	The programme is now catching up after a delay earlier in the year. At this time, 55 businesses are signed up to at least one element of the Healthier High Streets programme sticker. Creation of the interactive map is in progress, and we have had good engagement with local councillors who are supporting with raising awareness among businesses and signposting us to potential new sign-ups. The priority for the next six months will be publishing and advertising the business map, increase numbers of participating businesses, and launching a meaningful comms campaign in Summer 2023.	This action started earlier than planned- in January 2022. A project plan has been developed and businesses across Barnet are being invited to join the Healthier High Streets schemes.
Key Area 1	Identify and bid for different funding opportunities available	All	Sep-21	Sep-25	On target to be achieved by target date	We have focussed on delivering programme to the four grants received, prior to September 2022, and therefore no new grants have been recorded during the last six months. The Barnet Borough Partnership and partner organisations will review whether any projects or programmes could be externally funded during the next six months.	We successfully applied for UKHSA grant for School Superzones, which we'll use to implement 2 SSZ- at Edgware primary school and Saracens high school, starting in September 2022. We plan to apply for a GLA grant for promoting air quality.
Key Area 1	Deliver action plan for Make Every Contact Count (MECC)	Public Health Officer	Sep-22	Sep-23	Delayed achievement by target date	Barnet MECC Steering Group continues to meet. Factsheets are being reviewed in March-May and potential new factsheets for Cost of living, Safeguarding, Fire safety, Self-neglect & Healthy Start are in the process of being developed. Training plan includes integration of the MECC eLearning training onto Barnet Council training platform; delivery of bespoke sessions to NHS, Adult social care and Customer Service Team. This will be in addition to the 7 bespoke sessions delivered so far.	This is a new action for Phase 2. Draft action plan has been developed and on the agenda for the first MECC steering group
Key Area 1	Agree and Deliver Food Plan for Barnet	Consultant in Public Health	Sep-22	Jul-24	On target to be achieved by target date	Food plan has been approved by HWBB, and action plan is being finalised. Groundworks are recruiting for a food coordinator, funded by PH, who will support implementation of the Food plan and Food partnership via coordinating food organisations across the borough and being the connection between PH, stakeholder and partner organisations. Barnet Food Partnership is being set up to lead the partnership work in this area.	Plan will have a particular focus on affordable food provision in the Borough, in line with Cost of Living challenges. Milestone tracker, we can add Food Partnership - develop this.
Key Area 1	Ensure that the two Superzones in Grahame Park and Edgware are delivered, and the impact is tracked	Public Health Strategist	Aug-22	Dec-23	On target to be achieved by target date	The two projects at Edgware Primary and Saracens High continue to make progress. Workshops have been delivered for parents, teachers and residents with partners, and presented at assemblies. Actions are currently being developed with partner agencies to address the priorities generated by the school communities.	Will include development of performance indicators to monitor agreed health and wellbeing outcomes for children and young people.
Key Area 2	Reduce the risk of vaccine preventable diseases	Barnet Flu and Immunisation Steering Group/Public Health Consultant	Sep-21	Sep-25	On target to be achieved by target date	We have concentrated on the following areas: - Flu uptake - communications and engagement with specific setting to promote uptake. Initial findings are that while uptake is lower than in the last two years, Barnet has the highest uptake across NCL - Childhood Immunisations - additional clinics are being planned in PCN1W, and at the Everglade Practice for asylum seekers/refugees. Engagement of childhood immunisations continues through VCS grantees and Health Ambassadors. Working group for School Aged Immunisations established. To note, no clinical lead for Childhood Immunisation Task and Finish Group is in place.	Focus for year 2 will be on the Polio Booster for children, Autumn/Winter Flu and Covid vaccination campaigns, and ensuring that routine childhood immunisations are taken up. This work will be supported by the Health/Vaccinations work.
Key Area 2	Implement the Corporate Parenting Strategy 2021-23	Director - Children's Social Care, Family Services	Aug-21	Aug-23	On target to be achieved by target date	The current strategy is embedded into system, shared across the council and informing other strategies in Family Services, across the council and partners.	The work on the strategy is currently being undertaken.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of April 2023	Progress Report - What has been achieved, and what still needs to be achieved?	September 2022 notes on action
Key Area 2	Develop updated Corporate Parenting Strategy for 2023-25	Director - Children's Social Care, Family Services	May-23	Oct-23	On target to be achieved by target date	This is still on target to start in May 2023, and will be co-produced with Barnet On Point (BOP), and the Children in Care Council.	Process for updating strategy confirmed by Brigitte Jordaan on 09/09/22.
Key Area 2	Develop the Children and Young People's Plan for 2023 - 2027	Executive Director, Children's Services	Dec-23	Jun-23	On target to be achieved by target date	The draft Children and Young People's Plan is currently on circulation for comments, and is due to be agreed by June 2023.	Action added in response to recommendation at HWBB in Sept 2022
Key Area 2	Deliver the Cardiovascular Disease (CVD) Prevention Programme, and track its impact	Public Health Strategist/Integrated Care Partnership (ICP)	Sep-22	Dec-24	Delayed achievement by target date	Work on this action has been delayed due to vacancies within the team. However, these have now been filled, and progress is being made. The CVD Task and finish Group continues to meet, co-chaired by DPH and VCS lead, and the programme is currently being reviewed with a view to having a more effective strategic approach to steer action plan and programme.	The CVD Prevention Programme and action plan was signed off by the HWBB in July 2022. The CVD Task and Finish Group will take forward the actions agreed as part of the action plan until Dec 2024, providing regular updates to the Board as required.
Key Area 2	Work with partners and ICP on increasing the number of residents accessing social prescribing as well as increasing the range of organisations and sectors that can make referrals	Senior Health Improvement Specialist	Jul-22	Sep-25	On target to be achieved by target date	Social Prescribing continues to be developed across the borough. We are currently analysing 2022/23 data on what has been delivered so far, and identifying options for future development. We are also trialling Social Prescribing for children and families in one part of Barnet, as part of the Early Help offer for children, young people and families, and we are going to extend this service until March 2024.	The primary care social prescribing offer will continue to be developed while further work is being undertaken to look at options to extend eligible referrers to the local voluntary sector and secondary care.
Key Area 2	Improving children's oral hygiene across the borough through the Barnet Young Brushers Programme	Children's Joint Commissioner working with the community provider	Aug-21	Mar-23	Completed	Barnet Young Brushers programme continues to be delivered with the aim of 68 settings to be in place by March 2023, 40 in deprived areas. The Child Oral Health Needs Assessment has been produced and presented to Health and Wellbeing Board. Oral Health Partnership is in place to take forward the recommended actions, with a draft action plan. We propose to extend the end of the programme to match the length of the action plan. A further update on this work will be on the agenda for May's Health and Wellbeing Board.	This will develop the existing Young Brushers programme further in Barnet.
Key Area 2	Develop the Healthy Start programme – ensuring access to adequate and healthy food	Health Improvement Officer, LBB	Mar-22	Jan-24	On target to be achieved by target date	There is continued promotion of Healthy Start at forums, roadshows and via Make Every Contact Count (MECC) factsheets and conversations. An extended vitamin programme for refugee and asylum seeker families is in place, and promotion and signposting to children centres, and hotels (which have also been translated into common languages) has been shared. Data on families in the hotels is collected every 8 weeks and surplus supply will be taken by S4H HVs to children centres. Uptake figure for March 2023 is 50% for Barnet (compared to England average of 64%), and recently released postcode data will help to guide promotion in future. Work is governed by the Healthy Start Working Group, which has been reinstated.	Plan for future delivery is: re-establishing the Healthy Start working group now the digital scheme is in place to have the first meeting by December 2022. Healthy Start will continue to feature on the Food Security meetings and dashboard going forward. Discussions with BOOST in Barnet around digital inclusion are underway and working closely with Early Year hubs and libraries to ensure families all have access to the digital scheme. Planned work to also promote the Healthy Start vitamin part of the scheme for all eligible and work closely with Children Centre staff to monitor vitamin uptake, which will enable the Healthy Start working group to better understand where vitamins are being accessed and where localised strategies are needed, to take place from January 2023.
Key Area 2	Implement Resilient Schools Plan for 2022-23, to improve children's mental health	Resilient Schools Manager, LBB	Sep-22	Aug-23	On target to be achieved by target date	The pilot phase of Resilient Schools is now completed and it is now a universal offer to state schools, with the first offers now being made to Independent schools. The menu of support and training for all schools as part of this universal offer is now available. Roll out of Resilient School "Kite Mark" programme for schools that choose to evidence a whole schools approach to Mental Health awareness is underway. We are commissioning Mental Health online training for staff, with the aim to roll out to parents as well as working in collaboration with partners to develop wellbeing roadshows for parents.	
Key Area 2	Deliver the Suicide Prevention Plan for children, young people and adults for 2022-23	Senior Health Improvement Specialist	Jul-22	Jul-23	On target to be achieved by target date	Suicide Prevention Plan 2022-23 is being delivered, with all milestones met in Quarter 2, and on target to meet milestones in Quarter 3.	Delivering on the action Plan for 2022/23 and refresh 2023-25 action plan in line with the new national strategy. Annual Report to July 2023 HWBB
Key Area 3	Work with the ICB and wider partnership to develop the Integrated Care Strategy for North Central London	Health and Wellbeing Board Membership	Oct-22	Mar-23	On target to be achieved by target date	Draft Integrated Care Strategy brought to Barnet Health and Wellbeing Board in March 2023, with comments fed back. Final version is to be signed off by the Integrated Care Partnership on 18 April 2023. Focus is now on the Strategy Delivery Plan (the statutory Joint Forward Plan), which is being developed.	Work will be undertaken with Barnet Borough Partnership, ICB and wider partnership over Autumn and Winter 2022-23

Appendix A

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of April 2023	Progress Report - What has been achieved, and what still needs to be achieved?	September 2022 notes on action
Key Area 3	Develop aligned intervention pathways with the ICP for CYP	Assistant Director of Commissioning - Family Services	Sep-21	Sep-25	On target to be achieved by target date	Governance arrangements for delivery of the children's delivery of the Barnet Borough Partnership have been updated, whereby the Children & Young People's Partnership Board oversees children's priorities with two delivery groups 1) mental health & wellbeing partnership delivery board; 2) Community Services Delivery Group-first meeting to agree ToR and membership set for 02/05/23 It has been proposed at the NCL Editorial Board that each Borough Partnership runs pilots to focus on areas of work which would benefit form devolved budget and function to Place – one of the two areas agreed to be put forward for this in Barnet is autism. The proposal is: "Autism diagnosis and therapies co-design – Work together with providers to reduce waiting list for autism by tackling fragmentation. Opportunity to do this through co-design services with residents, families, and VCSE."	The Barnet Borough Partnership is working on the following priorities as part of the Children and Young People Integrated Care Strategy: - Integrated Therapies - Autism and child development centre - CYP Mental Health & wellbeing strategy - Family Hubs - Children's Social Care - Long Term conditions-progressing integrated approaches - Expansion of the integrated primary and secondary paediatric clinics
Key Area 3	Collaborate to develop a Healthy Aging pilot in one neighbourhood of BBP as demonstration of whole system approach to healthy aging.	Joint ASC Healthy Aging Lead and PH Consultant (Living and Aging Well)	Sep-22	Sep-23	On target to be achieved by target date	This has been explored with stakeholders as part of the neighbourhoods' workshop held in February and may form part of the plans for neighbourhood working as the model is worked up but the pilot scheme has not yet started. Update meeting is being held w/b 17 April, and further updates on progress will be available via the Barnet Borough Partnership reporting.	As part of development of the Barnet Borough Partnership workplan, plans are developing to create a whole system Healthy Aging pilot to take joint action and pool resources to deliver better outcomes for aging residents in a neighbourhood area.
Key Area 2	Ongoing implementation of Champion role to respond to longer term impacts of COVID and focus on wider health priority topics in Barnet.	Senior Health Improvement Specialist	Jul-22	Jul-23	On target to be achieved by target date	Health Champions programme continues to be delivered. Transition has been made to focus on wider health priority topics - vaccination, Mental Health - with the focus of the 12 month extension for 2023/24 to be primarily on promoting positive Mental Health and wellbeing. **Propose to extend end date for action to March 2024, following extension of the programme.**	Ongoing development of Health Champions programme including further upskilling and training Champions on vaccine hesitancy and mental health.
Key Area 3	Develop a narrative on reducing health inequalities as an integrated approach within the Council and wider partnership	Barnet Borough Partnership	Sep-22	Aug-23	On target to be achieved by target date	The Annual Director of Public Health report is being produced for May 2023 - the theme for this report is Health Inequalities in Barnet. It will provide the narrative and analysis on Health Inequalities and provide recommendations for strategy and delivery.	This action will include updating Life Expectancy and Healthy Life Expectancy data by ward as Census data becomes available; as well as the development of a narrative and the partnership approach
Key Area 3	Refresh Substance Misuse Needs Assessment and Strategy	Public Health Strategist	Sep-22	Apr-23	On target to be achieved by target date	Currently underway, and due to be completed on target by end of April 2023. This will come to Health and Wellbeing Board in July 2023.	This action remains accurate.
Key Area 3	Integrate our data to provide longitudinal view of the patient to support direct patient care and population health management	LBB/CCG	Sep-21	Sep-25	On target to be achieved by target date	HealtheIntent continues to be developed and access rolled out across NCL. Digital team confirmed at the end of March 2023 that North Middx University Hospital data had been added to HealtheIntent. Applicable information from EMIS, Royal Free London, Moorfields Eye Hospital, Barnet, Enfield, Haringey Mental Health, Central & North West London, Royal National Orthopaedic Hospital, Whittington Acute, Whittington Community and North Middx University Hospital will now be returned in the six registries of COPD, Atrial Fibrillation, Diabetes, physical health checks for people with Serious Mental Illness, Cancer Care and Learning Disability.	HealtheIntent is the population health management tool which has been developed at NCL level to provide a whole system view of patient segments for action. The plan for the coming year is to adapt the dashboards so they support the LTC LCS supporting GPs to deliver a greater focus on prevention with this group of patients.
Key Area 3	Further develop our digital offer to support prevention and provide timely accessible care, including risk monitoring	Public Health Strategist	Sep-22	Sep-23	On target to be achieved by target date	The Digital Care Home programme was presented to Barnet Health and Wellbeing Board in January 2023. 170 homes supported across NCL by October 2022, with a larger reduction in ambulance call outs, and smaller increases in hospital admissions for people living in homes with remote monitoring compared to those without.	Digital Care Home programme is working with care homes to increase their access to digital tools which can improve care, whilst also working alongside care home staff to provide training. This digital care programme includes, amongst other aspects, working with care homes to: •Increase care home connectivity, •Invest in and pilot digital tools such as oremote monitoring: Using the Whzan blue box oacoustic technology for falls prevention. •Meet key data security standards
Key Area 3	Address inequalities in access to digital services	Head Of Customer Services & Digital	Sep-21	Sep-25	On target to be achieved by target date	Work on reducing digital access inequality at borough level still continues through the Barnet Get Online Programme. A North Central London workshop on digital inequality in health is being held for Primary Care on 4 May 2023.	This is still an action - PnR paper June 2022 outlines the further actions for this area of work
Key Area 3	Develop a new carers and young carers strategy	Improvement Consultant ASC	Aug-22	Apr-23	Completed	Carers and Young Carers strategy has been co-produced and agreed (it also came to Health and Wellbeing Board in March 2023).	Timescales have been updated to reflect current work.
Key Area 3	Develop integrated pathways around CVD	Primary & Secondary Care	Sep-21	Sep-23	Delayed achievement by target date	NCL Stroke and Prevention Network continues to meet, and a number of preventative and management pathways have been identified, including BP @ Home; CVD/Stroke clinical pathway review; and roll out of Community Pharmacy Hypertension Advanced Service. Network rates current progress as Amber.	This refers to the NCL ICB have developed a clinical CVD and Stroke prevention network, which has an extensive programme of work to streamline preventative and management pathways.

Appendix A

Barnet Health and Wellbeing Strategy - Phase 2 Implementation Plan

HWBS Key Area	Project Activity	Lead	Start Date	Finish Date	Status as of April 2023	Progress Report - What has been achieved, and what still needs to be achieved?	September 2022 notes on action
Key Area 3	Increase range of services participating in MDTs and rolling out model across all areas	LBB/CCG	Sep-21	Sep-25	On target to be achieved by target date	The Age Well (Frailty) MDT has been rolled out and an LTC to support GP engagement launched in November 2022. 45 out of 50 GP Practices have signed up to the LTC and the model is successfully operating with referral rates from single figures in August 2022 to 46 in January this year - a total of 110 referrals to date. All staff now in place, as of February2023 and in addition there is also 2 Admiral nurses working in Barnet as part of a pilot funded in part by Training Hub bid to Dementia UK (DUK). It's an NCL wide pilot but currently based in Barnet due to higher need. The Paediatric MDT is currently running in 4 out of 6 PCNs. An NCL-wide evaluation of the Paeds MDTs took place in Q4. The attending clinicians were asked to fill out a self-rated survey to measure the success of the MDTs being conducted in their retrospective PCNs. These results were collated and presented at NCL level at the Integrated Paediatric Service Stocktake.	The focus in Phase 2 of the JHWBS will be on embedding and evaluating the current models (Frailty and Paediatric), and then focus on further and broader opportunities as the original MDTs mature.
Key Area 3	Embed prevention in PCN work through use of population health management on Long Term Conditions	LBB/CCG	Sep-21	Sep-25	On target to be achieved by target date	Progress on the Long Term Conditions Locally Commissioned Service is the main plank of this action. Compared to the last update in September, some interim milestones have slipped, but overall the completion date will still be met. The Practice Readiness period is intended to be from 1st April – 30th September 2023 and the Service Specification will commence from the 1st October 2023. This will replace some already existing individual Locally Commissioned Services that focus on Long Term Conditions.	LTC ICS is embedding prevention in the management of long term conditions. The expectation is that the LCS goes 'live' from April 23 but that there is a period of practice readiness from Oct 22 to support practices to get ready.
Key Area 3	Audit materials used to ensure that they are accessible in terms of channels, ease of language and translated languages	Public Health Communications Lead	Sep-22	May-23	On target to be achieved by target date	This action will be achieved through the review of information for the Barnet Public Health microsite development. Soft launch of microsite is w/b 29 May.	This will be done as part of the Barnet Public Health microsite development.
Key Area 3	Implement a strategic framework and action plan to respond to the needs of the homeless population	Public Health Strategist	Sep-22	Apr-23	On target to be achieved by target date	We have a Homeless Health delivery plan in place, guided by a steering group that meets monthly. Actions are on track to be delivered. This forms part of the wider Barnet Homelessness Strategy is currently in public consultation.	In progress, action plan agreed and quarterly meetings in place to progress.

Appendix B - Key Performance Indicators - Key Area 1

Measure	Unit of Measurement	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data (as of 31st August 2022)	Year 1 Direction of Travel	Target
Number of businesses involved in the Healthier High Streets programme.	Eligible Businesses Involved	**2021**	0	**Apr-23**	59	↑	200
Number of free drinking water stations installed in the Borough.	Number of Refill participating businesses	**2021**	75	**2021-22**	85	↑	Two free drinking water facilities per town centre and at least one water fountain in Barnet.
	Number of Fountains	**2021**	0	**2022-23**	1	↑	
The proportion of overweight or obese children at Year 6 (ages 10-11).	% of Year 6 children	**2019/20**	34.4%	**2021-22**	34.90%	↓	No increase.
Proportion of deaths attributable to air pollution.	Percentage of overall deaths	**2019**	7.1%	**2021**	5.5%	↓	No increase.
Proportion of residents who walk or cycle for travel (at least once a week).	Proportion Cycling	**2018/19**	5.5%	**2021**	7.5%	↑	7%
	Proportion Walking	**2018/19**	49.1%	**2021**	68.3%	↑	60%
Number of people in contact with Social Prescribers/Prevention and Wellbeing Co-ordinators	Number of people	**2020/21**	3,224	**2022-23**	7,122	↑	5,000
Rate of domestic abuse incidents	Rate per 1,000/population	**1 October 2020 - 30 September 2021**	8.2	**1 April 2022 - 30 March 2023**	12.1	↑	Barnet to become lowest rate of all 32 London Boroughs.
Number of GP surgeries fully trained under IRIS	Number of GP Surgeries	**September 2020 - August 2021**	0	**By December 2022**	28	↑	50
Total number of foodbank beneficiaries per month	Number of beneficiaries	**Jan-22**	7,268	**Jan-23**	13,564	↑	Decrease

Appendix B - Key Performance Indicators - Key Area 2

Measure	Unit of Measurement	Baseline Date	Baseline Data	Time period/date of Latest Data	Current Data	Direction of Travel from Baseline	Target
Dental Checks of Children in Care	Percentage of Children in Care	**As of 31/12/2021**	47%	As of 30/03/23	42%	↓	85%
Annual Health Assessments for Children in Care	Percentage of Children in Care	**As of 31/12/2021**	85%	As of 30/03/23	71%	↓	95%
Good level of Development at end of EY Foundation Stage	Percentage of Early Years who have a GLD	**2018/19 Academic Year (data collection cancelled in 2019/20 and 2020/21)**	74.30%	2021/22 Academic Year	64.90%	↓	
Proportion of 5-year-olds who received MMR first and second doses	Proportion of 5 year olds	**As of 01/02/2022**	76%	**As of 30/03/23**	77%	↑	95%
Proportion of 2 year old with a first dose of MMR	Proportion of 2 year olds	**As of 01/02/2022**	83%	**As of 30/03/23**	85%	↑	95%
Proportion of infants known to be partially/totally breastfed at their 6-8 week health visitor review	Proportion of infants	**2021-22 Q1**	56%	**2022-23 Q1 (see *)**	24%	↓	60%
		2021-22 Q2	57%	**2022-23 Q2 (see *)**	12%	↓	
		2021-22 Q3 (data collection affected due to short term prioritising due to staffing issues/Covid19)	16%	**2022-23 Q3 (see *)**	8%	↓	
		2021-22 Q4 (data collection affected due to short term prioritising due to staffing issues/Covid19)	13%	**2022-23 Q4 (see *)**	48%	↑	
Adults active for at least 150 minutes per week	Percentage of Adults surveyed	**2019-20**	60.50%	**2020-21**	62.60%	↑	Under review with FAB
Active children and young people (5-16 years) for an average of 60+ minutes a day	Percentage of CYP surveyed (Sports for England Activity Survey)	**2018-19**	43.50%	**2021-22**	Data not available for this period	Data not available for this period	Under review with FAB
Suicide rate per 100,000	Rate per 100,000	**2017-19**	6.7	**2019-21**	4.8	↓	Yearly reduction rate
Patients, aged 45+, who have a record of blood pressure in the preceding 5 years	%	**2020-21**	84.60%	**2021-22**	82.1% (NCL figure)	↓	To be confirmed with ICB
Persons, 25-49, attending cervical screening within target period	3.5 year coverage %	**2019-21**	58.50%	**2020-22**	58.70%	↑	To be confirmed with ICB

Appendix B - Key Performance Indicators - Key Area 3

Priority	Measure	Unit of Measurement	Data Owner	Baseline Date	Baseline Data	Time period/date of Year 1 Data	Year 1 Data	Year 1 Direction of Travel	Target Data
Carers have good health and wellbeing	Number of carers registered with their GP	Number of carers	Primary Care Team ICB	**As of 30 September 2021**	12,125	**As of 30 June 2022**	12,297	↑	12125
Carers have good health and wellbeing	Proportion of carers who feel socially isolated	% of carers	Programme Support Officer (ASC)/ Integrated Care Partnership Programme Manager	**2018-19**	26%	**2021-22**	25%	↓	20%
Barnet's health, care and education is digitally enabled	Number of Barnet residents supported by Barnet Get Online Programmes	Number of residents	Head of Customer Services and Digital	**2021**	0	**2022**	135	↑	
People will access timely seamless care	Stage of diagnosis for Cancer/Percentage of cancer diagnosed at stages one and two	% of diagnoses	Sit with ICB Cancer team	**2018**	57.9	**2022**	Data not available as national data collection disrupted	Data not available as national data collection disrupted	
People will access timely seamless care	Emergency admissions from ambulatory care sensitive conditions	Number of admissions	Urgent and Emergency Care Team	**Mar-21**	6,971	**Mar-23**	Data publication by NHS Digitial delayed from March 2023 (no revised timeline available)	Data publication by NHS Digitial delayed from March 2023 (no revised timeline available)	6,500

Appendix B - Key Performance Indicators - Overall Strategy

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

	Health and Wellbeing Board **Thursday, May 11th 2023**
Title	**Children and Young People's Oral Health Needs Assessment, and an Update on Actions Resulting from this Health Needs Assessment**
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – London Borough of Barnet Children and Young People's Oral Health Needs Assessment, November 2022 Appendix B – Children and Young People's Oral Health Action Plan (April 2023)
Officer Contact Details	Emma.Waters@barnet.gov.uk Lauren.Neill@barnet.gov.uk

Summary

Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

The Children and Young People's Oral Health Needs Assessment (CYP OHNA) sought to understand the local picture of oral health for Children and Young People aged 0-19 in the borough and offer recommendations for improvement. The CYP OHNA is divided into five chapters (for more details please see the Executive Summary of Appendix A). The first outlines the aims, objectives, methodology, scope and limitations. The second chapter outlines the national context. This covers the national policy guidance on the recommended effective interventions to promote good oral health in children and to reduce oral health inequalities, including the available cost effectiveness evidence. The third chapter describes the oral health status of children and young people in Barnet and identifies health inequalities where possible. Chapter four describes the current provision of oral health

services in the borough and perspectives from a focus group with parents - of 3-to-4-year-old children attending nursery in a deprived ward - and the views of professional stakeholders working in oral health. Chapter five discusses the extent to which current programmes and services fit with national policy guidance and the needs identified by stakeholders. It includes pragmatic recommendations based on what is within Barnet local authority's sphere of influence to improve children's oral health. These are grouped according to those deliverable within existing resources and secondly those that would require additional resources.

A multi-disciplinary, multi-agency, Oral Health Partnership Group (OHPG) has been formed to develop a pragmatic Oral Health CYP Action Plan (OH CYP Action Plan) for Barnet. The OHPG has convened; a Draft Action Plan has been preliminarily agreed and work to implement urgent actions commenced. The group is meeting in May to finalise the OH CYP Action Plan and to discuss the newly published data from the 2022 National Dental Epidemiology Programme (NDEP), which was published in March 2023 after the CYP OHNA was completed.

Officers Recommendations
1. The HWBB to note the oral health needs identified in the Oral Health CYP Health Needs Assessment 2022.
2. The HWBB to note the key recommendations from the Oral Health CYP Health Needs Assessment 2022 and endorse the initial work on the Oral Health CYP Action Plan.

1. Why this report is needed

1.1 The Children and Young People's Oral Health Needs Assessment (CYP OHNA) reported that oral health was a significant cause of morbidity among children in Barnet, with the National Dental Epidemiology Programme (NDEP) oral health survey in 2019 reporting that just under a quarter of surveyed five-year-olds in Barnet (24.8%) had tooth decay. There is now also newly published data from the 2022 National Dental Epidemiology Programme (NDEP) that was published in March 2023 after the CYP OHNA was completed.

1.2 Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

1.3 The CYP OHNA found evidence of health inequalities in oral health among children in the borough, for example the distribution of five year olds with tooth decay was higher in more deprived ward.

1.4 The CYP OHNA found that in 2019/20 – prior to the COVID-19 pandemic – only about half (53%) of 0-19 year olds accessed NHS dental care, and this fell to 21% in 2020/21, due to the pandemic's impact on dental services.

1.5 The CYP OHNA found that parent/carer knowledge was necessary but not sufficient for good oral health practices. Focus groups with parents found that the parents consulted with felt that they knew what they had to do to promote good oral health for their children, but that this was difficult to achieve in practice.

1.6 The CYP OHNA made pragmatic, evidence-based recommendations – considering what was within Barnet local authority's sphere of influence. These were grouped according to those deliverable within existing resources and those that would require additional resources.

1.7 There are two main areas of recommendation for existing resources.

a) Firstly, to enhance partnership working by establishing a Barnet Oral Health Partnership, further embed oral health across existing programmes and co-produce an oral health action plan.

b) Secondly, to maximise the impact of the small, existing oral health promotion service by focusing on training the wider health, education and social care professional workforces; quality assuring the supervised toothbrushing pilot and ensuring it is targeted within areas of deprivation, reviewing the provision of toothbrushes and toothpaste in response to acute cost-of-living pressures and adopting the oral health training module for foster carers that is being developed London-wide.

1.8 With additional resources, the recommendations focus on considering the commissioning additional interventions to improve intelligence and close inequalities - such as targeted community fluoride varnishing programmes and improving access to dental treatment for LAC placed outside London - as well as considering the oral health needs of SEN children and across the whole life course

2. Reasons for recommendations

2.1 The CYP OHNA showed that tooth decay is a significant cause of morbidity and health inequalities among children in Barnet. To address this a whole system approach needs to be taken, with system wide partnership working.

3. Alternative options considered and not recommended

3.1 Not applicable for this report.

4. Post decision implementation

4.1 The CYP OHNA includes a recommendation to develop a Barnet Oral Health Partnership, with the aim of developing and overseeing the implementation of an OH CYP Action Plan to leverage and co-ordinate assets across the borough.

4.2 In should be noted that post the presentation of the OH CYP HNA to the HOSC on December 8th 2022, the first Oral Health Partnership Group (OHPG) has already convened and a draft CYP OH Action Plan preliminarily agreed, this has supported work on some actions that have now commenced. The CYP OH Action Plan will be finalised by the OHPG at the end of May 2023, and the actions taken forward by the OHPG and wider partners.

5. Implications of decision

5.1 **Corporate Priorities and Performance**

5.1.1 This recommendations of the OH CYP HNA is aligned to Caring for People within the Corporate Plan. The recommendations will support tackling inequalities, giving children and young people the best possible start in life, and enabling all residents to live fit, health and happy lives.

5.1.2 The recommendations of the OH CYP HNA are directly aligned to the Starting, Living and Ageing Well Priority in the Health and Wellbeing Strategy for Barnet, with reference to “Improve Children’s Life Chances”. Good oral health is an important component of overall health and wellbeing. In addition, some actions required to address poor oral health such as - healthy food and drink policies in childhood settings - are likely to also support other health outcomes such as reducing childhood obesity.

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

5.2.1 The currently commissioned Oral Health Promotion Service is commissioned with the Healthy Child Programme and funded via the Public Health Grant. In addition, the Barnet Young Brushers supervised toothbrushing pilot is funded from the North Central London inequalities fund. It should be acknowledged that funding for the pilot ceases at the end of June 2023, and that Barnet Public Health are currently working with Healthy Child Programme provider to establish how the now established supervised tooth brushing programme can receive ongoing support from within the originally commissioned Oral Health Promotion Service. It is not envisaged that this will require additional financial resources.

5.2.2 The CYP OHNA presents two sets of recommendations for consideration: those that could be delivered within existing resources and commissioned services, and those that would require additional resources. Some cost-effectiveness evidence is presented on specific oral health promotion interventions, where this was available.

5.2.3 It is not currently envisaged that significant additional financial resources will be required to implement the current actions in the draft CYP OH Action Plan and funding for small projects related to the Action Plan are accounted for within the Start and Grow Well Team budget for 2023/24. Currently scoping is taking place regarding actions that could require significant additional funding, such as a fluoride varnishing programme and a separate business case will be made if additional funds are required.

5.2.4 There are, however, significant costs to NHS services when children require treatment. For example, tooth extractions, the majority of which are for tooth decay, represent the biggest cost to the NHS for 0–19-year-olds across all areas of healthcare. So early public health oral health work can be extremely cost effective to the system.

5.3 **Legal and Constitutional References**

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

(1) To work together to ensure the best fit between available resources to meet the

health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

5.3.2 (2) Specific responsibilities for; overseeing public health and promoting prevention Page 4 of 5 agenda across the partnership.

5.4 **Insight**

5.4.1 This needs assessment followed a Stevens and Raftery health needs assessment approach which focuses on three key strands of information.

a) Firstly, epidemiological evidence was considered to understand the prevalence of oral health issues.

b) Secondly, comparative evidence was considered to understand oral health in relation to other geographical areas and over time where possible.

c) Thirdly, corporate evidence was collated to incorporate stakeholder views and expertise.

5.4.2 The epidemiological evidence was largely drawn from the National Dental Epidemiological Survey, which enables an understanding of Barnet data as compared to London and England. Local data on hospital admissions for tooth extractions came from Hospital Episode Data and data on visits by children to NHS dentists came from NHS Business Services Authority. Further local data was drawn from the Children and Young People Profile developed by the Public Health Intelligence team.

5.4.3 A pragmatic literature review was conducted to identify the relevant national guidance on the prevention of oral health problems in children, including evidence on the effectiveness and cost effectiveness of different oral health interventions. The relevant reports were obtained from searching national government websites, including The Department for Health and Social Care (DHSC) and National Institute for Clinical Excellence (NICE). Expert views from regional Dental Public Health Consultant colleagues were also incorporated.

5.4.4 Qualitative data came from a range of stakeholder interviews with professionals working locally on oral health. These included: General Dental Practitioner members of the Local Dental Committee; the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Designated Nurses for LAC in Barnet and Named Nurse for LAC in Barnet; an Advisor from the Health Education Partnership (HEP) commissioned service and Regional Dental Public Health Consultants from NHS England. Additional insights about the lived experience of parents trying to prevent dental decay came from a focus group with eight parents with 3-to-4 year old children who attended a nursery in a deprived ward of the borough. The qualitative data collection and analysis followed the Framework analysis methodology, which is appropriate for policy relevant qualitative research.

5.4.5 New data from the National Dental Epidemiological Survey, which reflects the impact of COVID-19 pandemic on levels of tooth-decay in five-year olds in the borough was published in March 2023. This data collected in 2022, but was published after the completion of the 2022 HNA. This data is being reviewed and will be discussed at the next OHPG meeting, along with further consideration of whether enhanced sampling is

needed to better understand the oral health of children in Barnet.

5.5 Social Value

5.5.1 Not applicable for this report

5.6 Risk Management

5.6.1 Not applicable for this report

5.7 Equalities and Diversity

5.7.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.7.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

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

5.7.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7.4 This needs assessment highlights that poor oral health is socially patterned across the borough and highlights oral health inequalities. It also includes the best evidence for closing oral health inequalities and makes recommendations to this effect.

5.8 Corporate Parenting

5.8.1 As the corporate parents of children in their care, Barnet Local Authority is responsible for the promotion of a child's physical, emotional and mental health and acting on any early signs of health issues, including annual health assessments, immunisation, medical and dental care treatment. In relation to oral health, Looked After Children (LAC) are a known vulnerable group who have greater oral health needs and are less likely to use dental services than their peers. The needs assessment included the available data on the proportion of LAC who had seen a dentist in the last year, an interview with the Designated LAC nurse and Named Nurse for LAC to better understand their needs and some specific recommendations to improve their

outcomes.

5.8.2 A Designated Nurse for LAC is a member of the OHPG and has provided expertise and knowledge to take forward the recommendation from the OH CYP HNA that relate to LAC, as the OH CYP Action Plan is developed.

5.9 **Consultation and Engagement**

5.9.1 Stakeholder engagement was conducted from July to September 2022. Within the local authority colleagues from public health, family services and Barnet Education and Learning Service all contributed to this work. Qualitative data to understand the oral health needs of children and young people in Barnet also came from a range of professionals including General Dental Practitioner members of the Local Dental Committee; the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Regional Dental Public Health Consultants from NHS England; the Designated Nurse for LAC in Barnet and Named Nurse for LAC in Barnet; Solutions4Health School Nursing Lead and Oral Health Promoters and an Advisor from the Health Education Partnership (HEP). Additional insights about the lived experience of parents trying to prevent dental decay came from a focus group with eight parents with 3-to-4-year-old children who attended a nursery in a deprived ward of the borough. Insights from these qualitative data are included within the needs assessment report.

5.9.2 In line with the recommendations from the OH CYP HNA a local system partnership has been formed as the Oral Health Partnership Group (OHPG) to develop the OH CYP Action Plan for Barnet. This has allowed extensive engagement with local partners. Once the borough wide OH CYP Action Plan for Barnet is finalised, community engagement will be undertaken where it can enhance delivery of specific elements, for example to facilities effective promotion and distribution of oral health packs.

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 No Background Papers

This page is intentionally left blank

London Borough of Barnet

Children and Young People's Oral Health Needs Assessment

November 2022

Table of Contents

Acknowledgements

This health needs assessment was undertaken by Maeve Gill, Public Health Specialty Registrar.

I would like to extend my thanks to everyone who supported and contributed towards the development of this needs assessment. Special thanks to the following colleagues:

Public Health and Family Services teams, Barnet

Emma Waters	Consultant in Public Health
Rachel Wells	Consultant in Public Health
Jeremy Hooper	Insight & Intelligence Lead – Public Health
Olivia Cowie	Public Health Intelligence Analyst
James Rapkin	Head of Organisational Intelligence and Insight
Lauren Neil	Health Improvement Officer
Clare Slater-Robbins	Senior Children and Young People Commissioner
Sharon Smith	Senior Public Health Strategist
Andy Whiting	Early Years/Primary Service Manager
Louise Jennings	Barnet Education and Learning Service

External Supporters and Contributors

Rakhee Patel	Consultant in Public Health and Primary Care (North Central London lead), NHS England and NHS Improvement - London Region
Huda Josef	Consultant in Dental Public Health and Primary Care (Children and Young People lead), NHS England and NHS Improvement - London Region
Andrew Read	Consultant / Clinical Director Dental Services Whittington Health NHS Trust
Ayesha Masood	Oral Health Improvement Lead, Whittington Health NHS Trust
Alan Ross	Secretary of Barnet Local Dental Committee
Ebun Oliver-Wallace	Locality Lead, School Nursing, Solutions4Health
Manisha Limbu	Oral Health Promoter, Solutions4Health
Ken Binnah	Oral Health Promoter, Solutions4Health
Susan Yadin	Dental Strategic Adviser - Community and Specialist Dental Services Central London Community Healthcare NHS Trust

I would like to thank all the participants who took part in the focus group and stakeholder engagement interviews.

Yvonne Conway	Designated Nurse for CLA/LAC - Barnet and Islington
Toni Pankhurst	Interim Named Nurse for Looked After Children

Tania Barney	Health Education Partnership
Paresh Patel	Local Dental Committee
Farah Ramjohn	Local Dental Committee
Krupa Rughani	Chair of Barnet Local Dental Committee

Figures

Tables

Executive Summary

Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

The National Dental Epidemiology Programme (NDEP) oral health survey in 2019 showed that just under a quarter of five-year-olds in Barnet (24.8%) had tooth decay. Although this does not differ significantly from the proportions reported in London and England, 1 in 4 children in Barnet have experience of tooth decay, posing a significant public health burden. Data also confirmed that this proportion varies between different wards: rates of tooth decay reported in some of the most deprived wards in the borough were between 35% to 40% in West Hendon, Childs Hill and Burnt Oak. Further, although more recent data is not yet available, we anticipate that the COVID-19 pandemic will have worsened the prevalence of tooth decay and that pre-existing oral health inequalities are likely to have been exacerbated. Barnet Councillors on the Health Overview and Scrutiny Committee (HOSC) wanted to understand the oral health needs of Barnet's children. This Children and Young People's Oral Health Needs Assessment (CYP OHNA) sought to understand the local picture and offer recommendations for improvement.

The report is divided into **five** chapters:

1. The **first** outlines the aims, objectives, methodology, scope and limitations.
    a. The currently commissioned oral health promotion services in Barnet are focused on the 0-19 year old population and this needs assessment focused on that group.
    b. It included understanding the available data on the oral health of Looked After Children (LAC) as a known vulnerable group.
    c. Future oral health needs assessments may follow for children with Special Educational Needs (SEN) and also for the later stages of the life course.
2. The **second** chapter outlines the national context.
    a. This includes the wide ranging impacts of poor oral health: tooth decay remains the leading reason for hospital admissions for 5- to 9-year olds.
    b. It describes the financial consequences of oral diseases, with tooth extractions for 0- to 19-year olds estimated to cost the NHS approximately £50m annually.
    c. It outlines evidence for oral health inequalities and that influences on these operate at different levels: upstream, midstream and downstream.
        i. Upstream social factors are the overriding influences that create opportunities for people, for example, economic policies which shape the income of an individual.
        ii. Midstream factors refer to an individual's day-to-day living conditions. These range from access to healthy, affordable food through to psychological factors such as stress and access to affordable dental care.
        iii. The downstream factors affecting oral health are related to health behaviours, which for children are largely related to sugar consumption in their diet and regular tooth-brushing with fluoride tooth paste.

d. London-wide evidence on the negative impact of the COVID-19 pandemic on children's oral health is also presented.

e. National policy guidance on the recommended effective interventions to promote good oral health in children and to reduce oral health inequalities is described, including cost effectiveness evidence.

3. The **third** chapter describes the oral health status of children in Barnet and identifies health inequalities where possible.

    a. The data showed evidence of inequality in the prevalence of decay across Barnet by deprivation: almost 35% of 5-year-olds in the most deprived quintile of the borough have experience of dental decay compared with 10% of 5-year-olds in the least deprived quintile. This is consistent with statistically significant differences in the prevalence of decay by deprivation observed in London-wide data.

    b. There is also London-wide evidence of statistically significant differences in the prevalence of tooth decay by ethnic group.

    c. In terms of accessing NHS dental services, in 2019/20 – prior to the COVID-19 pandemic – only about half (53%) of 0-19 year olds accessed NHS dental care, but this fell to 21% in 2020/21, due to the pandemic's impact on dental services.

    d. The Barnet rate of hospital admissions for children to have their teeth extracted, based on combined data from 2018/19 to 2020/21, is similar to the rate in England (3.4 per 1,000 population), but lower than the London rate (4.0 per 1,000 population). However, rates within Barnet were socially patterned: highest in the most deprived quintile (4.3 per 1,000 population) to lowest in the least deprived quintile (2.5 per 1,000 population).

    e. There are 56 NHS General Dental Practices (GDPs) in the borough who deliver NHS services to children under 18-years-old, though as children can access dental care in any location it is difficult to interpret where Barnet's children are accessing services.

    f. Prior to the COVID-19 pandemic, the percentage of LAC having dental checks was approximately 80%. This reduced to 31% in 2020/21 but recovered to 69% in 2021/22 due to a pan-London Healthy Smiles pilot, which was launched in November 2021.

4. Chapter **four** describes the current provision of oral health services in Barnet and perspectives from parents and professional stakeholders.

    a. Accounts - from a focus group with eight parents with 3-to-4 year old children in a deprived ward of the borough - suggested that children's preferences to consume sugar are shaped by cues from their physical environments (e.g. shops) and social environments (e.g. older sibling behaviour). Their accounts also highlighted the challenges in relying on families alone to prevent tooth decay through individual toothbrushing behaviour at home. Knowledge was necessary but not sufficient in the context of busy family lives. A wider supportive environment may be required to ensure children receive enough fluoride to prevent decay.

    b. The main areas of need expressed by professional stakeholders involved locally and regionally in oral health were:

        i. oral health partnership arrangements need to be renewed;

        ii. oral health needs to be integrated within multiple programmes;

iii. multilevel action on the social determinants is required;

iv. co-ordination of oral health promotion activities could be improved;

v. 'one off' dental health education activities, that are not within a comprehensive settings-based approach, are not recommended;

vi. some workforce training materials do not yet adhere to national guidance;

vii. training needs were identified for Early Years (EY) and some social care staff, as well as foster carers;

viii. quality assurance of supervised toothbrushing interventions is essential;

ix. provision of toothbrushes and toothpaste needs to be reviewed particularly in relation to acute cost-of-living pressures that families are currenlty experiencing.

x. Further ward level dental survey data would be helpful to understand the impact of the COVID-19 pandemic;

xi. commissioning additional evidence-based interventions such as targeted fluoride varnishing could reduce oral health inequalities;

xii. there is a gap in the provision of NHS dental treatment to the half of Barnet's LAC placed outside of London;

xiii. and there is a gap in understanding the specific oral health needs of children with SEN, who are a vulnerable group, and older people.

5. Chapter **five** discusses the extent to which current programmes and services fit with national policy guidance and the needs identified by stakeholders. Pragmatic recommendations - based on what is within Barnet local authority's sphere of influence - to improve children's oral health were developed. These are grouped according to those deliverable within existing resources and secondly those that would require additional resources.

    a. There are two main areas of recommendation for existing resources.

        i. Firstly, to enhance partnership working by establishing a Barnet Oral Health Partnership, further embed oral health across existing programmes and co-produce an oral health action plan.

        ii. Secondly, to maximise the impact of the small, existing oral health promotion service by focusing on training the wider health, education and social care professional workforces; quality assuring the supervised toothbrushing pilot and ensuring it is targeted within areas of deprivation, reviewing the provision of toothbrushes and toothpaste in response to acute cost-of-living pressures and adopting the oral health training module for foster carers that is being developed London-wide.

    b. With additional resources, the recommendations focus on considering the commissioning additional interventions to improve intelligence and close inequalities - such as targeted community fluoride varnishing programmes and improving access to dental treatment for LAC placed outside London - as well as considering the oral health needs of SEN children and across the whole life course.

1. Background and methodology

1.1 Introduction

Good oral health is essential for good general health and wellbeing. Poor oral health can have a negative impact throughout life and can cause pain, infection and lead to difficulties with eating, sleeping, learning, socialising and wellbeing. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Oral health and general health are influenced by wider social determinants, such as living conditions and access to healthcare, as well as by behavioural risk factors such as healthy diets.

One quarter (24.5%) of Barnet's 5-year-old children have visibly decayed teeth[1]. This proportion is slightly less than the proportion observed across London (27.0%), and slightly higher than the England average (23.4%) but these differences are not significant. Among that quarter of Barnet's 5-year-olds with decay experience, they have on average 3.6 teeth that are decayed, missing or filled. This number of teeth is similar to London (3.4) and England (3.4) averages. Importantly, the distribution of 5-year-old children with decay is not evenly spread across the borough: levels are higher in more deprived wards, with almost 4 in 10 experiencing decay in Burnt Oak (39.0%) and 3 in 10 in West Hendon (35.3%) and Childs Hill (34.5%).

Barnet Councillors on the Health Overview and Scrutiny Committee (HOSC) have wanted to understand the oral health needs of Barnet's children. This children and young people's oral health needs assessment seeks to understand the local picture and offer recommendations for improvement.

1.2 Aim and objectives of this report

The aim of this needs assessment was to examine and describe the oral health status and needs of Barnet's children and young people and identify effective interventions to promote good oral health, to inform the development of an oral health action plan in 2023.

The objectives of this needs assessment were to:

- describe the national policy guidance on effective interventions to promote good oral health in children and to reduce oral health inequalities;
- describe the oral health status of children and young people in Barnet and identify health inequalities where possible, including Looked After Children (LAC) who are a vulnerable group;
- provide an overview of the current oral health promotion, prevention and treatment services within Barnet;
- understand the experience of some parents of early years children of trying to prevent dental decay and maintain good oral health;
- understand the views of professional stakeholders working on oral health;
- assess the extent to which current services fit with national policy guidance and the identified needs of children;
- and make pragmatic recommendations to improve oral health for children in Barnet, considering the sphere of influence of the local authority and resourcing constraints.

1.3 Methodology

This needs assessment followed a Stevens and Raftery health needs assessment approach[2] which focuses on three key strands of information. Firstly, epidemiological evidence was considered to understand the prevalance of oral health issues. Secondly, comparative evidence was considered to understand oral health in relation to other geographical areas and over time where possible. Thirdly, corporate evidence was collated to incorporate stakeholder views and expertise.

The epidemiological evidence was largely drawn from the National Dental Epidemiological Survey, which enables an understandng of Barnet data as compared to London and England. Local data on hospital admissions for tooth extractions came from Hospital Episode Data and data on visits by children to NHS dentists came from NHS Business Services Authority. Further local data was drawn from the Children and Young People Profile developed by the Public Health Intelligence team.

A pragmatic literature review was conducted to identify the relevant national guidance on the prevention of oral health problems in children, including evidence on the effectiveness and cost effectiveness of different oral health interventions. The relevant reports were obtained from searching national government websites, including Public Health England (PHE, as was), Depart for Health and Social Care (DHSC) and National Institute for Clinical Excellence (NICE). Expert views from regional Dental Public Health Consultant colleagues were also incorporated.

Qualitative data came from a range of stakeholder interviews with professionals working locally on oral health. These included: General Dental Practitioner members of the Local Dental Committee; the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Designated Nurses for LAC in Barnet and Named Nurse for LAC in Barnet; an Advisor from the Health Education Partnership (HEP) commissioned service and Regional Dental Public Health Consultants from NHS England. Additional insights about the lived experience of parents trying to prevent dental decay came from a focus group with eight parents with 3-to-4 year old children who attended a nursery in a deprived ward of the borough. The qualitative data collection and analysis followed the Framework analysis methodology, which is appropriate for policy relevant qualitative research[3].

1.4 Scope and limitations

The currently commissioned oral health promotion services in Barnet are focused on children and young people. For this reason, this needs assessment focused on the 0-19 year old population in Barnet. It covered oral health promotion and population-level prevention of oral health problems for children. It also included understanding the available data on the oral health of LAC as a known vulnerable group. Due to the rapid nature of this assessment, conducted between June to October 2022, this document should be considered as a first step to understand the oral health needs of children and young people and the beginning of an iterative approach to meeting their needs. In particular, at the time of publication, we were not able to provide a more detailed assessment of the needs of children with Special Educational Needs (SEN) and this has been noted as a recommendation for future work. Orthodontics, oral surgery, oral medicine and special care dentistry were also out of the scope of this needs assessment.

Further needs assessments may be undertaken to assess oral health needs across the later phases of the life course.

2. National context

2.1 Importance of good oral health

Good oral health is essential for general health and wellbeing. It includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain or discomfort[4]. Poor oral health can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating, sleeping, socialising and well-being. In children in particular, poor oral health also impacts on school readiness and can impair nutrition and development. Poor oral health can also affect confidence and self-esteem. Children with poor oral health are likely to have time off school and their parents and carers are likely to have time off work to take them for treatment.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Untreated tooth decay can lead to young children needing dental treatment under general anaesthesia: this has emotional, psychological and developmental impacts on children[5]. Extraction of teeth with general anaesthetic is often a child's first introduction to dental care and can lead to fear and anxiety with lifetime consequences[5]. Dental treatment under general anaesthesia presents a small but real risk of life-threatening complications for children, although safety continues to improve[6]. Tooth decay remains the leading reason for hospital admissions among 5- to 9-year-olds[6]. In total, 29,849 0- to 19-year-olds were admitted to hospital because of tooth decay in 2021-22[7]. The rates of tooth extraction for children and young people living in the most deprived communities was three times that of those living in the most affluent[8]. These national figures are lower than pre-COVID tooth extraction rates which indicates that children are still waiting to see a hospital dentist as dentistry is still recovering from the COVID-19 pandemic, rather the lower levels of need according to the Royal College of Surgeons[7].

2.2 Financial costs of oral diseases

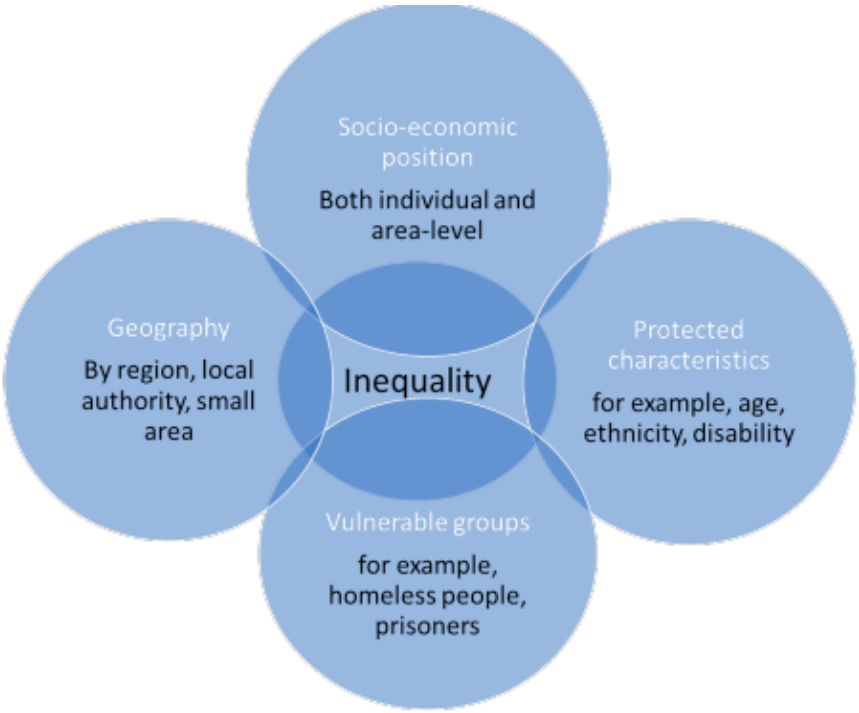
In England oral diseases place significant costs on society and the NHS for what are essentially preventable diseases. The NHS spent £3.6 billion on dental care in 2017 to 2018 in England, with a similar amount is estimated to be spent on private sector dental care in the UK[9]. In 2015 to 2016 the cost of tooth extractions alone was approximately £50.5m among children aged 0 to 19 years in England[10], the majority of which were for tooth decay. This represented the biggest cost to the NHS for this age group across all areas of healthcare. The data available on the actual costs of treatment predate the COVID-19 pandemic, which has placed NHS hospitals under unprecedented pressure for acute hospital admission, from which it is still working to recover. One strategy to reduce pressure on hospitals over the longer-term is to reduce the need for preventable admissions[5].

2.3 Inequalities in oral health

In 2020, Public Health England (PHE, as was) published *Inequalities in Oral Health in England* and made clear that good oral health is not enjoyed equally across the population[8]. They defined oral health inequalities as differences in levels of oral health that are avoidable and deemed to be unfair, unacceptable and unjust[11]. The report demonstrated that a consistent stepwise relationship exists across the entire social spectrum with oral health being worse at each point as one descends along the social hierarchy, a relationship known as the social gradient[12]. They also noted that the most marginalised and socially excluded groups in society such as homeless people, prisoners, people with disabilities and refugees experience extreme oral health inequalities with very high levels of oral

diseases. This is known as an example of a 'cliff edge' of inequality[13]. The report concludes that the impacts of poor oral health disproportionally affect the most vulnerable and socially disadvantaged individuals and groups in society and that these differences in oral health across population groups do not occur by chance, nor are they inevitable. Figure 1 shows four dimensions where there is evidence for differences between population groups: socioeconomic position, protected characteristics, vulnerable groups and geography. Importantly, these are frequently overlapping dimensions, with individuals often belonging to more than one of these categories.

Figure 1. Dimensions of inequalities, taken from Inequalities in Oral Health in England



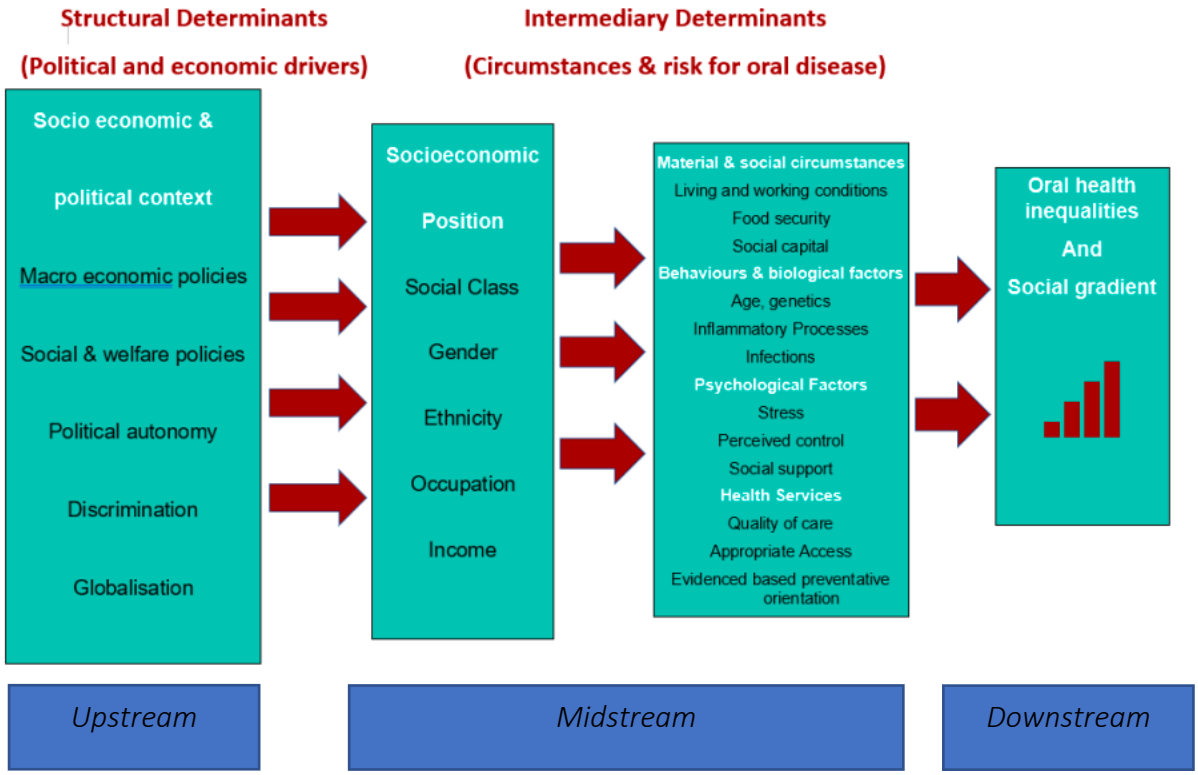
From a local authority perspective, public sector organisations in the health sector in England have legal duties and responsibilities to address inequalities. These legal duties result from two pieces of legislation:

- The Equality Act 2010 which sets out the public sector Equality Duty
- The Health and Social Care Act 2012 which sets out the Health Inequalities Duty.

2.4 Causes of oral health inequalities

Action to tackle oral health inequalities needs to be guided by a theoretical understanding of the underlying causes of health inequalities in society.

Figure 2. Conceptual framework for the social determinants of oral health inequalities



Source: Watt, RG. Sheiham, A. (2012). Integrating the common risk factor approach into a social determinants framework. Community Dentistry and Oral Epidemiology 40, 289 to 296.

Figure 2 shows that the factors which affect oral health inequalities operate at different levels. These are classified as upstream, midstream and downstream causes of oral health inequalities. Upstream social determinants are the overriding influences that create opportunities for people, for example, economic and welfare policies which shape the income of an individual. Midstream determinants refer to an individual's social position and day-to-day living conditions. These range from their material circumstances in terms of access to healthy, affordable food through to psychological factors such as stress or social support and access to affordable health care. The downstream determinants of oral health are related to health behaviours, which for children are largely related to sugar consumption in their diet and hygiene practices. These downstream factors are heavily influenced by the midstream and upstream factors.

2.5 Impact of Covid-19 pandemic

In June 2021, PHE published *The impact of COVID-19 on London's children and young people*[14] and they noted several direct impacts on oral health, which are likely to have worsened the prevalence of tooth decay. These included that:

- Children had long periods with limited access to routine dental care and preventative advice, leading to long waiting lists.
- School closures resulted in more limited access to prevention programmes such as supervised toothbrushing and fluoride varnishing programmes.
- Reprioritisation of general anaesthetic services due to COVID-19 lead to prolonged episodes of pain, repeat prescriptions for antibiotics and untreated tooth decay resulting in sleepless nights, difficulty concentrating on schoolwork and stress for parents.
- In England, 365,000 babies became eligible for their first dental visit during the first lockdown period, when non-urgent dental care was paused.
- Health visitors and school nurse duties and community outreach activities were limited reducing their provision of oral health advice, as well as their opportunity to act on any safeguarding concerns, which may be less likely to be noted due to the decrease in face-to-face contact.

They also noted that it was very likely that the disruption to dental care provision had disproportionately impacted more disadvantaged children, widening existing oral health inequalities. They also noted that during lockdown children increased snacking on sugary food, increasing their risk of tooth decay.

2.6 National oral health policies and guidance on prevention of oral diseases

The PHE team leading on Dental Public Health transitioned into the Office for Health Improvement and Disparities (OHID) on 1st October 2021. Improving the oral health of children is an OHID priority. OHID has an ambition that every child will grow up free of tooth decay, to help give them the best start in life. Nationally, oral health outcomes are reported as part of the Public Health Outcomes Framework[15], which includes an indicator related to "tooth decay in five-year-old children" (E02).

Under the arrangements introduced by the Health and Social Care Act 2012, Councils have a statutory duty to provide or commission oral health promotion programmes, to an extent that they consider appropriate in their areas. They are also required to provide or commission oral health surveys as part of the National Dental Epidemiology Programme (NEDP)[16]. These responsibilities were given to them as part of the transfer of public health to local government in 2013.

PHE (formerly), OHID (since 2021) and NICE have published toolkits and guidance to support local authorities to improve the oral health of their population. These are the specific sources of policy guidance that are relevant to support commissioners in improving the oral health of children and young people:

- ***Local authorities improving oral health: commissioning better oral health for children and young people an evidence informed toolkit for local authorities (PHE 2013)[18].*** This includes the guiding principles of commissioning oral health improvement programmes for children 0-19 years old; provides evidence of effective oral health promotion interventions; recommends taking a life-course and integrated approach, partnership working and putting children and

young people at the centre of commissioning oral health services. The Regional Dental Public Health Consultants have confirmed that this remains the most relevant toolkit to guide local authorities.

- In November 2021, OHID published the latest updated to ***Delivering better oral health: an evidence-based toolkit for prevention*** (DBOH), which was first published in 2007[17]. This is to support dental teams in improving their patient's oral and general health. This is the 'gold' standard for practice in England and was developed with the support of the four UK Chief Dental Officers. It seeks to ensure a consistent UK wide approach to prevention of oral diseases. Although, dental teams providing frontline care are the principal audience for this evidence-based toolkit, it is also relevant to all professionals who have a role in promoting oral health and preventing oral disease, such as oral health promotion teams.

- ***Improving oral health: a community water fluoridation toolkit for local authorities by PHE (updated in 2021)[18]***: is a toolkit to help local authorities to make informed decisions on implementing water fluoridation schemes. It outlines the role that water fluoridation can play in oral health improvement strategies and closing oral health inequalities and notes this an intervention that does not require behaviour change by individuals. This has been included here for completeness but we have been advised by Regional Dental Public Health Consultants that changes to water fluoridation in London are not assessed to be pragmatic due to the need for pan-London agreement to make changes to the water supply.

- ***Improving oral health: supervised tooth brushing toolkit (PHE 2016)[19]:*** is designed to support commissioning of one specific intervention - supervised toothbrushing programmes in early years and school settings - to ensure programmes are safe and effective. The evidence based around the delivery of supervised toothbrushing shows that it is sensitive to changes in delivery and to be effective it is important that specific programmes model closely the existing evidence-based methodology. For example, in addition to the supervised toothbrushing in settings, toothpaste and toothbrush packs should be sent home with supporting information for holiday periods.

- ***NICE guideline PH55 'Oral health improvement for local authorities and their partners[20]***: describes ways to promote and protect oral health by improving diet and oral hygiene, and by encouraging regular visits to the dentist. This guideline is for local authorities, health and wellbeing boards, commissioners, directors of public health, consultants in dental public health and frontline practitioners working more generally in health, social care and education. It includes 21 specific recommendations covering everything from developing an oral health strategy to including oral health promotion into specifications for all early years services. It also recommends considering targeted supervised toothbrushing schemes and fluoride varnishing programmes in nurseries in areas where children are at high risk of poor oral health.

- ***NICE Quality standard QS139 'Oral health promotion in the community'[21]***: This quality standard covers activities undertaken by local authorities and general dental practices to improve oral health. It particularly focuses on people at high risk of poor oral health or who find it difficult to use dental services. It also includes implementation support resources.

In addition to the PHE, OHID and NICE guidance for prevention of oral health diseases mentioned above, there are other guidelines and campaigns supporting oral health promotion for children and young people:

- Early years providers have a responsibility to promote the health of children in their setting, as set out in the ***Early Years Foundation Stage Statutory Framework***, updated in September 2021[22]. The framework's safeguarding and welfare section includes a new requirement to promote good oral health in early years.
- Oral health is now within the statutory health education for primary schools to teach as part of ***Personal, Social, Health and Economic*** (PSHE) education[23]. By the **end** of *primary* school pupils should know about dental health and the benefits of good oral hygiene and dental flossing, including regular check-ups at the dentist.
- The ***Dental Check by One (DCby1***)[24] is a campaign that was initiated in 2017 by dental professionals. It aims at raising awareness amongst parents and carers to take their children for a dental check as soon as their first teeth come through and before they turn 1 year of age.

2.7 Commissioning effective oral health interventions for children

PHE's aforementioned toolkit for commissioning better oral health for children and young people includes a set of principles for what good commissioning looks like. These include integrating oral health improvement into existing programmes, such as the healthy child programme for 0- to 19-year-olds. They also recommend reviewing commissioned oral health programmes to ensure they involve upstream, midstream and downstream interventions (see Figure 3) and that they use both targeted and universal approaches. Upstream actions should be complemented by specific downstream interventions (such as the widespread delivery of fluoride and consistent messages around diet advice) to effectively prevent oral disease.

Figure 3. Upstream/downstream: options for oral disease prevention

Source: Watt RG. From victim blaming to upstream action: tackling the social determinants of oral health inequalities. Community Dent Oral Epidemiol 2007; 35: 1–11.

A 'common risk factor approach' should be adopted wherever possible to tackle shared risk factors for a number of chronic diseases. For example, healthy food and drink policies in childhood settings have a wide range of impacts on oral health, childhood obesity and many other diseases.

In terms of providing local authorities with evidence as to which specific interventions to commission for their circumstances an evidence review was conducted to assess the effectiveness of oral health improvement programmes. This review also classified interventions based on the target population, the level of intervention (mid/down or upstream), the strength of the evidence, the impact on inequalities, resource considerations and implementation issues. Based on all of these factors, PHE reached an overall recommendation as to whether interventions were: recommended, emerging, of limited value or to be discouraged. Table 1 summarises the eight recommended interventions and the single intervention that was discouraged[1].

Table 1. Summary of recommended and discouraged interventions for children

Name of intervention	Intervention classification	Target Population	Overall recommendation	Rationale
1. One off dental health education by dental workforce targeting the general population	Downstream	Preschool, school children,	Discouraged	Evidence of ineffectiveness
2. Oral health training for the wider professional workforce (e.g., health, education, social care)	Midstream	Preschool, school, young people	Recommended	Deliverable, encouraging/ uncertain impact on inequalities, some evidence of effectiveness
3. Integration of oral health into targeted home visits by health/social care workers	Downstream	Preschool, school children,	Recommended	Deliverable, encouraging impact on inequalities, sufficient evidence of effectiveness
4. Targeted community-based fluoride varnish programmes	Downstream	Preschool, school children,	Recommended	Strong evidence of effectiveness, costly, encouraging/ uncertain impact on inequalities
5. Targeted provision of toothbrushes and tooth paste (i.e.	Downstream	Preschool, school children,	Recommended	Some evidence of effectiveness, good use of resources

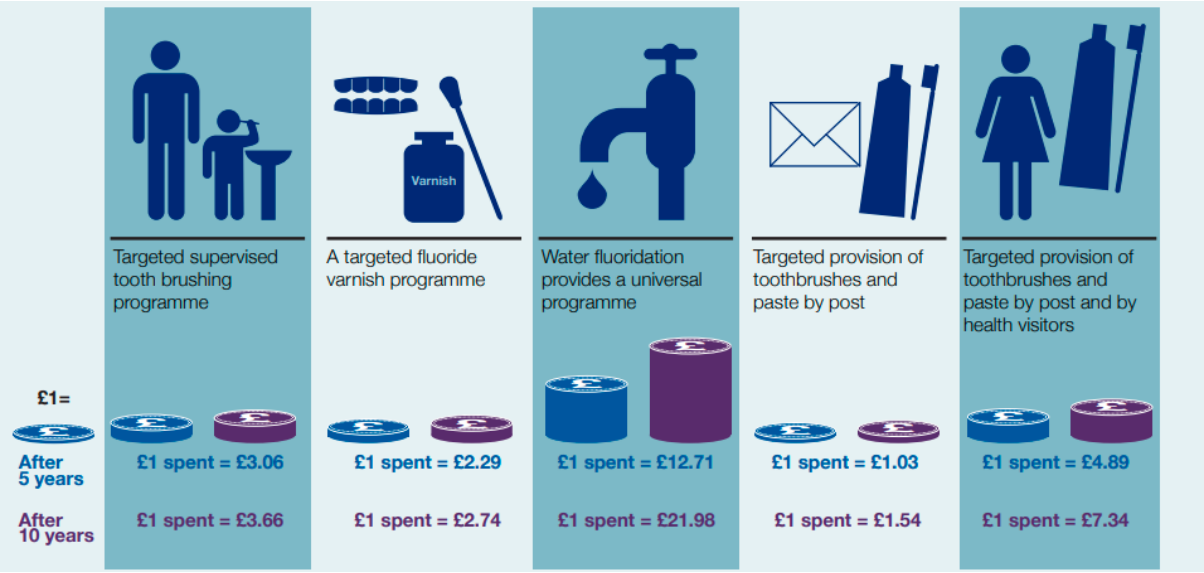
[1] Fluoridation of public water supplies is excluded as based on advice from Regional Dental Public Health Consultants, this is not pragmatic for Barnet.

postal or through health visitors)				
6. Supervised tooth brushing in targeted childhood settings	Midstream	Preschool, school children,	Recommended	Strong/sufficient evidence of effectiveness, good/uncertain use of resources
7. Healthy food and drink policies in childhood settings	Midstream/ Upstream	Preschool, school children, young people	Recommended	Good use of resources, encouraging impact on inequalities some evidence of effectiveness
8. Targeted peer (lay) support groups/peer oral health workers	Midstream	Preschool, children, young people	Recommended	Good cost considerations, sufficient evidence of effectiveness
9. Influencing local and national government policies	Upstream	Preschool, children, young people	Recommended	Good cost considerations, some evidence of effectiveness

2.8 Cost effectiveness of some oral health interventions for 0–5-year-olds

A rapid review of evidence of the cost-effectiveness of a subset of the PHE recommended interventions has also been conducted to help local authorities to maximise the value of their investment in preventative interventions[25]. This work was limited by the number of cost-effectiveness studies in this area. Figure 4 shows the scale of return that local authorities are likely to see after five years. For every £1 invested in the following programmes, savings that are likely in terms of reductions in dental treatment are shown. The tools shows that the greatest Return on Investment (ROI) is from Water fluoridation (£12.71), followed by targeted provision of toothbrushes and paste by post and by health visitors (£4.89); then targeted supervised toothbrushing programme (£3.06); then targeted fluoride varnish programme (£2.29) and finally targeted provision of toothbrushes and paste by post (with an ROI of £1.03).

Figure 4. Return on investment of oral health improvement programmes for 0–5-year-olds



Source: PHE. The modelling used the PHE Return on Investment Tool for oral health interventions (PHE, 2016).

2.9 Regional policy

This needs assessment has focused on national guidance and evidence though there are also several regional policies that shape oral health in the borough. These include the London Vision[26], the Mayor's Health Inequalities Strategy[27], Every Child a Healthy Weight[28], Healthy Schools London award[29] and Healthy Early Years London award[30]. Barnet commissions specific support to schools and early years settings to support them to achieve London awards, please see section 4.2 for more detail.

3. Oral health status of children in Barnet

3.1 Borough profile and wider determinants of oral health

Barnet has a large and growing population. It is the second largest borough in London, with a population of 389,300 which is a 9.2% increase since 2011[31]. Of this population, there are 96,000 children who are 19 or under, making up about a quarter of the whole population. It is the third largest borough in terms of number of early years children's places with 10,552 places[32]. It is an ethnically and culturally diverse borough with 48% of 0-9 year-olds coming from Black, Asian and Minority Ethnic (BAME) backgrounds[33]. Christianity is the largest faith community in Barnet accounting for 39.2% of the total population, Judaism is the second largest faith community (equal to 19.3% of the Barnet population) and the Muslim community accounts for 11.8% of the population of Barnet.

In terms of socio-economic circumstances, in 2018/19, 13.10% of children were living in relative poverty[2] (compared with 18.4% in England and 17.6% in London), 10.8% were in absolute poverty[3] (compared with 15.3% in England and 14.1% in London). Reviewing five years of data from 2014/15 to 2018/19 indicates that levels of relative and absolute poverty have increased: in 2014/15 10.3% were in relative poverty and 10.2% were in absolute poverty. In 2018, 11.29% of Barnet children were in receipt of Free School Meals (compared with 13.6% in England and 15.6% in London)[34].

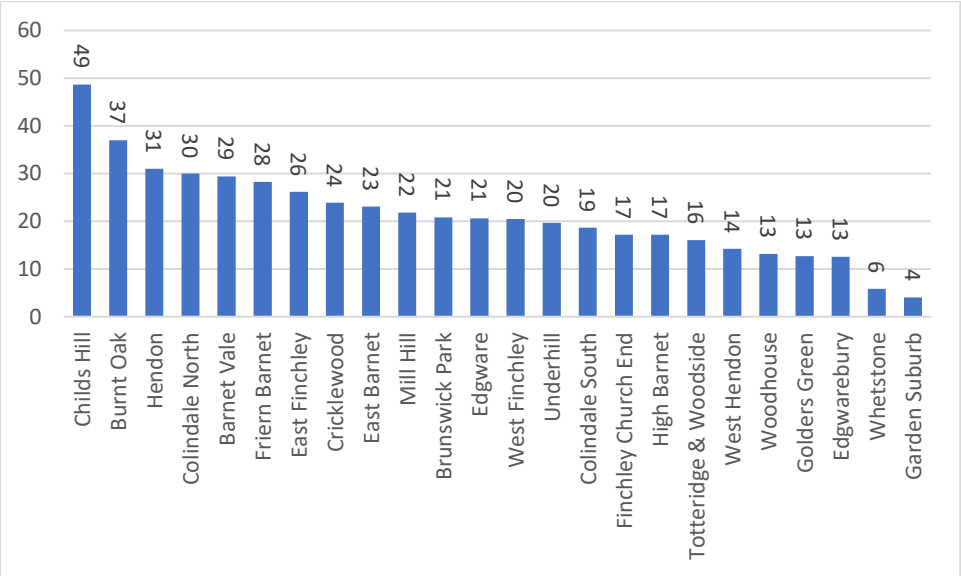
Although more recent local data is unavailable, national data for 2020/21[35] indicates that the numbers of children in relative poverty and absolute poverty are higher than they were five years ago. In 2020/21, in England, 2.8 million children (19%) were in relative poverty and 2.3 million children (16%) were in absolute poverty. Latest national data also suggests that eligibility for Free School Meals continues to increase with data for 2021/22 indicating that 22.5% of pupils or 1.9 million pupils are now eligible[36]. The Resolution Foundation estimated in early September 2022 that these national trends are expected to continue with 30% of children projected to be living in absolute poverty by 2023/24[36].

[2] Relative poverty is defined as children living in households with income below 60% of the median in that year (https://commonslibrary.parliament.uk/research-briefings/sn07096/). Income here is measured before housing costs are deducted.

[3] Absolute poverty is defined as children living in living in households with income below 60% of (inflation-adjusted) median income in some base year, usually 2010/11 (Poverty in the UK: statistics - House of Commons Library (parliament.uk). Income here is measured before housing costs are deducted.

The distribution of poverty is spread unequally across the Borough. For example, almost 50% of 0-to 15-year-olds living in Childs Hill are in income deprived families, compared with 4% in Garden Suburb.

Figure 5. Percentage (%) of all children aged 0-to-15 living in income deprived families by ward

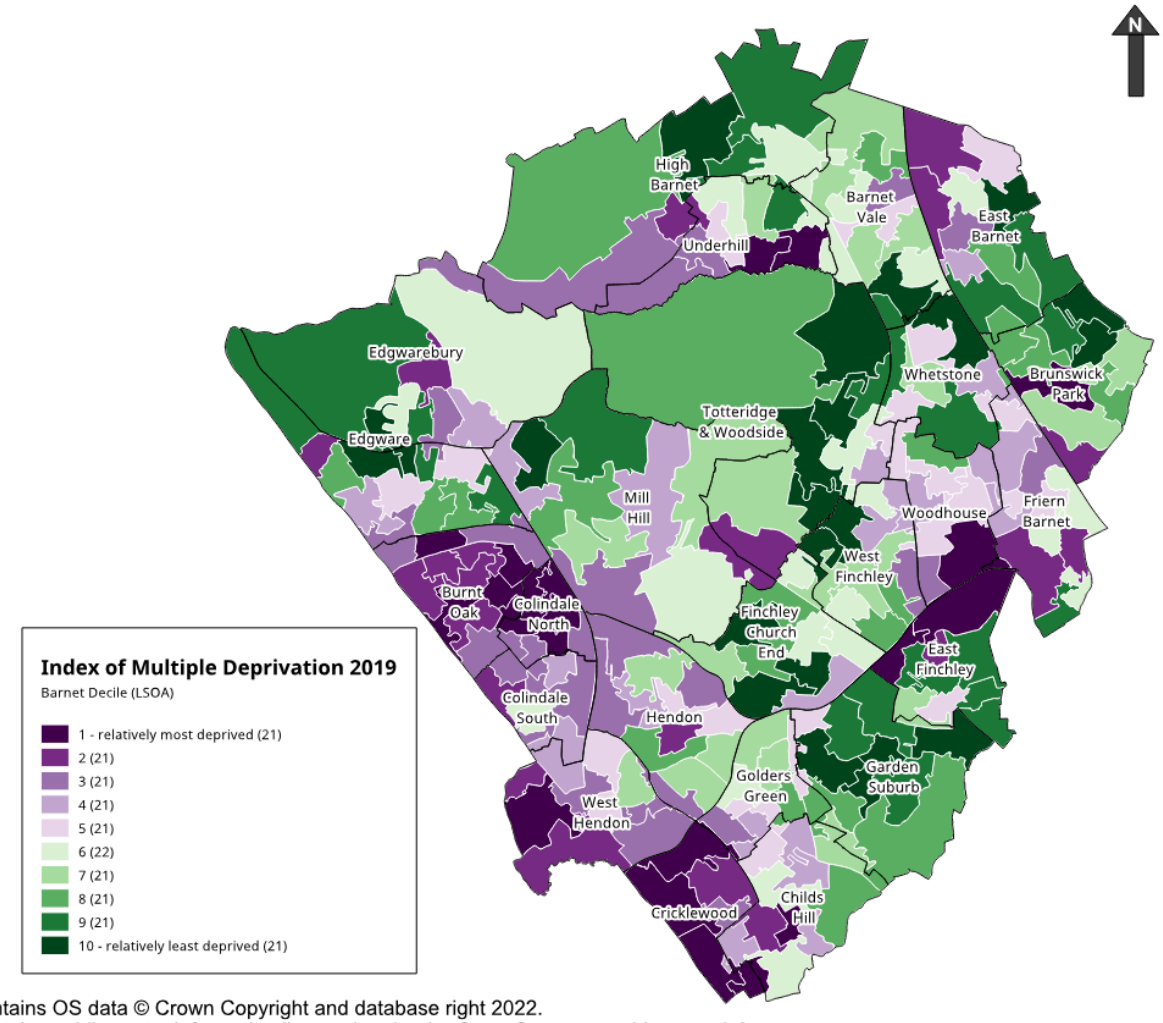


Source: Income Deprivation Affecting Children Index IDACI, 2019[4]

[4] This measures the proportion of children aged 0-15 who are living in income deprived households. These are defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee), or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60% of the national median before housing costs. The measure is based on 2012 data and statistical methods are used to construct an index score.

The Index of Multiple Deprivation (IMD) combines information from seven domains (income, employment, education, skills and training, health and disability, crime, barriers to housing and living environment) to produce an overall relative measure of deprivation. It also enables us to understand deprivation at an even more granular, neighbourhood level (termed Lower Super Output Area, LSOA). The latest data from 2019 shows us that living conditions across Barnet vary significantly.

Figure 6. Deprivation decile by neighbourhood in Barnet, 2019.



Source: Index of Multiple Deprivation, 2019

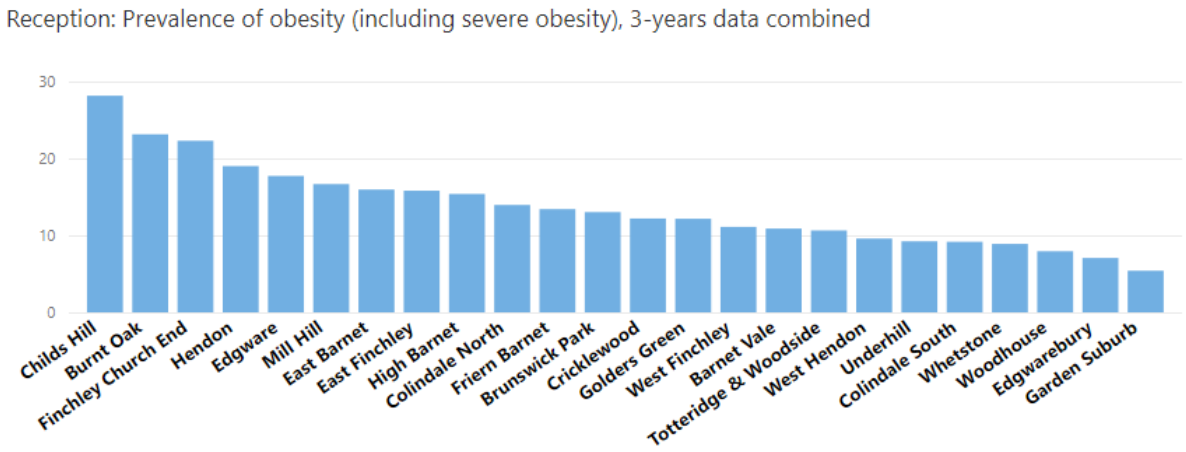
In Barnet the 10% of most deprived neighbourhood areas are:

- In the west and south-west of the borough, in Burnt Oak, Colindale, West Hendon, Cricklewood and Childs Hill;
- In the north of the borough in Underhill;
- In the east of the borough in Brunswick Park, Woodhouse and the border between Woodhouse and East Finchley.

Childhood obesity and dental caries share some risk factors such as excessive consumption of free sugars and social deprivation. For example, there is a strong relationship between deprivation and

both obesity and dental decay in children[37]. Data from the National Child Measurement Programme (NCMP) shows an almost linear relationship between obesity prevalence in children and the IMD decile for the area where they live[38]. Similarly, data from the National Dental Epidemiology Programme for England shows that the IMD score explains 44% of the variation in the severity of tooth decay across local authorities[1]. Evidence from two systematic reviews concluded that there was some evidence to suggest that dental caries and obesity may be more likely to occur within the same population[37]. Within Barnet, significant variation exists in prevalence of obesity. For example, Figure 3 shows that the prevalence of obesity in Childs Hill (28.2%) is five times greater than the prevalence in Garden Suburb (5.4%) for Reception age children[39].

Figure 7. Reception prevalence of obesity (including severe obesity), 3-years data combined by ward



Across the borough, there was some improvement in the prevalence of obesity for Reception children between 2006/7 (8.8%) to 2019/20 (7.7%). However, the impact of the COVID-19 pandemic appears to have eroded these gains as prevalence was 9.0% in 2021/22 data. The prevalence of obesity among children in Year 6 has worsened: 2006/7 (17.3%) to 2021/2022 (20.4%)[40]. Further, although local data at ward level is not yet available, the latest national data for 2021/22 showed that obesity prevalence was over twice as high for children living in the most deprived areas (13.6% in Reception; 31.3% in Year 6) than for children living in the least deprived areas (6.2% in Reception; 13.5% in Year 6)[43].

3.2 Epidemiology of oral health

3.2.1 Oral health in children in England

In terms of the most recent national data, the COVID-19 pandemic interrupted data collection and reporting from the National Dental Epidemiology Programme (NDEP) so data is not yet available to clarify the impact that the pandemic itself has had on the oral health of children. However, it is anticipated that oral health outcomes will have worsened based on the trends observed for childhood obesity[4]. Other research has demonstrated that the COVID-19 pandemic revealed and amplified pre-pandemic socioeconomic and ethnic inequalities so it is anticipated this will also be true for oral health inequalities[4].

The NDEP oral health survey of five-year-olds from 2019 showed that in England just under a quarter (23.4%) have tooth decay[1]. Each child with tooth decay will have on average 3 to 4 teeth affected[1]. For those children at risk, tooth decay starts early. Despite a national picture which showed improvements in oral health in 5-year-old children from 2015 (24.7%) to 2019 (23.4%), stark inequalities remain[1]. According to the 2019 NDEP, 5-year-old children living in the most deprived areas in the country (37%) were almost 3 times more likely to have experienced dental caries than children living in the least deprived areas (13%)[1]. Moreover, there was a clear gradient in the association between area deprivation and prevalence of decay experience, with higher levels of the outcome in successively more deprived areas[12].

3.2.2 Oral health of children in Barnet

Data collection for the oral health survey of five-year-olds took place in 2021/22 however, these data are not expected to be published until the start of 2023. For now, we are reliant on data published in 2019 to better understand oral health in Barnet, where some enhanced sampling was also undertaken in five Barnet wards[41].

Table 2. Comparison of oral health measures in Barnet, Merton (as a statistical neighbour within London), London and England, 2019.

Indicator	Barnet	Statistical neighbour within London: Merton	London	England
Prevalence of experience of dental decay (%; *95% Confidence Interval, CI*)	24.5 (19.6 –30.8)	27.7 (21.9-34.3)	27.0 (26.0-28.0)	23.4 (23.1-23.7)
Mean number of teeth with experience of dental decay in all examined children (95% CI)	0.9 (0.61-1.14)	1.0 (0.66-1.28)	0.9 (0.88-0.97)	0.8 (0.78-0.81)
Mean number of teeth with experience of decay in those with experience of dental decay (95% CI)	3.6 (2.84-4.29)	3.5 (2.72-4.30)	3.4 (3.30-3.53)	3.4 (3.36-3.44)

Source: PHE, Barnet Oral Health Profile November 2020

Table 2 shows that in 2019, average levels of dental decay in London (27.0%) were statistically significantly higher than the average in England (23.4%). In Barnet, average levels of dental decay (24.5%) were higher than the average for England, and lower than the average for London and Merton (27.7%), our statistical neighbour, but there is no evidence that these differences are statistically significant which may be due to the small sample size in Barnet (207 children).

In 2019, in Barnet, of the quarter of children with experience of dental decay, on average 3.6 teeth were affected. This measure of the severity of decay was not statistically significantly different to the severity of decay seen in Merton (3.5 teeth), in London (3.4) or nationally (3.4).

Table 3 shows there is variation in the prevalence of dental decay across wards within Barnet. Although as an average across the Borough, one quarter of 5-year-olds experience dental decay, which is a similar figure to the national average, in some wards where enhanced sampling was undertaken this figure is closer to 40% of all five-year-olds: 39.0% in Burnt Oak; 34.5% in Childs Hill; 35.3% in West Hendon. These wards were selected for enhanced sampling based on their socioeconomic characteristics. In addition, in these wards, of the children with dental decay the average number of teeth affected ranged from 2.8 in West Hendon up to 4.8 in Childs Hill and Colindale. However, as the numbers of children surveyed were small, it is not possible to conclude that the severity of decay seen in these wards was statistically significantly different to the severity of decay seen across Barnet.

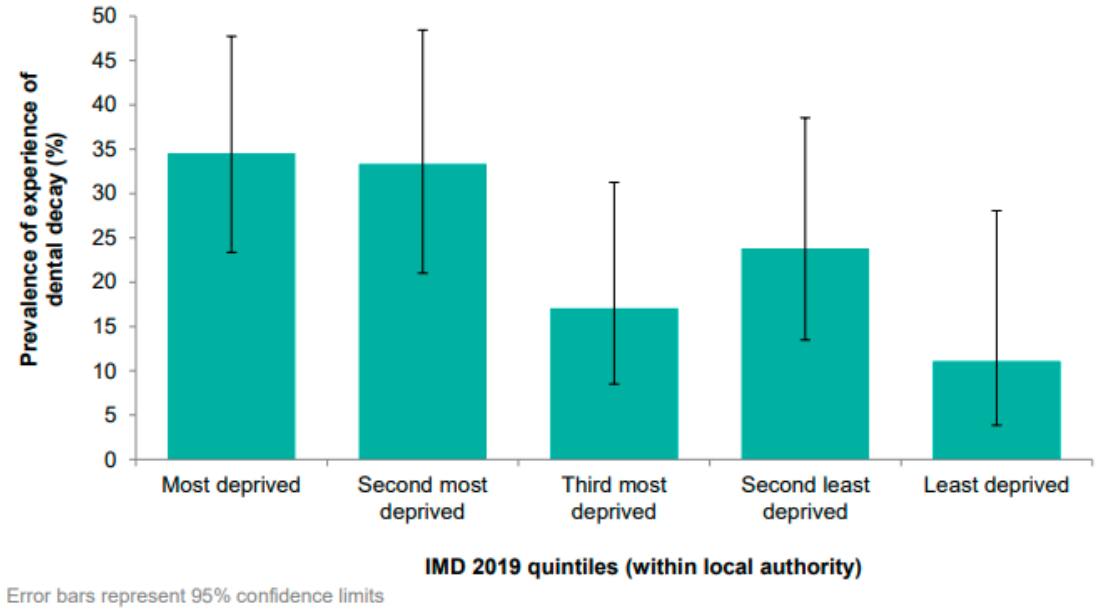
Table 3. Prevalence and severity of experience of dental decay experience in 5-year-olds in Barnet, in wards where an enhanced sample was undertaken, 2019.

Ward	Prevalence of experience of dental decay (%; 95% CI)	Mean number of teeth with experience of dental decay in all examined children (95% CI)	Mean number of teeth with experience of dental decay among children with any experience of dental decay (95% CI)
Barnet Average	24.5	0.9 (0.61 - 1.14)	3.6 (2.84 - 4.29)
Burnt Oak	39.0	1.3 (0.58 – 2.00)	3.3 (1.99 - 4.64)
Childs Hill	34.5	1.7 (0.63 - 2.68)	4.8 (3.05 - 6.55)
Colindale	18.7	0.9 (0.35 - 1.44)	4.8 (2.88 - 6.69)
Coppetts	26.1	1.0 (0.34 - 1.70)	3.9 (2.10 - 5.73)
West Hendon	35.3	1.0 (0.44 - 1.56)	2.8 (1.90 - 3.76)

Source: PHE, Barnet Oral Health Profile November 2020

There is also evidence of inequality in the prevalence of decay across Barnet by deprivation: almost 35% of 5-year-olds in the most deprived quintile of the borough have experience of dental decay compared with 10% of 5-year-olds in the least deprived quintile. Due to the small sample size, it is not possible to conclude that this pattern is statistically significant. However, it is supported by wider statistically significant evidence of oral health inequalities in London seen by deprivation and is in line with national findings.

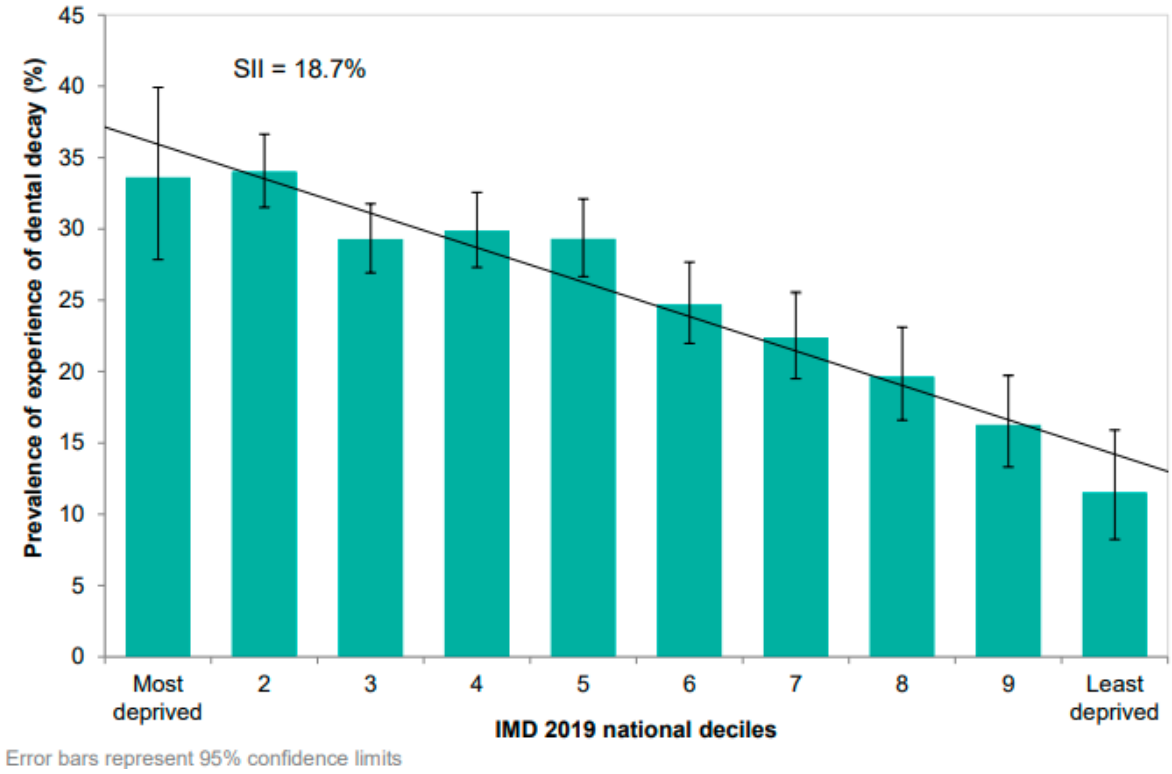
Figure 8. Prevalence of experience of dental decay in 5-year-olds in Barnet, by local authority IMD 2019 quintiles.



Source: PHE, Barnet Oral Health Profile November 2020

Evidence from across London, seen in Figure 9, shows that approximately 34% of 5-year-olds in the ten percent of most deprived neighbourhoods have experience of dental decay, compared with the 10% of 5-year-olds in the ten percent of least deprived neighbourhoods. This difference is statistically significantly different.

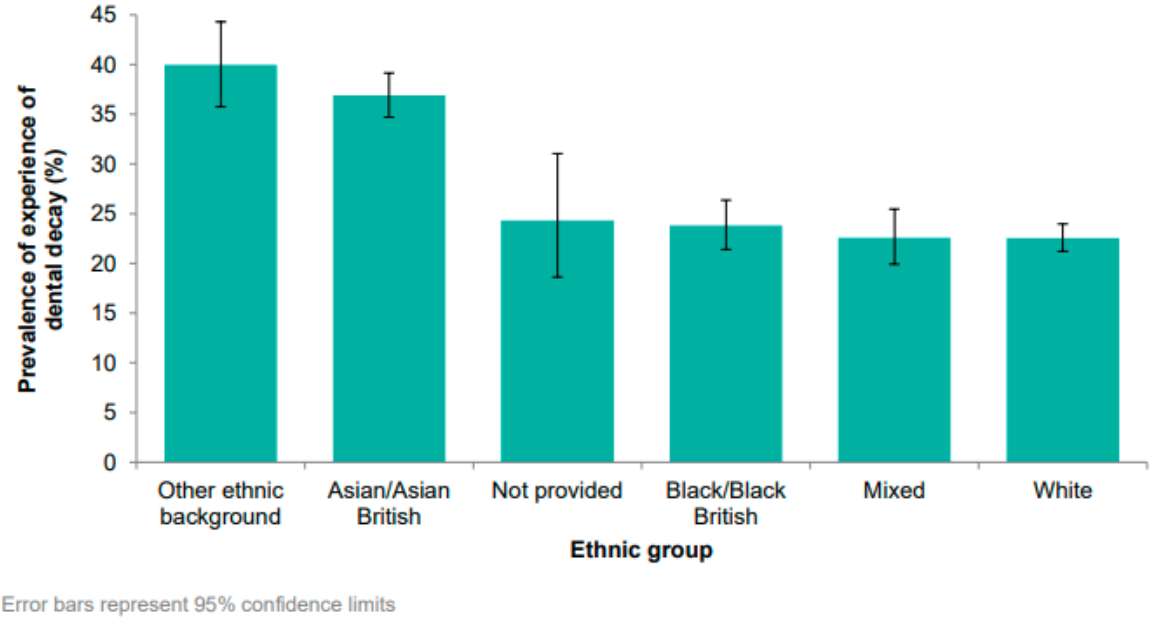
Figure 9. Prevalence of experience of dental decay in 5-year-olds in London by IMD 2019 deciles.



Source: PHE, Barnet Oral Health Profile November 2020

Evidence from across London, seen in Figure 10, also demonstrates statistically significant differences by ethnic group: 40% of 5-year-old children identified as coming from Other Ethnic Background and 37% of Asian/Asian British had experience of dental decay. This was statistically significantly higher than the prevalence of experience of decay in other ethnic groups: 24.3% of those who did not provide their ethnic background; 23.8% of Black/Black British; 22.6% of Mixed Ethnic Background; and 22.6% of those of White ethnicity.

Figure 10. Prevalence of experience of dental decay in 5-year-olds in London by ethnic group.

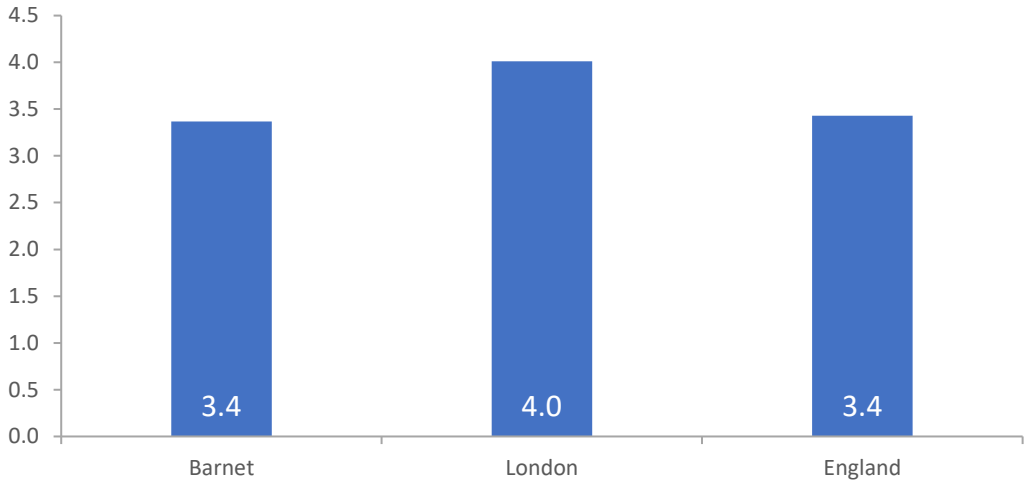


Source: PHE, Barnet Oral Health Profile November 2020

3.3 Hospital admissions for tooth extractions for children in Barnet

To understand the impact of dental decay on children it is important to understand how many children aged 0-19 years olds have had to go to hospital to have a tooth extracted[42].

Figure 11. The rate of hospital admissions per 1,000 population for tooth extractions for 0-to-19-year-olds for 2019-2021 for Barnet, London and England.

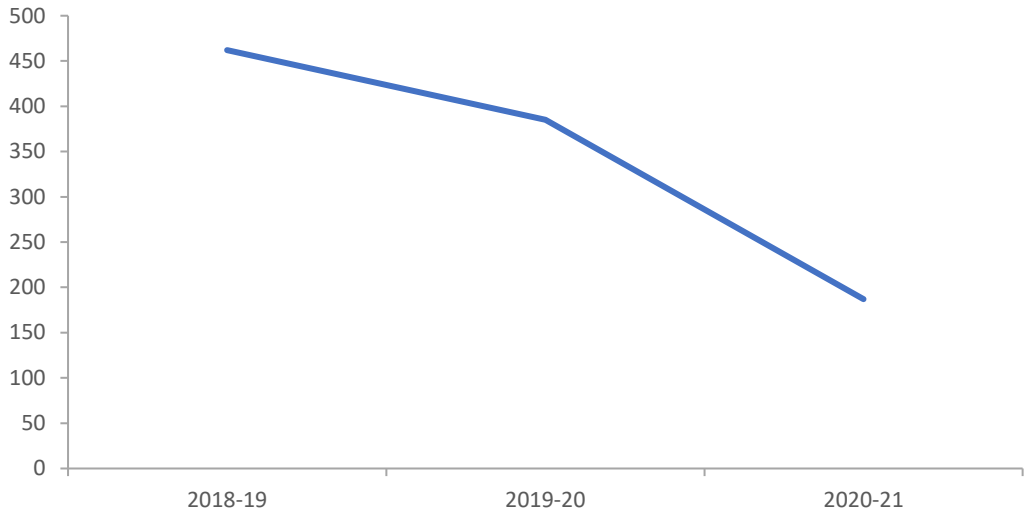


Source: Hospital Episode Statistics (HES), NHS Digital, December 2021.

Figure 11 shows a comparison of the rate of hospital admissions for tooth extractions amongst 0–19-year-olds in Barnet, London and England between 2018/19 to 2020/21. These data relate to the extraction of one or more primary or permanent teeth. Although no assumptions can be made about the methods of anaesthesia, it is likely that most admissions involved general anaesthetic and most teeth extracted will have been removed because of tooth decay. The data show that Barnet's rate of extractions of 3.4 per 1,000 population is the same as the rate for England, 3.4 per 1,000 population but is lower than the rate of 4.0 per 1,000 population for London.

It is important to note that these data are based on combining the number of tooth extractions from three years: 462 in 18/19; 385 in 19/20 and 187 in 20/21. The data that follows in Figure 12 showed a significant reduction in the number of tooth extractions in 20/21. This is due to the continued impact of the COVID outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand, so rates of tooth extractions are likely to increase in future years.

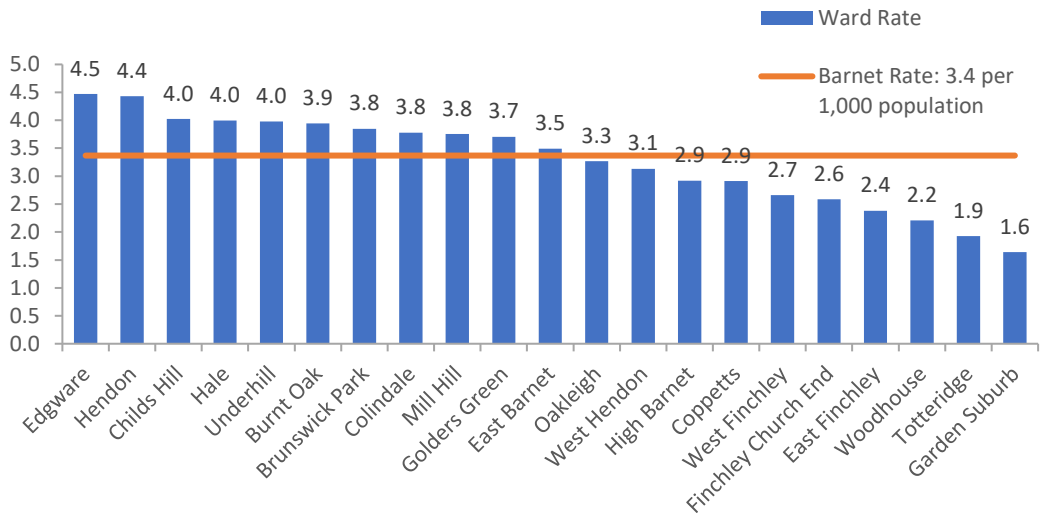
Figure 12. Number of tooth extractions for 0-to-19 year olds from 2018/19 to 2020/21 in Barnet



Source: Hospital Episode Statistics (HES), NHS Digital, December 2021.

Figure 13 shows that the rate of extractions varies across the borough: from 4.5 tooth extractions per 1,000 population in Edgware to 1.6 tooth extractions per 1,000 population in Garden Suburb.

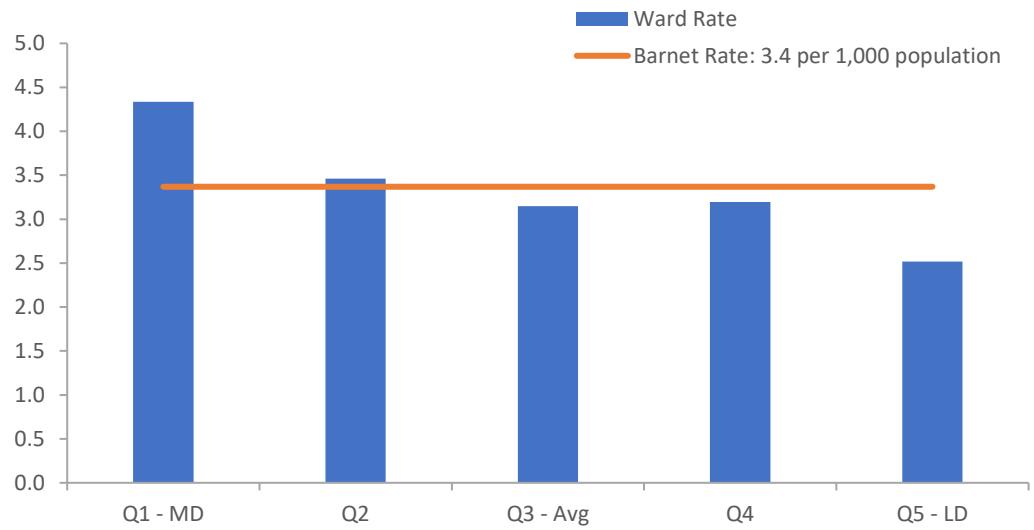
Figure 13. The rate of hospital admissions per 1,000 population for tooth extractions for 0-to-19-year-olds by ward 2018-2021



Source: Hospital Episode Statistics (HES), NHS Digital, December 2021.

When the analysis of tooth extraction admissions is conducted by considering admissions based on quintiles of deprivation, evidence of inequalities is again seen. Figure 14 shows a trend with the rate of admissions being highest in the most deprived quintile (4.3 admissions per 1,000 population) to lowest in the least deprived quintile (2.5 admissions per 1,000 population).

Figure 14. The rate of hospital admissions per 1,000 population for tooth extractions for 0-to-19-year-olds by deprivation quintile 2018-2021

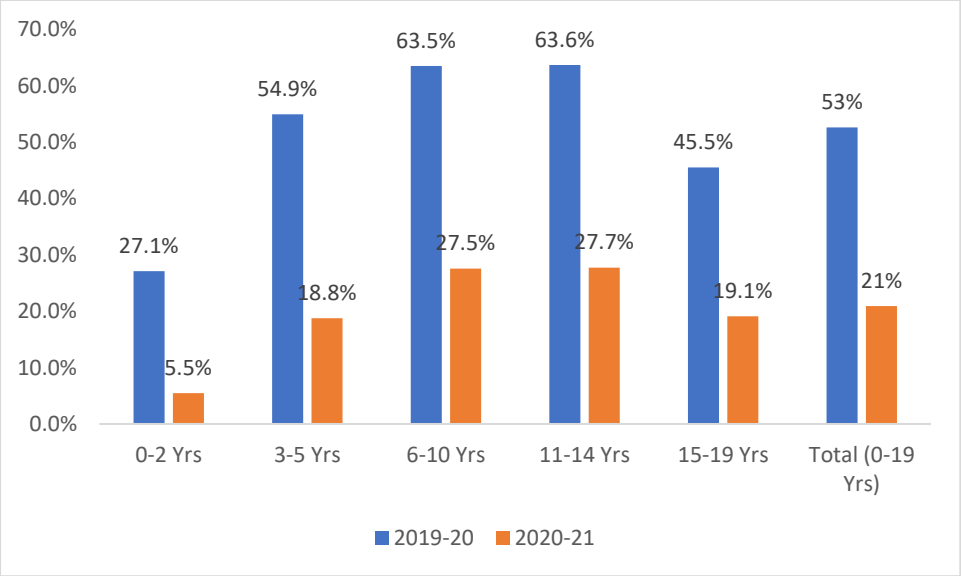


Source: Hospital Episode Statistics (HES), NHS Digital, December 2021.

3.4 Access to NHS dental services amongst children and young people in Barnet

Figure 15 below shows access to NHS dental services among 0-19-year-old children and young people in Barnet comparing access in 2019/20 to 2020/21. These data are based on unique patient data, so if the same child attended more than once, this has been accounted for and they will only be counted once. The data is based on children who are resident in Barnet and not where their treatment took place, which could be in another borough.

Figure 15. Percentage (%) of 0- to- 19-year-olds resident in Barnet who accessed NHS dental services in 2019/20 compared with 2020/21



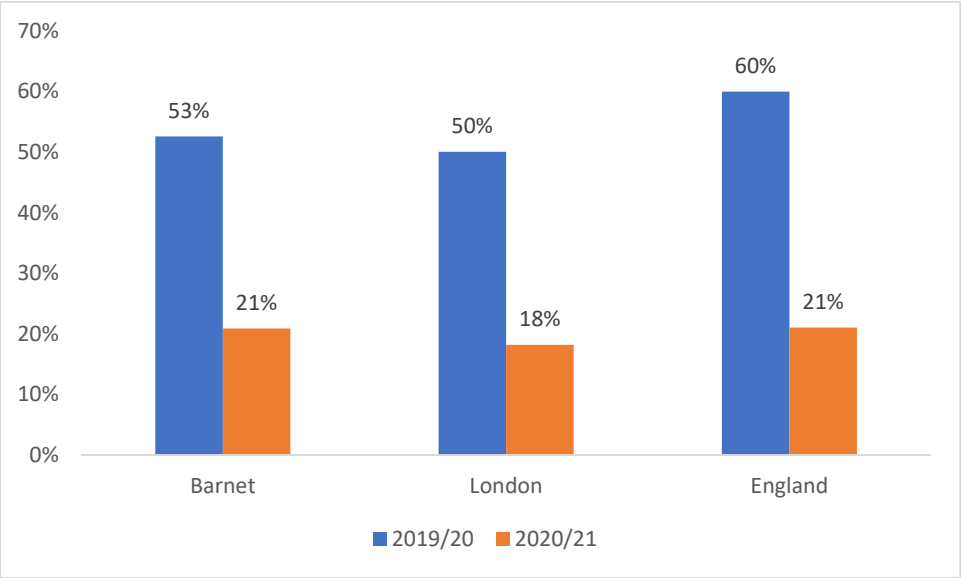
Source: Population, Office for National Statistics (ONS), 2019; Dental access figures provided by NHS England Dental Public Health, July 2022[43].

In the 12 months of 2019/20, 52,836 0–19-year-old children, resident in Barnet, accessed NHS dental services. This equates to 53% of 0-19 year olds accessing NHS dental services based on ONS population estimates. Whereas in the 12 months of 2020/21 this number fell to 21,000 children, representing just 21.0% of 0-19 year olds. This significant reduction in access in all age groups of children is due to the impact of the COVID-19 pandemic.

In 2019/20 just over a quarter of 0–2-year-olds accessed NHS dental services (27.1%), rising to over half of 3-5 year olds (54.9%) and then about 64% of 6-14 year olds. This trend of increasing access to NHS dental services continues until the ages of 11-14 years, where the proportion of children who accessed NHS dental services fell to 45.5%. This age-related pattern of NHS dental access is in line with national data, for example, NHS dental access for 0-2 year olds is low nationally.

The data for 2021/22 also demonstrates a trend of increasing access to NHS dental services as age progresses, up to the ages of 11-14 years, access then reduce for the age bracket of 15–19-year-olds. However, all access rates were significantly reduced with only 5.5% of 0–2-year-olds, 18.8% of 3-5 year olds, 27% of 6-14 year-olds and 19% for 15-19 year olds accessing NHS dental services.

Figure 16. Percentage (%) of 0-to- 19-year-olds who accessed NHS dental services in Barnet, London and England in 2019/20 compared with 2020/21



Source: Population, ONS, 2019; Dental access figures provided by NHS England Dental Public Health, July 2022.

Figure 16 compares access to dental services for 0–19-year-olds resident in Barnet with London and England. In 2019/20, there was a higher proportion of Barnet children accessing NHS dental services (53%) than London (50%) but fewer than for England (60%). However, this still indicates that even before the impact of the pandemic, only one in two 0-to-19 year olds had been accessing NHS dental services. In 2020/21, the reduction in access to NHS dental services experienced in Barnet (21%) was mirrored nationally (21%) but remained slightly higher than the average for London (18%). However, overall, only one in five 0-to-19-year-olds in Barnet and across England accessed NHS dental services in 2020/21 which indicates the significant impact COVID-19 has had on children accessing dental treatment.

There are approximately 120 General Dental Practices (GDPs) registered with the Care Quality Commission (CQC) in Barnet. Of these, 56 are NHS dental practices which are commissioned by NHS England[44]. NHS dental services are commissioned and aligned with a national contract. The national contract is based on the Units of Dental Activity (UDAs) which dental providers deliver over a 12-month period. In total, in the financial year 2021/22 there were 278,800 UDAs delivered; 78,292 of these were for children under 18 years old[5]. This represents an overall proportion of the activity on under 18-year-olds of 28.1% across all GDPs. However, there was a wide variety in the UDAs different GDPs provided to children under 18-years-old. For example, three dental practices provided less than one hundred UDAs to children under 18, whereas 31 practices each provided over 1,000 UDAs to children. This may be reflective of the size of the practices but also means that it is difficult to interpret where the NHS GDPs who are seeing the most children are located across the borough. In addition, children can access dental services anywhere and therefore some people may choose to access a

[5] The UDAs could relate to treatment of the same patient more than once, which is one of the reasons why dental access by children is not directly comparable to the number of UDAs delivered by Barnet GDPs.

dental service in neighbouring boroughs which means further work, encompassing those boroughs would be required to enable a more nuanced interpretation of which NHS GDPs are seeing most children.

3.5 Oral health of LAC children in Barnet

As the corporate parents of children in their care, Barnet Local Authority is responsible for the promotion of a child's physical, emotional and mental health and acting on any early signs of health issues, including annual health assessments, immunisation, medical and dental care treatment[45].

There were 335 children looked after in Barnet on 31st March 2022 (preliminary data, which includes those looked after for short periods of time, as well as those looked after for longer). For children who are looked after continuously for at least 12 months by the local authority, data is recorded as to whether they have been seen by a dentist in the last year.

Table 4. Proportion (%) of children looked after continuously by Barnet for the preceding 12 months, who had their teeth checked by a dentist in that year.

Year	Total number of children continuously looked after by Barnet	Number of continuously LAC who had their teeth checked by a dentist in the last year	Proportion (%)
2022	196	135	69
2021	217	68	31
2020	187	147	79
2019	200	156	78
2018	207	178	86

Source: Looked After Children Statistics in England: 903 Data

The above table shows that historically around 80% of continuously looked after children had annual oral health assessments (79% in 2020, 78% in 2019 and 86% in 2018). However, only 31% of continuously looked after children received a check in 2021, which is likely to be due to the impact of COVID-19 pandemic. Data for the year ending on March 31st 2022 suggests that 69% of continuously looked after children had their teeth check in the last year which is an improvement but the proportion is not yet back to pre-pandemic levels. Healthy Smiles, a pilot oral health improvement programme for children looked after was launched in November 2021 to promote access to NHS dental services and enable completion of annual oral health assessments (see Section 4.3 for more detail).

4. Current provision of CYP oral health services in Barnet

4.1 Oral health promotion service

As part of the Healthy Child Programme, Solutions4Health has been newly commissioned to provide oral health promotion and prevention services in Barnet since 1st April 2022. The contract is for five years. This has meant there has been a change in provider and none of the previous oral health team remained with the service. There are two main aspects to the service: delivery of a universal Oral Health Programme and delivery of a targeted supervised toothbrushing pilot in early years settings to reduce inequalities in children's oral health. The annual funding for the universal Oral Health Programme is £59,000 per annum, that is included as part of the overall Healthy Child Programme contract. The targeted supervised toothbrushing pilot has been funded by the North Central London inequalities fund for £75,000 for 18 months (equivalent to £50,000 per annum). There are two dedicated members of staff who are oral health promoters delivering these work programmes.

The aim of the commissioned Oral Health Programme in Barnet is to ensure oral health key messages for young children are widely known by training professionals about oral health. This means they will then have the skills to inform parents of the importance of prevention of dental decay and encourage them to take their children to local GDPs for advice in line with Delivering Better Oral Health (DBOH) 2021 toolkit. The aim is for the team to promote messages by working closely with its professional partners and stakeholders e.g., early years settings, childminders, health visitors, school nurses and schools using a Train the Trainer model.

The expected outcome from the programme is that more children and young people know how to achieve and have better oral health to prevent tooth decay and reduce hospital admissions. There is also an expectation that there will be an oral health champion based within the school nursing and health visiting teams. The provider also has two specific targets:

- that 85% of staff in Early Years (EY) settings, Children's Centres or health visiting receive oral health and tooth brushing training per year;
- and 95% of school nursing staff receive basic oral health training per year.

The service specification does not include a specific requirement regarding the distribution of toothbrushes and toothpaste but under the previous provider health visitors had been distributing toothbrushes and toothpaste at the mandatory 1 year and 2.5 year health visitor reviews. This did not happen during COVID-19 as these reviews were conducted virtually but there is now some distribution during face-to-face appointments. In addition, Solutions4Health have distributed some toothbrushes and toothpaste packs to Children's Centres.

The aim of 'Barnet Young Brushers' is to pilot a targeted supervised toothbrushing programme in EY settings in the most deprived areas of the Barnet. The pilot aims to offer supervised toothbrushing to 40 EY settings, aiming to cover Colindale, Burnt Oak, Woodhouse and Childs Hill wards over an initial 18-month period (from autumn 2021 until end of March 2023). The oral health promotion team train and support EY workers to supervise brushing daily in accordance with national guidance for two cohorts of children (aged three and four) and outcomes and learnings are being monitored to inform any future commissioning of the programme.

The pilot is being monitored using the following key performance indicators:

- Number of EY settings engaging with the programme

- Number of children receiving daily supervised toothbrushing, with breakdown by age and by ethnicity.
- Proportion of children aged 5 with visibly decayed teeth (monitored via the NDEP).

Solutions4Health has shared some early reporting on the Oral Health Programme, covering the initial three months of establishing the new service. Between 1st April and June 2022 some of the following oral health promotion and prevention activities were:

- 6 EY Staff received oral health training,
- 41 Parents trained at coffee morning sessions in school, nursery or activity centre settings,
- 141 Parents and 151 children attended Face-to-Face oral health sessions within children's centres,
- 51 families attended three oral health sessions at Chipping Barnet, Finchley and Colindale libraries,
- 254 children in Nursery, Reception and Year 1 received oral health presentations at 6 events in nurseries and schools.

Of the initial reported activities, many delivered training activities have been to parents and children. This type of training is targeting the general population and could be considered 'one-off' dental health education to the general population. Training of EY staff, however, is a recommended intervention. The training materials being used by Solutions4Health for training the wider professional workforce have been reviewed by Regional Dental Public Health Consultants and they have highlighted that the training materials do not yet fully reflect the DBOH 2021 guidance. As a result, Solutions4Health are in the process of updating their training materials.

Solutions4Health confirmed that as of October 2022, 60 Early Years settings have been recruited to join Barnet Young Brushers. During operational monitoring meetings in August 2022, it came to light that there were challenges faced by the previous provider in recruiting EY settings in the most deprived wards of the borough. Of the recruited settings, 32 are in deprived wards. EY setting compliance with the programme is variable and not all settings have been through a quality assurance process, as per PHE's supervised toothbrushing toolkit.

4.2 Oral health in public health programmes

There are several programmes across the Barnet Public Health team which aim to support healthy food and drink policies in childhood settings and to influence local government policies, both of which are PHE recommended interventions. Through taking a whole systems and whole settings approach, programmes are developed and delivered that support healthy environments, policies, education and other structural interventions that encourage sustainable healthier behaviours. These include a mix of programmes directly delivered by the public health team, as well as a commissioned service.

Health Education Partnership (HEP) is commissioned to support schools and early years settings in the borough to achieve Healthy Early Years (HEYL) and Healthy Schools London (HSL) awards. These awards focus on a whole setting approach and include making sure food policies are in place and menus are audited to adhere to food standards. In Barnet we currently have 119 registered schools and 105 registered early years settings.

As a health area, early years settings need to evidence their work in oral health to meet criteria for the HEYL Bronze Award. This includes teaching children about how to keep their teeth clean, the importance of going to the dentist and having activities and information in place for parents to support

their child's oral health. Currently 49 settings have achieved the HEYL Bronze award. EY settings can build upon this foundation by selecting oral health as the focus of initiatives implemented to achieve silver and gold awards.

Schools are required to deliver an effective PSHE curriculum addressing health and wider issues, including oral health promotion. HEP are also commissioned to help support Primary and Secondary schools through hosting a network and training programme for PSHE leads as well as offering a PSHE framework for delivery and comprehensive resource list.

The directly delivered programmes include:

- **Barnet's Food Plan 2022-25:** The Barnet Food Plan is a 5 Year plan that recognises the multifaceted role that food plays in our lives and brings together opportunities and actions that support a healthy food environment that addresses the health of our population, health of the planet and addresses food insecurity.
- **Children and Young People's Healthy Weight Management Action Plan:** This is an overarching plan that aims to promote an environment that enables children, young people and their families to eat well, drink plenty of water, be physically active and maintain a healthy weight. As an umbrella plan it incorporates a range of programmes and actions to support this ambition including:
    - **Infant feeding strategy and Breastfeeding Welcome:** the infant feeding strategy aims to support children to have the best start in life through protecting, promoting, supporting and normalising breastfeeding in Barnet. (This also includes commissioned infant feeding support services provided by Solutions4Health as part of the wider Healthy Child Programme to support parents). The Breastfeeding Welcome scheme launched by Barnet Public Health aims to help normalise breastfeeding borough wide, and support mothers to find welcoming places to breastfeed. Breastfeeding Welcome is also part of the wider Healthier High Streets programme.
    - **Barnet School Food Support Plan**: the is a plan designed to facilitate school food standards compliance and improve whole-school food provision across Barnet. The plan builds on views from young people, the experience within the HSL programme and surveys undertaken as part of the developing Barnet Food Plan. The aim of the Schools Food Support Plan is to ensure that school-age children can access nutritious food while at school.
    - **Sugar Smart**: this is a national public health campaign founded by the charity Sustain. It tackles high sugar consumption within communities by encouraging settings to become Sugar Smart. In Barnet, 43 EY and 26 Schools have signed up to be Sugar Smart settings. A sugar smart setting will be taking proactive action to reduce sugar consumption and raise the awareness of the health benefits of reducing sugar in diets.
    - **Water Only Schools:** A water only school is one where the only drink available to students is water (and milk in nursery classes). Schools should ensure that children are not bringing sugary drinks onto the school premises, including for after school or with their lunch. Currently there are 17 schools in Barnet signed up as part of their HSL award.
    - **School Superzones:** are place-based interventions around schools in areas of the greatest disadvantage. They aim to protect children's health and enable healthy

behaviours through the place-shaping powers of local partnership working. There are two school superzones being developed around Edgware Primary School and Saracens High School.

- **Project work including:** SMILE which promotes a balanced diet using the Eat Well Plate design; Great Junk Food Debate which supports community action and peer engagement to understand healthier choices and influence the food environment; cooking and menu planning interventions such as the Ministry of Food; and nutritional activities as part of the Barnet Active Creative Energised (BACE) Holiday activities scheme where food is available to children eligible for Free School Meals (FSM) during school holidays.

The Public Health team also follows a Health in All Policies[46] approach which is a way of integrating health while making decisions and drawing policies across all sectors. Using this approach, the team seeks to embed work on oral health across many programmes of local authority work, many delivered by other partners. They also work closely with a range of partners within the voluntary sector (e.g. Bread N Butter, Give Help Share) on healthy food and drink programmes.

4.3 Treatment, care and support for oral health

All clinical dental services for children are currently commissioned by NHS England (NHSE). This includes general, community and specialist care, and hospital and out-of-hours urgent dental care services. NHSE is therefore responsible for the commissioning and performance management of clinical dental services in Barnet. There is some suggestion that dental commissioning responsibilities will transition into a host Integrated Care Board (ICB) but will continue to commission on a pan-London footprint. We are linking in with North Central London partners and regional dental public health consultants to understand developments here.

Primary care dental services in Barnet are mainly provided by independent contractors that are also commonly known as high street dentists or general dental practitioners within the general dental service. The Local Dental Committee is a statutory NHS body representing general dental practitioners in Barnet. Their key function is liaison and information sharing between national and regional dental organisations and local dental practitioners.

It is useful to note that unlike with GPs, there is no 'registration' process for patients with dentists and dentists do not have a continuing obligation to see patients, although most do. In addition, the Chief Dental Officer has further emphasised the focus on emergency treatment following on from COVID-19, which further lessens the focus on seeing regular patients. Entitlement for free dental care is as follows: children until their 18th birthday, or under 19 years of age and in full-time education; those who are pregnant or have had a baby in the last 12 months; people treated in an NHS hospital and treatment is carried out by the hospital dentist (but there may be some payment e.g. for dentures or bridges); people receiving low income benefits, and under 20 years old who a dependant of someone receiving low income benefits.

For children with additional or complex needs, which cannot be met in primary dental care ('high street dentists') the community dental service (CDS) provides specialist dental services. This would include children unable to cooperate due to severe dental anxiety, a complex medical history, or with a significant physical or learning disability such as autism. The CDS can only be accessed by referral from a high street dentist or other health or social care professional, and care includes treatment

under sedation or general anaesthesia. In Barnet, this service is run by Whittington Health NHS Trust, who are also responsible for undertaking dental epidemiological surveys in the borough.

For Looked After Children, there is a specific LAC nursing team provided by Central London Community Healthcare Trust (CLCH). Statutory guidance mandates that Initial Health Assessments (IHA) are to be completed within 20 working days of a child or young person being received into care. These reviews will be undertaken by doctors: 0–8-year-olds are seen by paediatricians at the Royal Free Hospital; 9 year olds and upwards are seen by LAC trained GPs. During the IHA they are asked about their oral health, if they are registered with a dentist, whether they are going to register and about their toothbrushing habits. Any concerns or pain are noted, and a health plan is developed. This plan is then shared with health and social care colleagues. These include sharing with the GP, universal services (school nursing or health visiting as appropriate for the child's age), social worker, Independent Reviewing Officer (IRO), foster carer, keyworker and where age appropriate, the child themselves. Part of the plan is for the child to see a dentist regularly going forward, either every 6 or 12 months, although there is no statutory guidance on frequency. Statutory guidance also recommends that a Review Health Assessment (RHA) needs to be undertaken six monthly for children under 5 years and annually for children and young people aged 5-to-18 years old. The RHA is completed by the Named Nurse for LAC or one of the specialist nurses for LAC. This will also include reviewing oral health and whether the child has seen a dentist.

In addition to the LAC Health service that CLCH provides and responding to the needs of LAC after the COVID-19 pandemic in London, the Healthy Smiles Oral Health Pilot was launched in November 2021. Healthy Smiles aims to provide oral health assessments and dental care for LAC across London. The Barnet LAC nursing team are actively referring into and signposting the Healthy Smiles programme with social work colleagues. There has recently been a change in protocol and it no longer requires the LAC nurses to be the people to make the referral to Healthy Smiles, foster carers now can also make a referral. As a result, the LAC team do not know the total number of Barnet referrals into the Healthy Smiles pilot, as not all referrals come through them.

4.4 Focus group insights

To further understand the lived experience of trying to prevent dental decay and maintain the oral health of early years children, we held a face-to-face focus group with eight parents with 3-to-4-year-old children who attended a nursery in a deprived ward of the borough. The qualitative data collection and analysis followed the Framework analysis methodology[3]. The focus group was audio recorded and transcribed. The topic guide included questions on experiences of toothbrushing, sugar consumption in the diets of children and visiting dentists. The insights and findings are described below.

The main themes covered in the focus group were:

- **There is a gap between understanding and lived experience in terms of the frequency of toothbrushing**: parents understood the need to brush teeth twice a day but experienced issues in making this happening every day. These included: children being bored; children wanting and needing milk to fall asleep and not brushing their teeth after this. Parents reported that it was harder to brush teeth in the evenings before children fall asleep and easier to do in the morning. Several questions were asked about the use of bottles in the evenings as sleep aides and how to balance the need for children to fall asleep, with the need to clean their teeth after having milk.

- **An awareness of key fluoride toothpaste messages:** parents expressed that they understood the importance of using the right toothpaste for their right age and right amount; however, some noted that they had some trouble getting children to spit, with their children preferring to swallow toothpaste in response to the updated oral health message: 'spit, don't rinse'.
- **Expressed an inevitability about children's desire to consume sugar:** parents reported beliefs that included that some children develop a "sweet tooth" after exposure to chocolates and juice from older siblings; they also expressed that view that "kids are kids" and there is an inevitability that if they go outside and see sugary foods in the environment, with friends, they are going to want to have those sweets.
- **Children are growing up being exposed to sugary foods:** parents believe that most exposure to sugary foods is from seeing it on TV and in shops; less from advertising on billboards or on public transport.
- **Protecting children through education about sugar:** parents shared the view that they believed that education is important from the earliest ages to educate children that there is a difference between the foods that are available and the foods that are good for you.
- **Barriers to accessing dentists**: parents reported that even where older siblings already been seen by a dentist, they could not get appointments for younger siblings but more recently this has improved. Parents also reported that local dentists try to accommodate families with afterschool appointments, but these fill quickly so often it resulted in taking children out of school to see the dentist, and school holiday appointments are filled a long way in advance.
- **Some experiences of children requiring treatment and being subject to long waiting times:** one parent shared an experience of needing to wait for two months for a child with a cavity for treatment so ended up seeking a private dental appointment in the end.
- **Some parents reported children being given fluoride varnish when they visited the dentist, but not all.**
- **Mixed understanding about eligibility for NHS dental treatment**: not all parents were aware that free NHS dental services are available for children up to their 18th birthday, some thought it was until children were 16 years old.

Their accounts showed that children's preferences to consume sugar are shaped by cues from their physical environments (e.g., shops) and social environments (e.g., older sibling behaviour). Their accounts also highlighted the challenges in relying on families alone to prevent tooth decay through individual toothbrushing behaviour at home. Knowledge was necessary but not sufficient in the context of busy family lives. A wider supportive environment may be required to ensure children receive enough fluoride to prevent decay. In terms of being able to access NHS dentists for their children, these parents had had trouble in having young children seen and treatment delays although they also spoke about NHS dentists being as accommodating as they could of children and recent improvements, which accords with wider data about the recovery of dental services. Overall, the themes from the focus group fit with the PHE guidance about needing to create supportive environments and tackling tooth decay with upstream, midstream and downstream interventions.

4.5 Stakeholder engagement

Stakeholder engagement was conducted from July to September 2022. Qualitative data to understand the oral health needs of children and young people in Barnet came from a range of professionals involved locally and regionally in oral health. These included: General Dental Practitioner members of the Local Dental Committee (LDC); the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Designated Nurses for LAC in Barnet and Named Nurse for LAC in

Barnet; an Advisor from the Health Education Partnership (HEP) commissioned service and Regional Dental Public Health Consultants from NHS England.

4.5.1 Views and experiences from Barnet's Local Dental Committee

We held a discussion with Barnet's Local Dental Committee in August 2022 to understand their views on the oral health needs of children and young people in Barnet. The following needs were identified in the discussion and in subsequent correspondence:

Opportunity to better co-ordinate oral health promotion activities with LDC

- Historically, the LDC have not always been aware of the oral health promotion activities that were planned and occurring in the borough. There is appetite from the LDC to better join up across the local system. The LDC suggested that they could perhaps also provide insight into areas that are experiencing high levels of demand where health promotion efforts could be targeted.
- LDC expressed the view that it is crucial that health promotion and education services are continuous, with sustained funding and effort.
- GDPs are currently facing issues around managing expectations of new patients around what will happen in the first 15 min appointment (diagnostic tests and referrals for treatment will take time and require further appointments for example). There may be an opportunity for Solutions4Health oral health promoters to weave these messages into their work with children and families to set more realistic expectations of what can be achieved in a single appointment.
- The role of the oral health promoters in educating health visitors and school nurses was also mentioned. Once the newly commissioned Solutions4Health oral health team are more established there may be opportunities to share their messaging with LDC members to ensure greater alignment in oral health messaging across allied professions.

Access to NHS Dentists in Barnet remains challenging

- Since the introduction of the 2006 dental contracts, the commissioning of UDAs has not increased and not kept pace with population growth in Barnet, like other areas. This sets up an inevitable situation of there not being enough NHS dentistry capacity for the local population.
- Historically the dentists in Barnet were efficient at delivering all of their allocated UDAs. It is helpful to understand that there is no over payment for delivery of say 105% of UDAs and there was clawback if less than 96% delivered. The point was also raised that UDAs are not necessarily the only NHS dentistry capacity as some dentists will see adults privately and then see their children for free, but this isn't recorded via the UDA system.
- Data presented from NHS Business Services Authority (NHS BSA) on the number of Barnet dentists (NHS versus Private) requires careful interpretation as just because a practice has an NHS contract, this does not convey the amount of the practices' activity that is for NHS dentistry, which is why it is helpful to analyse the UDAs themselves.

Intense GDP staffing pressures

- These remain intense and the worst that some have experienced in 20 years of dental practice. This is due to a culmination of several factors including the pandemic, Brexit and stress/workforce burnout.

4.5.2 Views and experiences from the Community Dentistry Service (CDS)

We met with Andrew Read, Clinical Director of Whittington Health in July to understand the perspective of community dentistry colleagues on the oral health needs of children and young people in Barnet. The key points raised in the discussion, and subsequent correspondence including with Ayesha Masood, about needs were as follows:

Absolute size of Barnet means number of children living with decay is significant

- Although Barnet's rates of dental decay are less than the London average, it is still roughly a quarter of five-year-olds who have dental decay and in the second most populous borough in London, that is a really significant number of children living with decay.

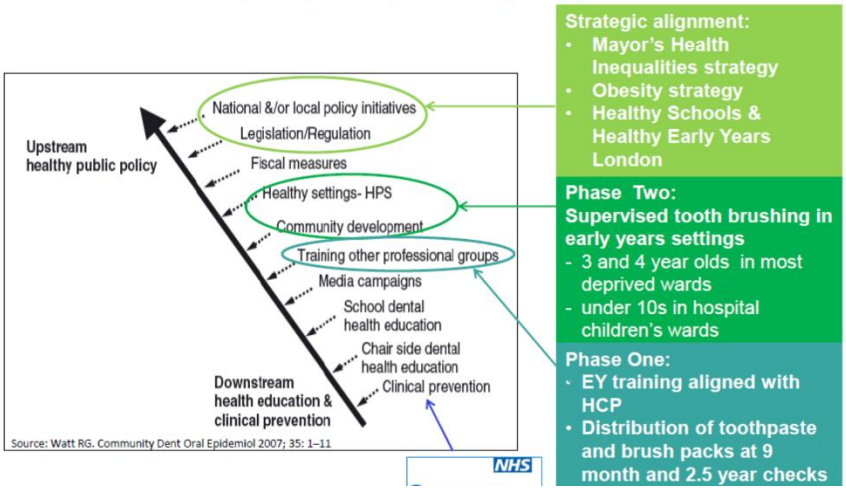
Commissioning gap of midstream interventions identified in Barnet

- Although PHE's advice is to focus on the wider determinants of oral health, contrasting professional opinions exist. The view from a CDS perspective is that midstream interventions such as targeted fluoride varnishing programmes, targeted supervised toothbrushing programmes and distribution of fluoride toothbrushing packs should be prioritised at the current time, especially given the cost-of-living pressures that families are experiencing.
- For example, nearby boroughs of Camden and Islington have been funding fluoride varnish programmes for 10-12 years and they are considered important public health prevention interventions with evidence of associated reductions in caries experience.
- The CDS report that many families are struggling with the cost of living, to the point of desperation. These immediate pressures should make us think about short-term pragmatic interventions that could be helpful to them: for example, an expansion of the targeted scheme to distribute toothbrushing packs.

Quality assurance of supervised toothbrushing interventions is essential

- Although supervised toothbrushing interventions are often easier to commission (compared with the greater initial cost of targeted fluoride varnishing) compliance is not guaranteed and delivering a high quality supervised toothbrushing programme requires a suitably experienced provider and sustained investment of time and resources. Key factors include someone visiting settings every 4-6 months, replenishing stocks with recurrent money and demonstrating system leadership. Brent began a supervised toothbrushing programme in 2017 and has now reached 6,000 children, across 40 to 50 different sites.
- See Figure 17 below for details of a how a Local Authority may include supervised toothbrushing as one intervention within the Watt framework.

Figure 17. Example of a Local Authority Multi-Level Approach



Special Educational Needs (SEN) Children in Barnet are a vulnerable group in terms of their oral health promotion needs, as well as children living in poverty

- SEN children are not just disadvantaged in terms of their oral health but also in their ability to access and accept dental treatment. The recommendations must include plans for targeted interventions for this group: this should include supervised toothbrushing programmes, distribution of toothbrushing packs, partnership working and parental workshops. A significant proportion of families with a SEN child are living under real financial pressure.
- In the experience of the CDS the significant numbers of children living in poverty, with and without SEN, are deserving of being described as 'vulnerable' and these children are the ones sitting on general anaesthetic waiting lists.

4.5.3 Views and experiences from Designated and Named Nurses for LAC

We met with Yvonne Conway and Toni Pankhurst in September 2022 to understand the perspective of the Designated LAC nurse and Named LAC nurse on the oral health needs of LAC. The key points raised in the discussion on needs were as follows:

Accessing NHS dentists is hard for LAC but Healthy Smiles has helped for the 50% of LAC who are placed in Barnet

- Currently NHS dentists are unable to see all LAC, so the nursing team are now signposting LAC to the Healthy Smiles pilot. Or, if the child has anxiety and fear of the dentist, they will refer them to the CDS.
- The Healthy Smiles pilot has been well received by LAC nurses but one identified need is that approximately half of Barnet's 330 LAC are placed in out-of-borough placements. These placements are spread widely geographically (e.g. some over the border in Hertfordshire and some much further away), with only some being in other London boroughs. So, for the children who are not in London based placements, they cannot access Healthy Smiles and are likely to face delays in dental treatment.

Oral health training needs identified for foster carers and social care staff in care homes

- Currently the LAC health team are asked annually by Family Services to offer a health-based training as part of the training package offered to foster carers. Oral health promotion is usually included this. The training is optional and it is unlikely to reach all foster carers. Foster carers do undertake a range of standard training when they initially become foster carers but there is no oral health training delivered by the LAC nursing team as part of this.
- In terms of barriers to maintaining for LAC, there is a training need in terms of understanding key oral health messages for some social care staff, for example staff based in care homes. Further support for some social care staff would be helpful.

Resource gap in provision of toothbrushes, toothpaste and disclosing tablets

- As the LAC Nursing team used to be part of the same provider as the prior oral health promotion team they used to be given toothbrushes and toothpaste for distribution in consultations and they provided support and advice to LAC health team. This is not occurring with the new provider.
- LAC Nurses also felt it might be effective in working with older children to use plaque revealing disclosing tablets as this would give nurses some objective evidence about areas of plaque on children's teeth. This would be a better basis for opening the discussion around oral health. This would require the team to be provided with the resources for disclosing tablets, which is mentioned in DBOH toolkit as being helpful to identify areas that are being missed with toothbrushing. Capacity in the team, whether this would be for all or only a subgroup of older LAC and the time taken to carry this out as part of the RHA would all require consideration.

LAC nursing operational challenges

- The LAC Nurses reflected that the data that is annually reported (called the 903 data) only reflects a partial picture as that only covers children who have been continuously in care for 12 months. Many children who come in and out of care are missing from this data, but any that have been in care for up to 20 days, will still be seen by a doctor.
- One challenge in supporting the oral health of LAC is that the children and young people often move around a lot and it's very hard to provide continuity of dental care when that is the case. Particularly when they move in and out of the borough. The Designated Nurse and Designated Doctor are escalating this issue on behalf of Barnet LAC (and across North London Central (NCL) system) to NHSE.
- A further challenge is access to dental care for Unaccompanied Asylum-Seeking Children (UASC) and Care Leavers (18+ to 25 year olds). These are an important cohort of young people, that have added health inequalities. They come under the remit of the LAC health team and all involved professionals in Barnet as their corporate parents, but free access to NHS dental services ceases once a child turns 18 years old.
- Dentistry is part of the Pan London Compact for Care experienced young people, along with other health recommendations. It is noted in the records for the Pan London Compact that accessing this will be challenging due to how dentistry is commissioned.

4.5.1 Views and experiences from Health Education Partnership (HEP)

HEP is commissioned by Barnet Public Health to deliver the HEYL, HSL and PSHE Support. We met with Tania Barney in September to understand the perspective of an experienced practitioner used to supporting EY settings and schools to design and undertake oral health promotion interventions. The key points raised in the discussion in relation to oral health needs in Barnet were as follows:

Oral health interventions require significant dedication and often lead to modest improvements

- HEP identified that in the 10 EY settings who have achieved a HEYL Silver Award for their work on oral health, despite the significant work dedicated to oral health promotion, outcomes do not appear to shift significantly within individual settings. For example, the process usually requires approximately 12 months of work from a setting. It involves undertaking baseline surveys, putting in place at least two interventions over six months and then undertaking an endline survey. For some of the settings it appears that the endline measures, such as number of parents reporting that they brush their child's teeth twice a day for 2 minutes using fluoride toothpaste, show modest improvements and sometimes fall short of the set target.

EY settings may not have capacity to undertake oral health interventions; number of EY settings stretches beyond HEP capacity and wider environmental conditions need to be addressed

- The work involved for a setting in undertaking an award is significant. In fact, the work required for EY settings for silver and gold awards is about double that required in schools. The workload puts many settings off due to capacity issues. HEP is in contact with about 48 settings and there are over 300 settings when childminders are included, so HEP is not able to reach all settings.
- There appears to be a significant amount of oral health activity in Barnet but the level of dental decay doesn't appear to be shifting. HEP expressed the view that perhaps all the activity is stemming the flow and preventing the worsening of oral health, giving the wide availability of sugar in people's diets and the wider environmental determinants of poor oral health.

Oral health training needs identified for EY staff, who are key in sharing appropriate messages with parents.

- In HEPs experience EY staff feel as if they understand the latest evidence-based oral health messages. However, when they come to the HEP training, they are often a little surprised by some things. For example, messages like 'spit don't rinse' so there is a continuing need to upskill EY staff.
- HEP also have some experience of parents raising the issue of children needing milk to fall asleep and then not being able to brush their teeth in the evening. This was noted as an example of the difference between knowledge of evidence based oral health messages and then the gap between actually being able to do them.
- HEP also have heard concerns raised by parents of not being able to get appointments with NHS dentists for their children and some families not even being aware that dental treatment is free for children. Also reported some local experiences where setting chose to do promotional work around 'dental check by 1' and then local dentists refuse to see very young infants who only had two or three teeth.

Opportunity to renew oral health promotion partnership working arrangements

- HEP are keen to work in partnership with all of those involved in the local oral health landscape. They want to establish a close working relationship with Solutions4Health oral health promotion team so that EY can continue to select oral health as a focus area for HEYL awards.

4.5.2 Views and experiences from Regional Dental Public Health Consultants

We met with Regional Dental Public Health Consultants Dr Rakhee Patel and Dr Huda Yusuf over the summer of 2022 to understand the data, evidence and their experience in terms of the oral health needs of children and young people in Barnet. Some of these discussions included colleagues from Solutions4Health and were specifically focused on sharing the best evidence-based oral health promotion interventions. The key points raised in relation to local needs were as follows:

Enhanced samples of Dental Epidemiology survey recommended to understand COVID-19 impact

- An enhanced sample of some Barnet wards was commissioned as part of the 2019 5-year-old Dental Epidemiology Survey and these data were shared. In line with local authorities' statutory responsibilities to commission oral health surveys to facilitate the assessment and monitoring of oral health needs and the planning and evaluation of oral health promotion programmes, it would be useful to commission further enhanced sampling in Barnet to understand the impact of COVID-19 locally.

Commissioning gap for older people identified

- Barnet has the most care homes of any London borough but does not currently provide an oral health promotion service for older people or those within care homes. Given the demography of the borough this was noted as a possible service provision gap.

Risks in changing oral health promotion provider and new service not yet following latest evidence

- The change of providers for oral health promotion services in the borough from CLCH to Solutions4Health is a risk that requires careful handling to ensure that there is a smooth transition and progress is not lost.
- There is evidence of ineffectiveness for one-off dental health education activities, for example presentations to children and parents, and these are discouraged. There is good evidence for oral health training for the wider professional workforce (e.g., health, education and social care). This should be encouraged, particularly with social care and education colleagues who can be forgotten.
- It was strongly recommended that the oral health promotion materials for use with other professionals followed DBOH 2021 toolkit published by OHID. Regional Dental Public Health Consultants offered to quality assure teaching materials.

Overall oral health programme should be integrated across many public health agendas and involve leading and co-ordinating local partners

- Most effective oral health programmes result from integrating action on oral health across many public health agendas (for example Water Only Schools, School Superzones, across childhood obesity work) and focusing on many levels of action on the social determinants (upstream, midstream and downstream).

- The most robust evidence to base the commissioning of services is the PHE document: ***Local authorities improving oral health: commissioning better oral health for children and young people an evidence informed toolkit for local authorities***[18]***.***
- It would be helpful to consider co-producing an Oral Health Action Plan with the community and system partners following on from the CYP Oral Health Needs Assessment.

5. Discussion and recommendations

5.1 Discussion

1. Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

2. The oral health survey of five-year-olds in 2019 showed that just under a quarter in Barnet (24.8%) had tooth decay. Although this does not differ significantly from the proportions reported in London and England, due to Barnet being the second largest borough in London, as noted by Community Dentistry colleagues, in absolute terms this is impacting on a significant number of children in the borough.

3. The 2019 data confirms that the oral health of young children in Barnet varies between different wards. For example, the rates of tooth decay reported in some of the most deprived wards in the borough are between 35% to 40% in Burnt Oak, Childs Hill and West Hendon. This is supported by London-wide evidence of statistically significant differences in the experience of dental decay by deprivation: 34% of 5-year-olds in the ten percent of most deprived neighbourhoods have experience of dental decay, compared with the 10% of 5-year-olds in the ten percent of least deprived neighbourhoods.

4. Further evidence from across London also demonstrates statistically significant differences by ethnic group: 40% of 5-year-old children identified as coming from Other Ethnic Background and 37% of Asian/Asian British had experience of dental decay. This was statistically significantly higher than the prevalence of experience of decay in other ethnic groups: 24.3% of those who did not provide their ethnic background; 23.8% of Black/Black British; 22.6% of Mixed Ethnic Background; and 22.6% of those of White ethnicity.

5. Although the data is not yet available, we anticipate that the COVID-19 pandemic will have worsened the prevalence of tooth decay, as has been seen in national data with increased prevalence of childhood obesity, and that pre-existing oral health inequalities are likely to have been exacerbated.

6. Prior to the COVID-19 pandemic, the percentage of Looked After Children having dental checks was approximately 80%. This reduced to 31% in 2020/21 but recovered to 69% in 2021/22 assisted by the Healthy Smiles pilot.

7. There is good evidence that oral health is socially determined by a range of factors that operate at the different levels. These are upstream, midstream and downstream influences on oral health. The combination of these factors determines the oral health of children and explains the oral health inequalities that are seen.

8. There is a range of national guidance from PHE, OHID and NICE that advises that the most effective way to improve oral health and reduce oral health inequalities is to develop oral health programmes that meets local need and seek to integrate action on oral health at all levels: upstream, midstream and downstream, using both universal and targeted interventions.

9. In terms of commissioning specific interventions: one-off dental health education by the dental workforce targeting the general population is discouraged due to evidence of ineffectiveness.

10. Upstream interventions that are recommended are fluoridation of public water supplies (though this is impractical for Barnet alone to consider); influencing local and national government policies; and healthy food and drink policies in childhood settings. Midstream recommended interventions are targeted peer support groups/peer oral health workers; oral health training for the wider professional workforce (e.g., health, education, social care); and supervised tooth brushing in targeted childhood settings. Downstream recommended interventions are integration of oral health into targeted home visits by health/social care workers; targeted community-based fluoride varnish programmes; and targeted provision of toothbrushes and toothpaste (i.e., postal or through health visitors).

11. There is also evidence to support the cost-effectiveness of several of the mid and downstream interventions: universal water fluoridation; and the following targeted interventions: provision of toothbrushes and paste by post and by health visitors; supervised toothbrushing programmes; fluoride varnish programme and provision of toothbrushes and paste by post.

12. Evidence from the CDS highlights that some dental professionals specifically advocate for targeted fluoride varnishing programmes and targeted supervised toothbrushing programmes. In response to acute cost-of-living pressures they also advocate for targeted distribution of toothbrushes and toothpaste as a priority. They caution that supervised toothbrushing programmes require an experienced provider, significant quality assurance and sustained investment to deliver results. They urge that children with SEN in Barnet are considered a vulnerable group in terms of their oral health promotion needs, as well as children living in poverty.

13. Table 5 compares the oral health promotion interventions happening within Barnet with the interventions recommended by PHE.

Table 5. Comparison of PHE recommended and discouraged oral health promotion interventions for children with current activity in Barnet.

Name of intervention	***Overall PHE recommendation***	***Is this intervention happening in Barnet?***
One-off dental health education by dental workforce targeting the general population	Discouraged	This is not specifically commissioned but some 'one-off' interventions have been delivered.
Oral health training for the wider professional workforce (e.g., health, education, social care)	Recommended	This is commissioned although may be some unmet needs in relation to education and social care workforces. Solutions4Health will have oral health champions within the health visiting and school nursing services, but it is less clear whether oral health training within education covers just PSHE leads or the wider workforce. There is also evidence from LAC nurses that the training of social care staff could be strengthened, particularly in staff based in care homes and that foster carers could be more systematically trained.
Integration of oral health into targeted home visits	Recommended	Solutions4Health are required to have an oral health champion in the school nursing and health

by health/social care workers		visiting team. Further work could be done to ensure integration of oral health into targeted home visits of both social care and health care workers.
Targeted community-based fluoride varnish programmes	Recommended	No. This could be considered if more resources were available. The CDS advocates for this intervention.
Targeted provision of toothbrushes and tooth paste (i.e.. postal or through health visitors)	Recommended	Not specified in the service specification but some distribution of toothbrushes and toothpaste by Health Visitors at face-to-face 1 year and 2.5 year reviews and to Children's Centres is happening. Current cost-of-living pressures also mean this could be increasingly of value to families. There is also an opportunity to provide toothbrushes and toothpaste to LAC nurses (as happened with the previous provider) and possibly as part of BACE Holidays.
Supervised tooth brushing in targeted childhood settings	Recommended	Initial Barnet Young Brushers pilot has begun in 60 EY settings however compliance with evidence-based models has not been quality assured. 32 of the settings are in deprived wards. Support and quality assurance of these settings should be prioritised to reduce health inequalities. The CDS and Regional Dental Public Health Consultants advocate for quality assured versions of this intervention.
Healthy food and drink policies in childhood settings	Recommended	Yes, the Public Health team, work collaboratively with system partners (including HEP) on whole systems approaches. This includes several relevant programmes such as Sugar Smart Schools, Water Only Schools, Schools Food Support Plan and School Superzones. Healthy food and drink policies are a requirement for the Bronze Award in both HSL and HEYL programmes.
Targeted peer (lay) support groups/peer oral health workers	Recommended	No. This could be considered if more resources were available.
Influencing local and national government policies	Recommended	Yes, the Public Health team works to integrate oral health promotion into local government policies wherever possible.

14. As the new oral health promotion providers Solutions4Health are establishing their service within Barnet there is an opportunity to maximise its impact by ensuring that they focus their efforts on evidence-based interventions. For example, for the universal Oral Health Programme to focus on oral health training for the wider professional workforce (health, education and social care); that this training adheres to the 'gold standard' DBOH, 2021 toolkit and that they move away from 'one-off' educational activities. There is also a need to consider how leadership on oral health is embedded within social care and education workforces in addition to the oral health champions within health visiting and school nursing teams. The provision of toothbrushes and toothpaste via health visitor checks and to children's centres needs to be reviewed and provision of resources for the LAC nursing teams considered. For the targeted supervised toothbrushing pilot it is important that the EY settings are within the wards of greatest deprivation and that PHE guidance to quality assure the programme is followed.

15. The focus group discussion identified that children are very sensitive to their environmental conditions in relation to sugar so work to ensure healthy food and drink in childhood settings is important. The discussion also highlighted the risks in relying on families alone to prevent tooth decay through individual toothbrushing behaviour at home: knowledge is not enough; supportive environments are required. Parents also reported difficulties in seeing NHS dentists. Taken together with the evidence about the limited proportion of Barnet children accessing NHS dental services (ranging from 53% (pre-pandemic) to 21% (during the pandemic) of 0-19 year olds) and the evidence from the LDC about the limited number of UDAs that has not kept pace with population growth and extreme pressures on the dental workforce, it is highly unlikely that all eligible children will receive twice yearly fluoride varnishing from their dentists. This evidence suggests that the oral health of children in areas of deprivation could benefit from interventions like community-based fluoride varnish programmes and supervised tooth brushing in childhood settings.

16. Stakeholders, including the LDC and HEP, confirmed there is a need to renew partnership working after COVID-19 pandemic and to develop new working relationships with Solutions4Health as the new oral health promotion service. LDC committee members reflected in particularly that they have not always been aware of the oral health promotion activities occurring and they could share intelligence from dentists who are experiencing high demand to help target health promotion activity to areas of need.

17. There is a wide range of work happening across Barnet local authority to support healthy food and drink policies in childhood settings and to influence local government policy. There is an opportunity to further maximise the impact of this work by co-ordinating and informing all partners with a role in improving children's oral health across the borough.

18. LAC are a known vulnerable group in relation to their oral health. The designated LAC nurses identified that there are oral health training needs for both foster carers and social care staff, particularly those based in care homes. They also no longer receive toothbrushes and toothpaste to distribute to LAC and identified that the provision of plaque disclosing tablets would improve consultations with older children. They identified that although Healthy Smiles pilot has helped with accessing dental treatment only half of Barnet's Looked After Children, those who are placed in care placements within London boroughs, are able to use the service.

19. Regional Dental Public Health Consultants advised: that the latest commissioning evidence and toolkits should be followed to maximise the impact of the oral health programme as Solutions4Health embed as Barnet's new provider; and that integrating action on oral health within many public health

agendas and developing local partnerships to co-produce an oral health action plan was advisable. They also noted a possible service provision gap around older people and that a further enhanced dental epidemiology survey sample would be helpful to understand the impact of the COVID-19 pandemic.

5.2 Recommendations

Recommendations have been developed to be pragmatic and based on what is within Barnet local authority's sphere of influence. They have been considered from two vantage points: those that could be delivered within existing resources and commissioned services, and those that would require additional resources. Each recommendation serves to meet needs that have been identified within the discussion.

5.2.1 Recommendations within existing resources

5.2.1.1 Enhance partnership working, further embed oral health across existing programmes and co-produce an action plan

Identified Needs	Recommended actions	Partners
Oral health partnership arrangements need to be renewed	1. Develop a Barnet Oral Health Partnership, to develop and oversee the implementation of a co-produced Barnet Oral Health Action Plan to leverage and co-ordinate assets across the Borough.	- Public Health Team - Family Services - Local Dental Committee - Whittington Health Community Dentistry Service - Solutions4Health Oral Health Programme
Oral health programme needs to be integrated across public health agendas and the spectrum of local authority work	2. Develop Oral Health Strategic Lead role within the Barnet Public Health team to embed action on oral health across the spectrum of local authority work and primary care networks, particularly that of the Public Health Team, their policies and commissioned services and ensure these programmes are monitored	- Public Health Team - Family Services - Local Dental Committee - Whittington Health Community Dentistry Service - Solutions4Health Oral Health Programme - Education Services i.e. Barnet Education and Learning Service - Primary Care Networks

Multilevel action on the social determinants of oral health in children is required	3. Ensure that the Barnet Oral Health Action Plan takes a whole system approach; spans the spectrum from upstream, midstream to downstream interventions; and considers what can be done in relation to the cost-of-living and child poverty.	- Public Health Team - Family Services - Whittington Health Community Dentistry Service - Solutions4Health Oral Health Programme
Improve co-ordination of oral health promotion activities occurring in the borough; better target activity based on deprivation and intelligence on high levels of demand for NHS dental treatment	4. Through the Barnet Oral Health Partnership improve communication between partners and use insight from deprivation data, GDPs and HEP to target oral health promotion efforts and link with wider health promoting strategies.	- Public Health Team - Family Services - Local Dental Committee - Health Education Partnership - Solutions4Health Oral Health Programme

5.2.1.2 Focusing existing commissioned Oral Health Programme on evidence-based interventions

Identified Needs	Recommended actions	Partners
Some of the current Oral Health Programme has included 'one off' dental health education activities, for example presentations to children and parents, which is discouraged by national guidance.	5. Focus commissioned Oral Health Programme on recommended interventions such as oral health training for the wider professional workforce (e.g., health, education and social care). This could include identifying oral health champions in each setting and adopting a train-the-trainer model.	- Family Services - Solutions4Health Oral Health Promoters - Public Health Team

Training materials being used by Solutions4Health for training the wider professional workforce do not yet adhere to the DBOH 2021 toolkit	6. Ensure training materials adhere to DBOH guidelines as the new service is being established 7. Understand the competency framework the provider is putting in place to ensure that workforce have appropriate communication skills to effectively train professionals.	- Solutions4Health - Family Services - Regional Dental Public Health Advisor - Public Health Team
Oral health training needs identified for EY and social care staff	8. Plan, co-ordinate and communicate an oral health workforce training plan across Health, Education and Social Care workforces that operate in the borough. Ensure consistency between statutory requirements of workforces (e.g. EYFS) and the training plan. Ensure the plan builds on existing training provision.	- Family Services, including Social Workers - Designated LAC Nurses and Designated LAC Doctors - Education Services i.e. Barnet Education and Learning Service - Education Staff - Health Education Partnership
The Oral Health Programme is embedded within the wider Healthy Child Programme. This is best practice and affords opportunities to enhance the integration of oral health within other aspects of the Healthy Child Programme.	9. Maximise the opportunity by investigating mechanisms to integrate oral health into targeted home visits for example by Solutions4Health health visitors. Ensure that there are oral health champions within the Solutions4Health health visiting and school nursing services and that oral health	- Family Services - Public Health Team - Solutions4Health - Health Education Partnership

	interventions are integrated within comprehensive setting-based approaches such as HELY and HSL awards and Making Every Contact Count (MECC) training.	
The effectiveness of supervised toothbrushing programmes is sensitive to changes in delivery and to be effective it is important that the programme models closely the existing evidence based methodology.	10. Quality assure the existing targeted Barnet Young Brushers supervised toothbrushing to ensure that the settings are in wards of deprivation (e.g. target top 10-20% deprived areas) and that an evidence-based methodology is being followed.	- Solutions4Health - Public Health Team - Organisational Insight and Intelligence Team - Early Years Service Manager - Regional Dental Public Health Consultant
Oral health training for foster carers is optional, offered annually and unlikely to reach all foster carers	11. Link in with London-wide work underway to develop a mandatory Oral Health module to be integrated within standard Foster Carer training package. 12. Develop both 'in-person' and 'online' training to maximise reach of training.	- Regional Dental Public Health Consultant - LAC Health Teams - Solutions4Health Oral Health Promoters - Family Services - Early Years Service Manager
Provision of toothbrushes and toothpaste needs to be reviewed	13. Clarify the status of the provision of toothbrushes and toothpaste via Health Visitors and confirm this following evidence-based guidelines. 14. Examine other opportunities to deliver toothbrushing packs in response to cost-of-living crisis	- LAC Health Team - Solutions4Health Oral Health Promoters - Family Services - Public Health Team

	including BACE Holidays. 15. Consider providing LAC nursing team with toothbrushes, toothpaste and disclosing tablets.	

5.2.2 Recommendations with additional resources

5.2.2.1 Commissioning additional actions and interventions to meet unmet needs and close inequalities

Identified Needs	Recommended actions	Partners
Detailed information regarding variation in oral health across Barnet dates from before COVID-19 pandemic so up-to-date data is required to understand impact on oral health inequalities	16. Commission enhanced sampling of future Dental Epidemiology Surveys to understand variation across Barnet wards.	- Public Health Team. - Regional Dental Public Health Consultants - Dental Epidemiology Survey Providers (Whittington Health Trust)
There are downstream evidence-based interventions that are recommended and likely to reduce oral health inequalities that are not currently commissioned	17. Consider commissioning additional evidence-based programmes. These could include a targeted community-based fluoride varnish programme and targeted peer support groups/peer oral health workers.	- Public Health - North Central London ICB
The Healthy Smiles pilot for LAC only covers children who are in placements in London. This does not cover ~50% of Barnet's LAC.	18. Develop working group as a sub-group of Barnet Oral Health Partnership to develop dental treatment arrangements for the LAC that are placed outside of London.	- Local Dental Committee - Designated LAC Nurse or Named LAC Nurse - Public Health Team - Regional Dental Public Health Consultants

5.2.2.2 Understand oral health needs for vulnerable children and across the whole life course

Identified Needs	Recommended actions	Partners
SEN children are a vulnerable group in terms of oral health[47] and we need to consider their specific needs in terms of oral health promotion, prevention and access to treatment.	19. Consider conducting a further phase of the Oral Health Needs Assessment process to understand the needs for children and young people with SEN.	- Public Health Team - Family Services - Community Dentistry Service
Barnet has a significant population of vulnerable older people but does not commission oral health promotion services for older people	20. Consider conducting a further phase of the Oral Health Needs Assessment process to understand the needs for adults and older adults across the borough.	- Public Health Team - Adult Social Care - Regional Dental Public Health Consultants

5.3 Future Research

The recently completed Migrant Needs Assessment has identified that dental issues are prevalent in asylum seekers and knowledge and access to dental care is very limited. In terms of children specifically, care for UASC is under the LAC health team. As a further phase of this work, more research is needed to consider how to improve awareness of dental care services locally within the forced migrant populations. Work is also needed to consider how to support the provision of dental care and hygiene support at accommodation sites i.e., contingency hotel.

5.4 References

[1] Public Health England. National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019 A report on the variations in prevalence and severity of dental decay [Internet]. 2020 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873492/NDEP_for_England_OH_Survey_5yr_2019_v1.0.pdf

[2] Stevens, A., Raftery, J., Mant, J. and Simpson, S. (2018). *Health Care Needs Assessment*. CRC Press. doi:10.1201/9781315365442.

[3] Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology. 2013 Sep 18;13(1):1–8. https://doi.org/10.1186/1471-2288-13-117.

[4] Public Health England: Inequalities in oral health in England [Internet]. 2021 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970380/Inequalities_in_oral_health_in_England.pdf

[5] Levine, R. Childhood caries and hospital admissions in England: a reflection on preventive strategies. *Br Dent J* **230**, 611–616 (2021). https://doi.org/10.1038/s41415-021-2945-8. Available from: Childhood caries and hospital admissions in England: a reflection on preventive strategies | British Dental Journal (nature.com)

[6] Hospital Admitted Patient Care Activity, 2021-22 [Internet]. NHS Digital. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2021-22

[7] Lead dental surgeon warns "now is not the time to scrap the sugar tax", as almost 30,000 children and young people are admitted to hospital for tooth decay [Internet]. Royal College of Surgeons. [cited 2022 Nov 22]. Available from: https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/faculty-of-dental-surgery-comments-on-hospital-admissions-data/

[8] Summary Report - Episodes - NHS Digital Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre. December 2021.

[9] Dentistry Market Report - 5th Edition [Internet]. LaingBuisson. Available from: Dentistry Market Report - 5th Edition - LaingBuisson

[10] Public Health England. Health matters: child dental health [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

[11] Watt RG, Heilmann A, Listl S, Peres MA. London Charter on Oral Health Inequalities. Journal of Dental Research [Internet]. 2015 Dec 23 [cited 2020 Jan 3];95(3):245–7. Available from: https://journals.sagepub.com/doi/abs/10.1177/0022034515622198?rss=1

[12] Sanders AE, Slade GD, Turrell G, John Spencer A, Marcenes W. The shape of the socioeconomic-oral health gradient: implications for theoretical explanations. Community Dentistry and Oral Epidemiology. 2006 Aug;34(4):310–9.

[13] Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, et al. Oral diseases: a global public health challenge. The Lancet [Internet]. 2019 Jul;394(10194):249–60. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31146-8/fulltext

[14] Healthcare, Wellbeing and Workforce Team, PHE London. The impact of COVID-19 on London's children and young people. 2021 June. Available from: CYP COVID wider impacts 23 May 21.pdf

[15] Public Health Outcomes Framework - PHE [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000044

[16] Local authorities improving oral health: commissioning better oral health for children and young people An evidence-informed toolkit for local authorities [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

[17] Public Health England. Delivering better oral health: an evidence-based toolkit for prevention [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

[18]Improving oral health: community water fluoridation toolkit [Internet]. GOV.UK. Available from: https://www.gov.uk/government/publications/improving-oral-health-community-water-fluoridation-toolkit

[19] Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574835/PHE_supervised_toothbrushing_toolkit.pdf
[20] Overview | Oral health: local authorities and partners | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph55
[21] Overview | Oral health promotion in the community | Quality standards | NICE [Internet]. www.nice.org.uk. Available from: https://www.nice.org.uk/guidance/qs139
[22] Department for Education. Early years foundation stage statutory framework (EYFS) [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
[23] Department for Education. Relationships Education, Relationships and Sex Education (RSE) and Health Education [Internet]. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090195/Relationships_Education_RSE_and_Health_Education.pdf
[24] Dental Check by One [Internet]. Bspd.co.uk. 2019. Available from: https://www.bspd.co.uk/Patients/Dental-Check-by-One
[25] York Health Economics Consortium A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560972/Rapid_review_ROI_oral_health_5_year_old.pdf
[26] The London Vision [Internet]. [cited 2022 Nov 22]. Available from: https://www.healthylondon.org/wp-content/uploads/2019/09/London-Vision-short-summary-1.pdf
[27] London Health Inequalities Strategy | LGOV [Internet]. www.london.gov.uk. [cited 2022 Nov 22]. Available from: https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/health-inequalities/london-health-inequalities-strategy#:~:text=The%20Mayor%27s%20Health%20Inequalities%20Strategy
[28] Every Child A Healthy Weight. Ten Ambitions For London | LGOV [Internet]. www.london.gov.uk. [cited 2022 Nov 22]. Available from: https://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf
[29] Healthy Schools London | Healthy Schools [Internet]. www.london.gov.uk. Available from: https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/home
[30] Healthy Early Years London resources | LGOV [Internet]. www.london.gov.uk. [cited 2022 Nov 22]. Available from: https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/healthy-early-years-london/healthy-early-years-london-resources
[31] Census 2021 results [Internet]. Census 2021. Available from: https://census.gov.uk/census-2021-result
[32] Early years and childcare statistics [Internet]. GOV.UK. Available from: https://www.gov.uk/government/collections/early-years-and-childcare-statistics
[33] Ethnic group population projections – London Datastore [Internet]. Available from: https://data.london.gov.uk/dataset/ethnic-group-population-projections
[34] Department for Education. Schools, Pupils and Their characteristics, Academic Year 2019/20 [Internet]. explore-education-statistics.service.gov.uk. 2021. Available from: https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics
[35] Households below average income: an analysis of the income distribution FYE 1995 to FYE 2021 [Internet]. GOV.UK. Available from: https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2021/households-below-average-income-an-analysis-of-the-income-distribution-fye-1995-to-fye-2021#children-in-low-income-households
[36] In at the deep end • Resolution Foundation [Internet]. Available from: https://www.resolutionfoundation.org/publications/in-at-the-deep-end/
[37] Public Health England. The relation between dental caries and obesity in children: an evidence summary [Internet]. 2015 Oct. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/466334/Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf
[38] Public Health England. Child obesity and socioeconomic status data factsheet [Internet]. PHE Gateway; 2014. Available from: http://www.noo.org.uk/NOO_about_obesity/inequalities.

[39] Public Health CYP Profile: National Child Measurement Programme

[40] NHS Digital. National Child Measurement Programme, England 2020/21 School Year [Internet]. NHS Digital. 2021. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year
[41] Public Health England Barnet Oral Health Profile: Published November 2020 v1.2 provided by Regional Dental Public Health Consultant Advisor.
[42] Public Health England. Oral health [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/collections/oral-health Hospital Episode Statistics: Extractions data, 0-19 year olds, 2018-2019 to 2020-2021 (https://www.gov.uk/government/collections/oral-health)
[43] NHSBSA Information Services eDEN System Report provided by Regional Dental Public Health Consultant Advisor.
[44] NHSBSA Information Services eDEN System Report provided by Barnet Local Dental Committee.
[45] Healthy futures Supporting and promoting the health needs of looked after children Case studies [Internet]. Available from: https://www.local.gov.uk/sites/default/files/documents/healthy-futures-supportin-9cf.pdf
[46] Health in All Policies a manual for local government [Internet]. Available from: https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf
[47] Oral care and people with learning disabilities [Internet]. GOV.UK. Available from: https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities#oral-health-of-people-with-learning-disabilities

Appendix 1: Glossary of terms

BACE - Barnet Active Creative Engaging

CDS - Community Dental Service

CQC - Care Quality Commission

CYP OHNA – Children and Young People's Oral Health Needs Assessment

DBOH - Delivering Better Oral Health

DHSC - Department for Health and Social Care

EY - Early Years

FSM - Free School Meals

GDP - General Dental Practice

GP - General Practice

HEP - Health Education Partnership

HOSC - Health Overview and Scrutiny Committee

IDACI - Income Deprivation Affecting Children Index

IHA - Initial Health Assessment

IMD - Index of Multiple Deprivation

IRO - Independent Reviewing Officer

LAC - Looked After Children

LDC - Local Dental Committee

LSOA - Lower Super Output Area

MECC - Making Every Contact Count

NCL - North Central London

NCMP - National Child Measurement Programme

NICE - National Institute for Health and Care Excellence

NDEP - National Dental Epidemiology Programme

NHS BSA - NHS Business Services Authority

NHSE - NHS England

OHID - Office for Health Improvement and Disparities

ONS - Office of National Statistics

PHE - Public Health England

RHA - Review Health Assessment

ROI - Return On Investment

SEN - Special Educational Needs

UASC - Unaccompanied Asylum-Seeking Children

UDA - Units of Dental Activity

Appendix 2: GDPs in Barnet with an NHS Contract in 2022

	Full name or company name	Treatment Postcode	Ward
1	Apex Dental Care	NW7 3JR	Mill Hill
2	Approach Dentistry	NW4 2HS	Hendon
3	Barnet Smiles Dental Care Limited	EN5 2LP	Underhill
4	Colindale Dental Practice	NW9 5EP	Colindale South
5	Dental Arts Studio - Hendon	NW4 3UX	West Hendon
6	Devalia, Devalia Partnership	EN4 8AE	East Barnet
7	Dr N Radia and Dr K Rughani	EN5 5TD	High Barnet
8	East Finchley Smiles	N2 9ED	East Finchley
9	East Village Dental	N3 2SB	Finchley Church End
10	Edge Dental Care	HA8 8SS	Edgwarebury
11	Elite Dental Care	N3 1QN	West Finchley
12	Excel Dental Care	NW2 2JL	Childs Hill
13	Gurminder Gill	NW11 9AL	Golders Green
14	Hampden Clinics Limited	N14 5JN	Brunswick Park
15	Harwinder Kalsi	NW4 4NL	West Hendon
16	High Barnet Dental Care	EN5 5UR	High Barnet
17	Kevin Silver	N2 8AX	East Finchley
18	Kunal Shah	NW4 2BP	Hendon
19	Margaret Andi, Mill Hill Dental Practice	NW7 3RE	Mill Hill
20	MISS FA RAMJOHN	NW9 7AA	West Hendon
21	MISS N PATEL	NW7 3LJ	Mill Hill
22	MISS SV SMALL	HA8 8LX	Edgware
23	Mona Lisa Smiles	EN5 1PX	Barnet Vale
24	MR A JARVID	NW11 8LH	Childs Hill
25	MR A MARCUS	N20 9HE	Whetstone
26	MR A MEHRI	N12 0BT	West Finchley
27	MR AK FANG	N3 1XY	West Finchley
28	MR CA HAWKES	EN4 8HX	East Barnet
29	MR CM GAUNT	N12 8PR	Woodhouse
30	MR CP BALCOMBE	NW7 3RJ	Mill Hill
31	MR I DAVIS	NW11 7HB	Golders Green
32	MR JS BLISS	NW11 0QN	Golders Green
33	Mr K Esmail and M K Velji	EN4 8RN	East Barnet
34	MR K SHAH	NW9 6SH	Colindale South
35	MR LH BAUM	N12 8JT	West Finchley
36	MR MP BASS	NW11 8EN	Childs Hill
37	MR MS KHAN	N12 9BD	Woodhouse
38	MR N AGRAWAL	N3 1DP	Finchley Church End
39	MR R PATEL	N20 9HS	Whetstone
40	MR RF PRAIS	N2 0EF	Garden Suburb
41	MR S DARVISH-KOJOURI	HA8 9BP	Burnt Oak
42	MR SA TAVACKOLLI FARD	NW9 6HS	Colindale South
43	Mr V Patel	HA8 0AS	Burnt Oak
44	MR VK SETHI	EN5 1LJ	Barnet Vale

45	MRS A LEE	N11 3DA	Friern Barnet
46	Mrs S Hossein Pour Tehrani, Mr P Negahban	NW11 7RX	Childs Hill
47	N12 Dental Care	N12 8LG	West Finchley
48	Nether Street Dental Practice	N3 1QG	West Finchley
49	Nilesh Patel	N3 2SB	Finchley Church End
50	Oris Dental Centre	NW9 5UN	Colindale North
51	Precious Smile Dental Care	N12 9AB	Woodhouse
52	Promenade Dental Practice	HA8 7JZ	Edgware
53	Sudhir Thakerar & Partners	NW11 7RJ	Childs Hill
54	The Garden Dental Practice	NW11 7RX	Childs Hill
55	Whitecross Dental Care Limited	N3 2NA	West Finchley
56	Wood Street Dental Surgery	EN5 4BW	High Barnet

DRAFT: CYP Oral Health Improvement Action Plan for Barnet 2023/24

1. Introduction

Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

The currently commissioned oral health promotion services in Barnet are focused on the 0–19-year-old population. In November of 2022 a comprehensive needs assessment (HNA) focused on oral health in Barnet's 0-19 population was completed. The HNA considered epidemiological evidence to understand the prevalence of oral health issues, comparative evidence to understand oral health in relation to other geographical areas and over time where possible, and stakeholder views and expertise, including analysis of a focus group with parents of young children. A pragmatic literature review was conducted to identify the relevant national guidance on the prevention of oral health problems in children, including evidence on the effectiveness and cost effectiveness of different oral health interventions.

The HNA made evidence-based recommendations, divided into those that could be implemented within existing resources and those that would require additional resources. There were two main areas of recommendation for existing resources. Firstly, to enhance partnership working, by establishing a Barnet Oral Health Partnership, further embed oral health across existing programmes and co-produce an oral health action plan. Secondly, to maximise the impact of the small, existing oral health promotion service by focusing on training the wider health, education and social care professional workforces; quality assuring the supervised toothbrushing pilot and ensuring it is targeted within areas of deprivation, reviewing the provision of toothbrushes and toothpaste in response to acute cost-of-living pressures, and adopting the oral health training module for foster carers that is being developed London-wide. With additional resources, the recommendations focused on considering the commissioning additional interventions to improve intelligence and close inequalities.

To take forward the recommendations from the HNA, develop this multiagency oral health action plan, and promote system wide partnership working, a multiagency Oral Health Partnership Group (OHPG) has been formed. The group will meet quarterly and monitor the progress of this action plan. The Actions are presented in section 3 of this action plan. These actions are based on the evidence-based recommendations made in the HNA and then developed further by the OHPG. This action plan has been developed to be read alongside the 2022 HNA.

2. Background

National Context.

The wide-ranging impact of poor oral health remains the leading reason for hospital admissions for 5- to 9-year-olds. Tooth extractions for 0-to 19-year-olds are estimated to cost the NHS approximately £50m annually.[i] Nationally there are significant oral health inequalities. Causes of these oral health inequalities can be considered as upstream, midstream and downstream. Upstream social factors include economic policies which shape the income of an individual. Midstream factors refer to an individual's day-to-day living conditions. These range from access to healthy, affordable food through to psychological factors such as stress and access to affordable dental care. The downstream factors affecting oral health are related to health behaviours, which for children are largely related to sugar consumption in their diet and regular tooth-brushing with fluoride toothpaste.

The oral health status of children in Barnet

The National Dental Epidemiology Programme (NDEP) oral health survey in 2019 reporting that just under a quarter of surveyed five-year-olds in Barnet (24.8%) had tooth decay.[ii] Data shows evidence of inequality in the prevalence of decay across Barnet by deprivation: almost 35% of 5-year-olds in the most deprived quintile of the borough have experience of dental decay compared with 10% of 5-year-olds in the least deprived quintile. This is consistent with statistically significant differences in the prevalence of decay by deprivation observed in London-wide data. There is also London-wide evidence of statistically significant differences in the prevalence of tooth decay by ethnic group.

In terms of accessing NHS dental services, in 2019/20 – prior to the COVID-19 pandemic only about half (53%) of 0–19-year-olds accessed NHS dental care, but this fell to 21% in 2020/21, due to the pandemic's impact on dental services. The Barnet rate of hospital admissions for children to have their teeth extracted based on combined data from 2018/19 to 2020/21, is similar to the rate in England (3.4 per 1,000 population), but lower than the London rate (4.0 per 1,000 population).

However, rates within Barnet were socially patterned: highest in the most deprived quintile (4.3 per 1,000 population) to lowest in the least deprived quintile (2.5 per 1,000 population). There are 56 NHS General Dental Practices (GDPs) in the borough who deliver NHS services to children under 18-years-old, though as children can access dental care in any location it is difficult to interpret where Barnet's children are accessing services. Prior to the COVID-19 pandemic, the percentage of Looked After Children (LAC) having dental checks was approximately 80%. This reduced to 31% in 2020/21 but recovered to 69% in 2021/22 due to a pan-London Healthy Smiles pilot, which was launched in November 2021.

3. Actions

Actions agreed – within existing resources.

Identified Need	Action	Responsibility	Progress update	Time Frame
Oral Health Partnership Group needs to be renewed	Develop a Barnet Oral Health Partnership, to develop and oversee the implementation of a co-produced Barnet Oral Health Action Plan. Make sure to have a whole system's approach, consider what could be done in relation to cost of living and child poverty and improve communication between partners and link with other health promotion programmes	Public Health Team	First meeting took place on 09/02/23	Quarterly- to be reviewed after a year
Focus commissioned Oral Health Programme on recommended interventions such as oral health training for the wider professional workforce (e.g., health, education, and social care).	•Identify oral health champions in each setting and adopting a train-the trainer model.	S4H (oral health team)		6 months
	•Ensure training materials adhere to DBOH guidelines as the new service is being established		In progress	3 months
	•Understand the competency framework the provider is putting in place to ensure that workforce have appropriate communication skills to effectively train professionals		Update in place- to be monitored	In place
	•Plan, co-ordinate and communicate an oral health workforce training plan across Health, Education and Social Care workforces that operate in the borough		Update in place- to be monitored	In place

Identified Need	Action	Responsibility	Progress update	Time Frame
The Oral Health Programme is embedded within the wider Healthy Child Programme.	•Maximise the opportunity by investigating mechanisms to integrate oral health into targeted home visits for example by Solutions4Health health visitors	S4H and HEP		6 months
	•Ensure that there are oral health champions within the Solutions4Health health visiting and school nursing services			3 months
	Health Education Partnership interventions are integrated within comprehensive setting-based approaches such as HELY and HSL awards			3 months
	•Making Every Contact Count (MECC) training ensuring OH is a component of training			On going
The effectiveness of supervised toothbrushing programmes is sensitive to changes in delivery and to be effective it is important that the programme models closely the existing evidence-based methodology.	•Quality assure the existing targeted Barnet Young Brushers supervised toothbrushing to ensure that the settings are in wards of deprivation (e.g. target top 10-20% deprived areas)-Ensuring an evidence based methodology is being followed	S4H (oral health team)	In progress.	3 months to provide update (QA to be ongoing)

Identified Need	Action	Responsibility	Progress update	Time Frame
Oral health training for foster carers is optional, offered annually and unlikely to reach all foster carers	•Link in with London wide work underway to develop a mandatory Oral Health module to be integrated within standard Foster Carer training package	LAC health teams, PHT, S4H (oral health team).	To provide update at meetings	6 months
	•Develop both 'in person' and 'online' training to maximise reach of training		Oral health team have been put in contact with the fostering team to arrange the training sessions for 23/24	6 months
Provision of toothbrushes and toothpaste packs needs to be reviewed	•S4H to provide an update on the evidence based process for providing toothbrushes and toothpaste via the health visitors.	S4H (HV team)	To clarify where and when they are distributed	ASAP
	•Examine other opportunities to deliver toothbrushing packs in response to cost-of-living crisis including BACE Holidays-summer training for BACE coordinators to give out packs alongside education.	PH Team/wide engagement	Cost of packs being sought and opportunities to put in BACE packs for summer being discussed	3 months
	•Investigate processes for providing of toothbrushing packs to those unaccompanied minors in the borough	PH Team		6 months
	•Explore process in other boroughs and update at next meeting	PH Team		3 months

Identified Need	Action	Responsibility	Progress update	Time Frame
Collaborative working- to ensure all partners are taking responsibility for the OH of children within the borough.	•S4H-OH team to link in with the Local Dental Committee in Barnet and work in partnership on oral health promotion •Ensure links are made between EY teams and local dentists •Promote BF welcome sign up to dental surgeries.	S4H-OH Team, LDC, PHT		6 months 6 months 3-6 months
To ensure oral health is embedded and promoted as part of other existing Public Health Programmes such as HEYL and HSL, sugar smart, healthy weight and water only schools	Ensure oral health is integrated into other health improvement programmes and considered in future commissioned programmes – PH team to update the wider OHPG regularly on these actions.	PHT	Oral health component to both HEYL and HSL programmes. Oral Health can be a focus for a school or setting. Sugar smart work. Oral health considered in wider healthy weight strategy.	In place and ongoing
Variation in access to NHS Dental Services	Promote new NHS tool to allow services users to find an NHS dentist that is accepting children as NHS patients.	S4H, PHT		

Actions to scope projects where additional resources would be required.

Identified Need	Action	Responsibility	Progress update	Time Frame
Up-to-date data is required to understand impact on oral health inequalities	Commission enhanced sampling of future Dental Epidemiology Surveys to understand variation across Barnet wards	Public Health Team. - Regional Dental Public Health Consultants - Dental Epidemiology Survey Providers (Whittington Health Trust).	Discussed with epidemiology team and sample planned for next survey of 5 years old. Plan to be finalised post review of new 2022 survey data.	3 Months
There are downstream evidence-based interventions that are recommended and likely to reduce oral health inequalities that are not currently commissioned	These could include a targeted community-based fluoride varnish programme and targeted peer support groups/peer oral health workers	Public Health - North Central London ICB	PH to investigate potential costs and report back to OHPG.	3 Months
The Healthy Smiles pilot for LAC only covers children who are in placements in London. This does not cover ~50% of Barnet's LAC.	To keep an overview of progress to develop dental treatment arrangements for the LAC that are placed outside of London	Local Dental Committee - Designated LAC Nurse or Named LAC Nurse - Public Health Team - Regional Dental Public Health Consultants	LAC nursing team to provide updates on progress.	3 months
Children with SEN are a vulnerable group in terms of oral health and we need to consider their specific needs in terms of oral health promotion, prevention and access to treatment	Consider conducting a further phase of the Oral Health Needs Assessment process to understand the needs for children and young people with SEN. SEN needs assessment	Public Health Team - Adult Social Care - Regional Dental Public Health Consultants	Oral Health to be considered as a module within the planned needs assessment for children with SEN.	9 months

[i] Public Health England. Health matters: child dental health [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

[ii] Public Health England. National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019 A report on the variations in prevalence and severity of dental decay [Internet]. 2020 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873492/NDEP_for_England_OH_Survey_5yr_2019_v1.0.pdf

This page is intentionally left blank

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

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

BARNET
LONDON BOROUGH

Subject	Decision requested	Report Of	Contributing Officer(s)
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			
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 Integrated Care Board Interim Director of Aligned Commissioning (MH, LD/ Autism and CYP), North Central London Integrated Care Board
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

**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)
Suicide Prevention Plan Update	To review and approve the plan for 2023/24.	Director of Public Health and Prevention Executive Director of Children and Family Services	Senior Public Health Strategist, Public Health, LBB
Combatting Drugs Partnership Board – Annual Update	The Board to note and comment on the progress	Director of Public Health and Prevention	Senior Public Health Strategist, Public Health, LBB Public Health Commissioner, Public Health, LBB
Sexual Health Needs Assessment	The Board to note and comment on the needs assessment	Director of Public Health and Prevention	Head of Healthy Behaviours Commissioning, Public Health, LBB Public Health Registrar Trainee, Public Health, LBB
Pharmaceutical Needs Assessment Update	The Board approves – subject to comment – the updated Assessment.	Director of Public Health and Prevention	Public Health Consultant (Live and Age Well), Public Health, LBB Head of Insight and Intelligence, LBB
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults and Health Director of Integration (Barnet), North Central London Integrated Care Board	
28 SEPTEMBER 2023			

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)
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			
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
Dementia Friendly Barnet	The Board to note and comment on progress	Director of Public Health and Prevention	Senior Public Health Strategist
Better Care Fund Plan	To endorse approved plan	Executive Director of Adults and Health	Head of Joint Commissioning – Older Adults & Integrated Care, LBB/North Central London Integrated Care Board

*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)
Primary Care Update: Bi-annual report	The Board to note and comment on the update on Primary Care.	Director of Integration (Barnet), North Central London Integrated Care Board	Deputy Director, Primary Care Transformation, North Central London Integrated Care Board
Homeless Health Action Plan – progress update	The Board to comment and note on the Action Plan and progress.	Director of Public Health and Prevention	Senior Public Health Strategist, Public Health, LBB
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults and Health Director of Integration (Barnet), North Central London Integrated Care Board	
18 JANUARY 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			

** **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)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults and Health Director of Integration (Barnet), North Central London Integrated Care Board	
14 MARCH 2023			
Reference items			
List of abbreviations	The Board to note the list	Chair of the HWB Board	Governance Officer
Forward Work Programme	The Board to note the Programme	Chair and Vice Chair of the HWB	Governance Officer
Deep Dive			
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*

Subject	Decision requested	Report Of	Contributing Officer(s)
Barnet Borough Partnership Update	The Board notes the verbal update	Executive Director for Adults and Health Director of Integration (Barnet), North Central London Integrated Care Board	

** **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*

This page is intentionally left blank