

Health & Wellbeing Board

**Minutes of the meeting held 9.30 am on 27 July 2023
Hendon Town Hall, The Burroughs, London NW4 4BQ**

Board Members present:

Councillor Alison Moore	Chair, Health and Wellbeing Board & Portfolio Holder - Health & Wellbeing, London Borough of Barnet
Dr Nick Dattani	Clinical Lead (Barnet), NCL Integrated Care Board (ICB)
Councillor Paul Edwards	Portfolio Holder - Adult Social Care, London Borough of Barnet
Councillor Pauline Coakley Webb	Portfolio Holder - Family Friendly Barnet, London Borough of Barnet
Dr Tamara Djuretic	Joint Director of Public Health and Prevention, London Borough of Barnet and the Royal Free Group
Dawn Wakeling	Executive Director, Adults, Health and Communities, London Borough of Barnet
Kathleen Isaac	Director of Operations, Central London Community Healthcare NHS Trust
Deborah Sanders	Chief Executive, Barnet Hospital, Royal Free London NHS Foundation Trust
Debbie Bezalel	Head of Community Services, Inclusion Barnet
Kelly Poole	North Central London ICB

Others in attendance:

Claire O'Callaghan	Public Health, London Borough of Barnet (LBB)
Kate Bayley	Whittington Health NHS Trust
Ben Mensah	CAMHS, Barnet Enfield and Haringey Mental Health Trust
Carol Mayo	Barnet Enfield and Haringey Mental Health Trust
Louisa Songer	Barnet Public Health (LBB)
Dr Calisha Allen	Barnet Public Health (LBB)
Luke Kwamya	Barnet Public Health (LBB)
Dr Deborah Jenkins	Barnet Public Health (LBB)
Emma Powley	Governance (LBB)

1. Minutes of the Previous Meeting

RESOLVED that the minutes of the meeting held on 11 May 2023 be agreed as a correct record.

2. Absence of Members

Apologies were received from Colette Wood – substituted by Kelly Poole (North Central London ICB)

Apologies were also received from Chris Munday (Executive Director Children's & Family Services - London Borough of Barnet) and Sarah Campbell - Barnet Healthwatch.

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. Mental Health and Community Services Review

K Isaac – Director of Operations, Central London Community Healthcare NHS Trust (CLCH) presented the report and explained that the report focused on providing an overview and update on the progress of the mental health and community service reviews and delivery of the “core offer”. It provided an update on Barnet improvements and how these would benefit citizens in Barnet and furthermore, highlighted actions taken to address local Barnet challenges across community and mental health services.

It was explained that since the last update to the Barnet Health and Wellbeing Board, investment areas for Year 1 had been signed off by both the programme board and relevant system and ICB governance. Provider-led delivery plans for the first year of investments (2022-23) were mobilised from September 2022, alongside a process to track and monitor their impact. There had been a series of system conversations from January 2023 to agree the investment priorities for the second year of the programme (2023-24) and plans for these were being worked up by providers and were in the process of being signed off by the end of August 2023, with implementation expected to commence from September 2023.

CLCH had improved the coverage of some services to be 7 days a week, as well as wound care clinics and the Silverline triage service. The impact of the changes were to reduce pressures on other parts of the health service. CLCH will be seeking investment this year to expand Speech and Language Therapy, catheter provision, and rehabilitation services.

Carol Mayo - Managing Director, Barnet, Enfield and Haringey Mental Health Trust explained that a key focus was to address and improve staff shortage in the coming year. Access to psychological therapies has been improved. It was reported that a

series of quality improvement initiatives were underway to improve patient flow and discharge processes, for example in Adult Crisis Care, Community Mental Health, and physical health checks for people with Severe Mental Illness. Crisis cafes have continued to expand, but she recognised that there was more work to do in this area. There is also a continued focus on embedding transformed adult community secondary care services in collaboration with primary care, social care and VCS organisations.

Kate Bayley- Barnet Mobilisation Manager, Whittington Healthcare NHS Trust reported that the ICB had invested £150k into the therapies accelerator programme to address waits in therapy services across NCL. In addition, in 2023-24 the ICB would be investing a further £323k recurrently in Barnet. Whittington Health took on responsibility for the therapies services from February 2022, and is the provider of children's therapies for Camden, Islington and Haringey boroughs, as well as Barnet. Since the transfer staff vacancies had more than halved from 31% to 11% and waiting lists for first appointments had reduced by 80% (from 3,964 to 761), and average wait times were currently 11 weeks for Occupational Therapy, 5.5 weeks for Physiotherapy, and 15.5 weeks for Speech and Language Therapy. This is against a backdrop of increased demand nationally, and particularly in Barnet for services (average of 4,000 referrals per year received currently). The trust was also working on building a wider model of support, including training staff in settings to support children (and thereby reducing direct referrals into the service). Since the last report, the service for children aged under 6 months with feeding/swallowing issues had to be suspended due to lack of staff, but the trust had worked with Central London Community Healthcare NHS Trust to reinstate the service, which is now working again. Appreciation was expressed that work was being undertaken in conjunction with local authorities to develop a vision and to design and deliver an improved service with an aspiration of a robust model of universal support with a referral system that was fit for purpose.

Ben Mensah - CAHMS Managing Director Barnet, Enfield and Haringey Mental Health Trust, reported that the CYP Therapy service in Barnet transferred to Whittington from North East London Foundation Trusts in February 2022. As with other Integrated Care Systems in the London region, NCL does not currently meet the target for CYP receiving treatment. Waiting times for autism assessment for under 7-year-olds in Barnet remain a challenge, due to challenges with Consultant capacity at RFL. It was explained that CYP MH out of hours support over the 2023/24 period, the ICB would be investing £180k to ensure staff can be recruited to support services users to the required standard on all acute sites between 12am – 9am.

At present, there is 24/7 crisis cover in RFH (Royal Free Hospital), Whittington and UCLH (University College London Hospital). At Barnet Hospital and NMUH (North Middlesex University Hospital) there has not been the required crisis assessment/response between 12am – 9am required by the 24/7 CYP MH crisis pathway standards set out in the NHS Long Term Plan. Investment has also been in community-based work to prevent hospital admissions/facilitate earlier discharge and support in the community.

The Board highlighted the following points:

- More collaborative work was needed to address the increased diagnoses of Autism and ADHD, specifically with regards to Young People.
- Increase of neurodiverse patients seeing GPs seeking a diagnosis, and questions about what happens with them while waiting a diagnosis.
- Specialist advice and support to primary care, as well as note sharing and joint conversations on the best pathways helps to better support people in the community.
- Specialist access to Mental Health services were needed to prevent people in crisis being referred to A & E.
- Patient self-referral could be used for those people in crisis.
- Work was currently being undertaken with the Police to ensure adequate resourcing through the use of Urgent Care Response initiative (including our frailty care pilot with London Ambulance Service), which improves patient care and reduce unnecessary hospital stays.
- How prevention is being rolled out to ensure that people do not need more intensive services.

In response to questions asked, the following information was given:

- Triage had traditionally been formally undertaken by psychologists, but other alternatives were being considered with the potential of diversifying people's roles allowing them to triage.
- There needs to be clear and concise information to manage the expectations of both children and young people but also their parents in what services they can expect. Information on what was available, particularly via GP surgeries and in the community needs to improve, and a commitment was made to improve this.
- Whilst there were vacancies in a number of service areas, it had been imperative to use agency and bank staff to temporarily fill posts. Efforts were being made to recruit to permanent positions.
- CAHMS (Barnet, Enfield and Haringey Mental Health Trust) reported that majority of vacancies were consultants, with an international recruitment campaign being undertaken.
- Recognition that further work was to be done in new ways of working with partners, with a commitment to explore non-traditional ways of working to improve access to services.
- There was ongoing work with the Community and Voluntary Sector (CVS), with active engagement taking place through barber shops and faith

organisations with a recent mapping exercise having been undertaken to identify where additional work could be done in conjunction with CVS.

The Chair commented that the Executive Director Children & Families had in his absence written a number of questions and comments relating to the Mental Health and Community Services Review. This would be circulated to the Board and a written response was requested, which would be circulated to the Board Members prior to the next meeting of the Health and Wellbeing Board.

The Board thanked the presenters for their work and presentations.

Resolved that:

the Barnet Health & Well Being Board note and discuss the progress of the reviews to date, improvements taking place within Barnet and areas of continued focus.

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

8. Combatting Drugs Partnership Board - Update

The Chair resumed the meeting.

Louisa Songer – Senior Public Health Strategist presented her report and explained that the national drug strategy, ‘From Harm to Hope’, was published in December 2021 setting out the government’s 10-year plan to tackle harm caused by illegal drug use and related crime.

In keeping with previous drug strategies, From Harm to Hope sets out three strategic priorities:

- i) Break drug supply chains
- ii) Deliver a world-class treatment and recovery system
- iii) Achieve a generational shift in the demand for drugs.

In June 2022, the Joint Combating Drugs Unit (JCUDU) published guidance on setting up and operating Combating Drug Partnership. Local areas were tasked to come together to address all three strands of the governments drug strategy, by bringing together partners to assess needs, develop an action plan, and deliver locally relevant ambitions.

Barnet’s needs assessment was published and Louisa Songer highlighted a few key points from the assessment. It was reported that the general rate of drug crime in Barnet remained relatively low but with pockets of activity in specific areas. There was an aging cohort of drug users, specifically opiate drug use, in those over 50 whilst the number of younger age groups using opiates had decreased; opiates (specifically heroin) and alcohol were the most reported substances used by adults in treatment. It was noted that there continued to be a substantial unmet need across Barnet, including a number of parents who were not accessing support for their substance misuse and a falling number of young people in treatment. It was

considered that better partnership working was required with local GP's to improve identification of people misusing alcohol and address physical health problems for people misusing substances.

In response to comments and questions raised by the Board, the following information was noted:

- GPs were caught in a perpetual vicious circle as when they referred people to drug/alcohol services, it was often a requirement for that individual to be in a period of abstinence for them to engage with the services which was not always a viable option for a person suffering from addiction issues.
- People with mental health issues and drug-related problems were often being turned away from services due to their lack of abstinence. There needed to be a more joined up approach in breaking down barriers and for the provision of services providing an holistic approach to support and recovery. Barnet had invested in joint roles in the Mental Health and homelessness services to break down these barriers, and its substance misuse services have knowledge to help service users to navigate the Mental Health landscape.
- Some schools offered information in personal, social, health and economic (PSHE) education classes to educate on drugs/alcohol and the associated risks and it was suggested that these be expanded and delivered to more schools preferably by those with 'lived experience'. The Board noted that an audit of PHSE provision on substance misuse was part of the delivery plan for the partnership, which will capture this, and the partnership will prioritise provision in schools where there are higher risks.
- There was an overall awareness of the consequences of drug use and drug/alcohol addiction but there was not one direct cause, albeit the socio-economic pressures people were currently facing could be a contributing factor. Partnership working with other London Boroughs would be commendable as there were knock on implications of substance misuse and was too big an issue for one area to tackle independently. The Board noted that the national network of Public Health Directors were working to influence government on policy relating to socio-economic pressures, as many of the levers in this areas are out of the local partnership's control.

The Chair thanked the presenters for their report to the Board.

Resolved that:

- 1) the Health and Wellbeing Board note progress on establishing and delivery of the Combating Drugs Partnership Board.**
- 2) the Health and Wellbeing Board approve the Barnet Combating Drugs Partnership Needs Assessment**
- 3) the Health and Wellbeing Board approve the Barnet Combating Drugs Partnership Delivery Plan**
- 4) the Health and Wellbeing Board approve oversight of the Barnet Combating Drugs Partnership Delivery Plan**

9. Sexual Health Needs Assessment

Dr Calisha Allen, Barnet Public Health presented her report which provided an overview and update on key findings of the Directorate of Public Health recently completed Population Sexual Health Needs Assessment. The Barnet 2023 Sexual Health Needs Assessment looked at data from the last 5 years and used 2021 census demographic data to help better understand the needs of the Barnet population. The last 5 years have seen unprecedented pressures and changes to sexual health provision and healthcare more broadly both regionally and nationally, due to the COVID-19 pandemic and monkey pox.

The following information was reported:

- 57.8% of women choose user dependent contraception.
- 70.6% of STI tests were completed through online self-sample kits.
- STI testing levels have not yet returned to pre-pandemic levels.
- HIV rates in Barnet are classified as high but remain below regional levels.
- Gonorrhoea rates are above pre-pandemic levels and syphilis rates continue to rise including throughout the pandemic.
- 41.1% of abortions in Barnet were repeat abortions.
- In the reporting period 2021 chlamydia detection rates in females aged 15 to 24 are below the national recommendation, at 1502 per 100,000.

The rates of HIV in Barnet are still relatively high. However, the Council is striving to reach the Government's target of no new HIV cases by 2030. There was continued commitment to accessing those hard-to-reach groups such as those suffering from homelessness, migrants and under-represented groups who were less likely to access sexual health services.

The Board commented that there were some issues with the accessibility of Pre-Exposure Prophylaxis (PrEP). It was explained that efforts were being made to create clearer pathways for patients and sharing information with GPs and main points of contact for the public. Work was also being undertaken to improve the accessibility of the web pages across the system to help residents understand where and how to access consultations for PrEP. An offer for self-testing kits to be available at GP receptions was made, which will be taken up outside of the meeting. It was noted that specialist services and pathways existed for those who have been a victim with a range of services provided by the council, Central North West London NHS Trust and the voluntary and community sector for those who had suffered from sexual abuse and/or FGM.

The Chair thanked the officers for their report.

Resolved that:

- i) **the Health and Wellbeing Board note and approve recommendations from this needs assessment that will go on to inform the writing and implementation of the Barnet Sexual Health strategy.**

- ii) **the Health and Wellbeing Board further to note that all recommendations from the sexual health needs assessment were agreed by the steering committee which was comprised of a range of professionals working in sexual health including members from the council, professionals and healthcare professionals within NHS services and the charity sector.**

10. Pharmaceutical Needs Assessment Update

Dr Deborah Jenkins – Public Health Consultant, elaborated on her report and explained that the Board has a statutory duty to publish a Pharmaceutical Needs Assessment (PNA) and update it at least every three years. If there were changes to pharmaceutical provision since the last published statement (in 2022), the Board is required to review the impact of the change and assess whether a supplementary statement is required. Since the last assessment was published, two pharmacies closed in April 2023, which were the Lloyds pharmacies in Sainsburys stores in New Barnet and Hendon, and a third pharmacy closed due to consolidation with another premises in North Finchley in September 2022. The impacts of these changes on pharmacy provision in the borough have been assessed and it was considered that these two closures and one consolidation would not lead to a gap or poor provision in pharmacy services Barnet.

The Board discussed the report.

Resolved that:

- a) **the Board note the closures of the two Lloyds pharmacies in two Sainsburys stores and the consolidation of one pharmacy into another premises.**
- b) **the Board agrees that an updated supplementary statement is not required for the two pharmacy closures.**
- c) **the Board agrees that an updated supplementary statement (Appendix B) will be published for the pharmacy consolidation (as required by statutory guidance), and that an updated map of pharmacy provision in Barnet (Appendix A) is published alongside the statement.**

11. Barnet Borough Partnership Update

Dawn Wakeling, Executive Director – Communities, Adults and Health gave a verbal update to the Board and highlighted that the borough partnership had been to the Royal Free and Middlesex Population Health Committee and presented an update on the work of the borough Partnership relating to the Aging Well Pathway Aging Well MDT and the Council support for Care Homes. The feedback received had been extremely positive; they had described Barnet's frailty pathway and support for care homes as exemplary and suggested it be rolled out nationally. There had been a North Central London wide bid for cancer screening and to raise awareness for early signs of cancer which hopefully should result in a circa £400k investment.

The Board noted the verbal update.

12. Communicable Diseases - Update

Dr Tamara Djuretic – Director of Public Health and Prevention gave a verbal update to the Board and highlighted the following:

- The rate of measles cases in London was at the highest level in a decade, with the number of new cases continuing to rise. There had been various campaigns launched recently, encouraging people to get themselves and their children vaccinated with those born between 1998-2004 the most at risk.
- Recent data suggests the growth of the outbreak of monkeypox has slowed and a vaccine was now available.
- There had been an increase in the number of cases of whooping cough reported.

The Board noted the verbal update.

13. 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.

14. Any Items the Chair decides are urgent

There were none.

The meeting finished at 12.07pm