

Health & Wellbeing Board

**Minutes of the meeting held 9.30 am on 28 September 2023
Hendon Town Hall, The Burroughs, London NW4 4BQ**

Board Members present:

Councillor Alison Moore	Chair, Health and Wellbeing Board & Cabinet Member - Health & Wellbeing, London Borough of Barnet (LBB)
Councillor Pauline Coakley Webb	Cabinet Member - Family Friendly Barnet, LBB
Dr Tamara Djuretic	Joint Director of Public Health and Prevention, LBB and the Royal Free Group
Dawn Wakeling	Executive Director, Adults, Health and Communities, LBB
Chris Munday	Executive Director, Children & Families LBB
Deborah Sanders	Chief Executive, Barnet Hospital, Royal Free London NHS Foundation Trust
Colette Wood	Director of Integration, North Central London Integrated Care Board (NCL ICB)
Dr Joanna Yong	Clinical Lead for Children and Maternity, NCL ICB
Fiona Bateman	Independent Chair, Safeguarding Adults Board
Sarah Campbell (joined remotely)	Healthwatch Barnet Manager

Others in attendance:

Claire O'Callaghan	Health and Wellbeing Policy Manager, Public Health, (LBB)
Janet Djomba	Deputy Director of Public Health, Public Health (LBB)
Belinda Livesey	Private Sector Housing Manager (LBB)
Susan Curran	Head of Housing & Regeneration (LBB)
Nicola Bird	Housing Development and Regeneration Manager- Customer & Place – Regeneration (LBB)
Louisa Songer	Senior Public Health Strategist, LBB
Ellie Chesterman (joined remotely)	Interim Head of Commissioning: Mental Health and Dementia, LBB and North Central London ICB
Ian Sabini	Estates Managing Consultant, BP Partnerships
Seher Kayikci	Senior Public Health Strategist, LBB
Rachel Wells,	Consultant in Public Health, Public Health, LBB
Jayne Abbott,	Resilience Schools Manager, Public Health LBB
Muyi Adekoya	Head of Joint Commissioning - Older Adults and Integrated Care, LBB and North Central London ICB
Alexis Karamanos	Senior Public Health Intelligence Analyst, Insight and Intelligence, LBB

1. MINUTES OF THE PREVIOUS MEETING

RESOLVED that the minutes of the meeting held on 27 July 2023 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies were received from Councillor Paul Edwards and Dr Nikesh Dattani.

3. DECLARATION OF MEMBERS' INTERESTS

Dr Joanna Yong declared an interest in relation to item 12 by virtue of being a GP and partner at St Andrew's Medical practice.

4. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

5. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

6. LIST OF HEALTH AND WELLBEING BOARD (HWBB) ABBREVIATIONS

RESOLVED that the Board note the standing item on the agenda which lists the frequently used acronyms in Health and Wellbeing Board (HWBB) reports.

7. HOMES AND THE IMPACT ON HEALTH OF RESIDENTS

Jane Djomba, Deputy Director of Public Health, introduced the item and talked about the importance of healthy homes and actions taken to reduce risks to health in relation to damp and mould. It was noted that healthy homes included a range of aspects to be considered such as living standards and air quality.

Kate Laffan, Director of Resident Services for the Barnet Group explained the management of the Council's housing stock and also of unsuitability of private homes in collaboration with the Council's private sector housing team, as well as the delivery of the statutory homelessness service.

It was noted that all aspects of the home environment were considered and strategies such as the Homelessness Health Action Plan were being developed to address the issues of damp and mould as well as unsuitable accommodation. Key initiatives included setting up the Barnet Homes Healthy Homes Team that was responsive and taking a proactive approach following recommendations from the Housing Ombudsman's report, 'It's not Lifestyle.'

It was noted that £2.2m per annum for the next four years to deliver works relating to damp and mould would include the recruitment of specialist contractors and reconfiguration of IT systems to monitor and capture data through the customer care contact team.

Training of all front line and technical staff would be undertaken, pertinent to carrying out their roles in the field. Surveyors with softer skills were vital to picking up nuances in relation to the home, particularly medical issues which could then be flagged up. The Housing Options team would take a holistic approach when inspecting properties affected by damp and mould.

The use of publicity campaigns which have proven to be successful in the past, would help reach tenants and leaseholders whilst providing online opportunities to increase engagement.

Barnet had successfully completed a stock condition survey of 100% of its properties via Savills following which repairs were progressed based on severity.

Belinda Livesey, Private Sector Housing Manager, spoke about the tenanted private sector. A pilot had been set up with Barnet Homes in relation to damp and mould around those who presented as homeless and who required swift responses to serious accommodation issues. The service was expanding audits to ensure standards of temporary homes were met in line with Barnet Homes recommendations.

Supportive conversations with landlords and tenants were being held to eradicate blame-based terminology. In addition, tenants were supported in understanding how their behaviour could help improve safety and living conditions. Due to an increase in complex cases, landlords had to abide by regulations in relation to licensing schemes and inspections to meet the required standards.

Nicola Bird, Housing Development and Regeneration Manager who worked with social landlords, housing associations and registered providers (RPs), said that the majority responded well to the expectations of the regulator by reviewing their policies and activities in relation to damp and mould. In Barnet, information was collated on particular activities and risk assessed. Nicola Bird presented the updated works of the largest RPs in relation to Barnet as part of the Council's performance review.

Louisa Songer, Senior Public Health Strategist, presented the Homelessness Health Action Plan which addressed health issues faced particularly by rough sleepers. It was noted that a homeless needs assessment resulted in the approved delivery plan and tracked progress of actions. Successful events included quarterly screening of vaccinations, TB vans and health checks which resulted in a positive uptake.

The substance misuse rough sleeping project had been successful, utilising grant funding to support those with multiple needs including accessing accommodation. The excellent multi-disciplinary service via the substance misuse provider CGL, in partnership with Barnet Homes and Homeless Action in Barnet has been delivering joint outreach services. Interventions were offered around specific needs including for those without recourse to public funds. The biggest challenges faced were around the delivery of primary care services for rough sleepers due to delays in a Locally Commissioned Service and inadequate care for broader needs such as cardiovascular issues. Another challenge was pending refurbishment works at Homeless Action in Barnet premises. Despite good collaboration with Barnet Homes, challenges remained in relation to mental health pathways included the disconnect between strategic and operational levels and the need to tie in the dual diagnosis group with adult safeguarding. Lessons learned from the Safeguarding Adult Review showed a need for better collaboration and taking a more proactive approach to prevent deaths at an early stage in the process.

Susan Curran, Head of Housing and Regeneration, addressed the Board and talked about the ongoing progress and implementation plans for the newly approved housing, homelessness and rough sleeping and tenancy strategies.

The priorities of the Housing Strategy relate to the provision of safe and secure affordable homes for all residents to thrive. The strategy addressed a number of

administration commitments as well as challenges faced in the Borough. There was a short supply of social housing to meet the needs of the large population and an increase in homelessness, although this was also a national problem. The London Councils meeting highlighted a 30% increase in homelessness compared to last year. Another challenge was the complex needs of individuals who presented as homeless. The new Housing Strategy has five themes which were developed in response to the current challenges including promoting healthy homes and preventing homelessness.

Susan Curran highlighted that the Homelessness and Rough Sleeping Strategies were informed by the Homeless Code of guidance. The key points presented was to address challenges in relation to a short supply of housing stock and intervention. Focus was needed on early intervention and implementation by having services spread around the Borough.

Fiona Bateman, Chair of the Adult Safeguarding Board, highlighted that one of the points arising from the Safeguarding Review, was a link between homelessness and domestic abuse. Referring to the statutory safer accommodation strategy, Fiona asked whether a link was made to a risk in homelessness as a result of domestic abuse, taking into account Violence Against Women and Girls (VAWG) and how that would be taken forward.

Kate Laffan said that funding was being sought through their dedicated domestic abuse team and work that was carried out was linked to the VAWG strategy. The highly skilled team was able to capture all data related to the victims. A one stop shop was being run regularly with a range of agencies to support survivors of abuse with suitable accommodation. In addition to Solace, a women's refuge has been set up along with regular training for staff. In relation to the perpetrator, programmes were underway for providing advice on accommodation.

It was noted that lessons learned around perpetrators in that specific case discussed at the Safeguarding Review, would be taken to the Strategic Leader in the Council.

Chris Munday, Executive Director of Children and Family Services, said that additional funding was available for culturally informed perpetrator programmes led by Barnet, details of which could be circulated to the Board. Chris Munday said that having close working networks in the Council on a whole range of issues was positive. Changes in policy meant that Care leavers, who were at risk, could not be made intentionally homeless. Hence it would be good to know about work done around them and young homeless people. It would also be useful to present information regarding damp and mould to the Safeguarding Partnership Board to strengthen links with health.

In relation to Barnet hosting five hotels for homeless people, Chris Munday asked whether there were particular concerns about the accommodation for asylum seekers and whether any more could be done by the Council.

Kate Laffan said that positively, a focus group was held with Care Leavers who were very engaged in shaping strategies with the Onwards and Upwards Team. That helped build better ways to communicate and to implement better pathways for Care Leavers. It was noted that many initiatives were taken for rehousing care leavers including those who had children and supporting their journey out of care. A family mediation role was also implemented to engage with those who excluded their young children particular those who were NEETs. A holistic approach was taken in linking services such as BOOST to help prevent homelessness by working with family members in order to improve their prospects.

Belinda Livesey said that accommodation for asylum seekers, particularly without cooking facilities, was not suitable on a long-term basis, especially for those with health issues and could not afford to travel to take their children to school.

Sexual harassment issues have also been flagged. Comprehensive management and enforcement of safety checks to prevent fire risks, overcrowding and pests or damp and mould were in place.

Louisa Songer added that the migrants' health needs assessment was another avenue to address and such issues could be reported back to the Board.

Dr Tamara Djuretic, Director of Public Health and Prevention suggested that the message on self-care be shared with colleagues in the borough partnership and primary care. The Housing Association route was a good opportunity to target the population at high risk on all health issues. Dr Djuretic asked whether any work had been done to identify factors causing an increase in homelessness figures and to include other cohorts in supporting prevention.

It was noted that an information resource pack on damp and mould had been developed to be shared with wider partners as well as bespoke training. Although numbers in temporary accommodation had reduced significantly in Barnet, following the pandemic, a surge in demand was anticipated due to cost of living pressures and the consequent risk of evictions. Data was being analysed to understand those presenting as homeless and try to secure an adequate supply of good quality private accommodation. Under 2% of private sector properties were at local housing allowance level, meaning that property is unaffordable for many people. Teams of housing officers' ability to negotiate with private landlords was limited due to the increase of mortgage rates, which lead to higher rents.

Cllr Coakley Webb whether there was available data in relation to no fault evictions and rent increase, where those who presented as homeless was a direct result of actions taken by the landlord.

It was noted that landlords were not always transparent on reasons to evict. However, the data which had been captured relate to affordability and impact on rent levels for landlords. An opportunity to access a specialist resource within environment health would allow to address tenant complaints on condition of properties and to review the conditions within the property to support both the tenant and landlord enabling tenancy sustainability.

Debbie Saunders, Chief Executive Barnet Hospital, Royal Free London NHS Foundation Trust talked about adult respiratory clinics and that the information on damp and mould should be available in clinic to support clinician's in-house referrals when alerted on health issues. It was noted that staff at Barnet and Royal Free ED would be supportive in progressing actions relating to the delay in audit as highlighted in the action plan.

The Chair reiterated the importance of joined up services to minimise harm, supporting residents in giving them the confidence to support themselves with the help provided; the health and wellbeing of care leavers; as well as asylum seeker accommodations and homelessness by holding partners collectively to account on the implementation of the outstanding actions within the plan.

RESOLVED hat the Health and Well-being Board

1. Notes and comments on the Deep Dive update in Appendix A.

- 2. Comments on how the challenges on the Homeless Health Action Plan can be overcome.**
- 3. Discusses and inputs into the implementation plans for the Housing Strategy and Homeless and Rough Sleeping Strategies.**

12. PRIMARY CARE UPDATE: BI-ANNUAL REPORT

It was agreed that the order of business be changed. Therefore, item 12 was considered before item 8.

Colette Wood, Director of Integration, NCL ICB, updated the Board in relation to access to primary care which became a top priority for patients, ICB and all health partners pre and post pandemic. Key focus was on improvement of digital access to general practice including online consultation, cloud telephony and use of the NHS app. A new hybrid model for delivery of primary care needed further development.

Dr Joanna Yong spoke about contractual priorities and mechanisms for improvement namely the Capacity, Access and Improvement Project (CAIP) funded and supported through NHSE. Accelerated programmes were formed to provide practical support to improve access through capacity and workforce, whilst reviewing different ways of working.

Colette Wood explained ongoing work in the ICB alongside PCNs, of gathering data from 48 GP practices to obtain a range of indicators including patient satisfaction which would help identify practices that were doing well, those that required support and those that were struggling. The upcoming Adults and Health Overview and Scrutiny task and finish group would provide the opportunity to invite patients and residents to highlight their experience in order to improve the triage systems. The Barnet wide patient participation group (PPG) also helped communicate how general practice has changed and the range of opportunities to access services within general practice.

Winter challenges meant that current practices had to be built upon collaboratively with partners to deliver better responses such as acute respiratory hubs and ring-fencing appointments around the cohort of patients requiring intensive input.

Dr Yong added that GP survey results were being reviewed to understand what patients wanted and how communications had evolved at a practice and PCN levels.

Ian Sabini, Estates Managing Consultant, NCL Estates, spoke about the importance of infrastructure in providing good quality estates in the right place and increasing access. Infrastructure assessments that were due to be completed by the end of the financial year, would identify priority projects in the borough and North Central London. The Colindale Integrated Hub, Brent Cross Regeneration Scheme and the refurbished health facility in Torrington Park were opportunities to embed general practice, community services and outpatient services into the community.

An annual capital prioritisation process identified priority schemes for the next financial year in relation to population growth and demand. Significant capital was agreed with the ICS to be invested into primary care.

The Chair reiterated the for allocating funds to prevention and early intervention as this would ultimately ease pressure of acute services. The Chair said that challenges around premises structure and facilities and its role in practices, could either help or hinder additional work relating to community and preventative medicine.

RESOLVED that the Health and Wellbeing Board note the primary care and NCL Joint Capital Resource Plan update.

8. BARNET MENTAL HEALTH CHARTER

Ellie Chesterman, Interim Head of Commissioning; Mental Health and Dementia, presented the item. The Chair emphasised the importance of a deep dive on mental health at the previous meeting to help further the aspirations of Councillors and partners in this area within the community.

Ellie Chesterman said that the Charter was an administration commitment to build upon the work already being done during and after the pandemic and having honest conversations on mental health and its impact on wellbeing.

The Charter had been coproduced alongside partners and with residents of all ages. Focus groups were set up including one with young people via Young Barnet Foundation and commissioned by Family Services. Positive feedback was received from young people who felt that they were being listened to, and that the importance of having access to timely support and tackling stigma around mental health was similar to that expressed by older contributors. Over 200 people were involved in the process, half of whom were children. Feedback included the importance of peer support, access to crisis provision, accessibility to services and waiting lists. Using a holistic approach, the Charter was developed to refine the language and there are plans to develop a child friendly version.

Important next steps involved launching the Charter and raising awareness of it, as well as ensuring that organisations have pledged to deliver aspirations of the Charter. In line with coproduction, the monitoring of progress would be assisted by a person with lived experience of mental health and progress would be reported back to the Board and other organisations. Members were invited to the launch of the Barnet Mental Health Charter on the 10th of October during World Mental Health Day.

The Chair said that despite challenges in organisational changes such as the police model on 'right care, right person', a holistic and non-stigmatising approach was needed, supported by the community, especially those with lived experience to ensure that discussions and actions were most meaningful for those facing significant challenges.

Dr Djuretic said that the work on engagement was very positive. Focus should be placed on prevention and early help and the journey should ensure work was built upon preventative work with partners in early years, schools and mental health first aiders.

RESOLVED that the Health and Wellbeing Board

- 1. Approves the Mental Health Charter, ahead of its launch and wider circulation**
- 2. Notes the range of supplementary versions: a 'pocket' version with headlines on an easy-read version**
- 3. Notes the launch event for world mental health day on 10th October. The key elements of the launch are:**
 - Unveiling the Charter**
 - Outline of the coproduction activity (Barnet Together Alliance)**

- **Borough-wide organisations signing the Charter and making their pledges**

9. SUICIDE PREVENTION STRATEGY ANNUAL UPDATE 2022-23 AND REFRESHED ACTION PLAN 2023-24

Seher Kayikci, Senior Public Health Strategist, introduced the item. Following the approval of the Barnet Suicide Prevention Strategy in 2021, the annual report outlined collaborative actions across the borough in delivery of the strategy. In addition, a refreshed comprehensive action plan involved 40 local, regional and national organisations and people with lived experience working together to reduce death by suicide in children, young people and adults in Barnet. It was noted that the action plan was developed through workshops, securing the commitment from partners to a borough wide response. The plan was also fully aligned with the priorities and goals in the newly published National Suicide Prevention Strategy.

Dawn Wakeling, Executive Director of Adults, Health and Communities, thanked and commended officers for their dedication to the work produced. The Chair congratulated the team on their effective piece of work around the Barnet Suicide Prevention Campaign and on being shortlisted for the Chamberlain Dunn Award for best digital initiative.

RESOLVED that the Health and Wellbeing Board

- 1. Notes the progress on implementation of the Barnet Suicide Prevention Strategy.**
- 2. Notes the most recent data for the borough of Barnet.**
- 3. Approves the renewed Action Plan 2023-25.**

10. BETTER CARE FUND PLAN

Dawn Wakeling introduced the item, highlighting that the timescales for submission of the Plan had not aligned with the HWBB meetings and therefore had been approved under delegated powers and approved by NHS England.

Muyi Adekoya, Head of Joint Commissioning, Older Adults and Integrated Care, highlighted that the better care fund was in its ninth year of implementation with the primary aim to ensure that those in need could stay well in their homes for as long as possible and to support services in ensuring residents received the right care in the right place at the right time. An increase in funding to £47m has helped develop the two-year care plan in line with the national guidance and metrics. All services in place supported the delivery of the metrics, making Barnet an exemplar of implementing the Better Care Fund Plan.

RESOLVED that the Health and Wellbeing Board

- 1. Notes the contents of the Barnet BCF Plan 2023-2025.**
- 2. Endorses the BCF Plan submitted to NHSE by the Local Authority on 30th June 2023.**

11. JOINT HEALTH AND WELLBEING STRATEGY - IMPLEMENTATION UPDATE AND PLAN FOR JOINT STRATEGIC NEEDS ASSESSMENT REVIEW

The Chair highlighted the importance of the strategy and the plans around the JSNA that encapsulated data from other services, drawing from external data and linking to key sources which would inform the next Strategy.

Claire O'Callaghan, Health and Wellbeing Policy Manager, spoke on the implementation plan. It was noted that most of the actions had either been completed or were on target with half of the KPIs showing an improvement trend.

Alexis Karamanos, Senior Public Health Intelligence Analyst, presented the development of the JSNA highlighting the organisation of resources based on the Barnet Corporate Plan. The public would be given the opportunity to explore and use the data as a useful tool for topics of interest. It was also a good method of amalgamating existing resources into a central place. The JSNA was set up as a live dashboard that could continually be updated and refreshed.

In reference to the plan, Chris Munday suggested cross referencing information with the borough's partnership to ensure both plans aligned with key strategies.

The Chair commented that the range of strategies should be based on granular data to synthesise plans with intelligence driving the KPIs for the right outcomes to be delivered by the right people in the right places.

Dawn Wakeling suggested consulting NCL colleagues on the challenges around pathways in relation to cardiovascular diseases by the lack of NCL networks and whether more would need to be done at borough partnership level.

Dr Djuretic said that the Healthy Heart Project was very good but it involved a small cohort. Therefore, engaging with primary care in terms of contracts and performance management was needed to deliver indicators in relation to national data.

RESOLVED that the Health & Wellbeing Board

- 1. Comments on and notes the progress on the current Implementation Plan, and the Key Performance Indicators.**
- 2. Agrees, subject to comment, the updated Implementation Plan for the third period.**
- 3. Agrees, subject to comment, the plan to update the Joint Strategic Needs Assessment.**

13. BARNET BOROUGH PARTNERSHIP (VERBAL UPDATE)

Dawn Wakeling provided an update to the Board around the need for further neighbourhood development of neighbourhood working. Funding was available for primary care providers to bid for around project initiatives on neighbourhood models of working, in partnership with other statutory services. A pilot local neighbourhood team was being established on Grahame Park estate in relation to mental health, housing and homelessness and other issues.

Borough partnerships across NCL were expected to deliver the aims and ambitions of the NCL population health and Integrated Care Strategy. In Barnet, the HWBB would feedback on the work carried out on delivering the overlapping strategies.

The Chair said that in terms of partnership neighbourhood working, it was suggested to hold another meeting of the HWB in the future at Grahame Park to have conversations with residents and partners to see what impact significant work by the police on endemic crime and community safety issues (Operation Dakota) had on health, mental health and wellbeing of residents.

14. COMMUNICABLE DISEASES - (VERBAL UPDATE)

Janet Djomba presented the item. Following the return of Covid and its new variants, the autumn booster of vaccinations was brought forward for eligible groups; those 65 and over, those in care homes and those with severe underlying conditions. A separate flu immunisation campaign will also include school children.

It was noted that cases of Covid 19 were increasing but recent hospital data indicated lower hospital admissions.

Nationwide, approximately 3000 patients were admitted to hospital with 79 people on ventilation support. Alongside vaccinations offered in primary care in Barnet, 24 Pharmacies were offering the booster and the Council was organising clinics in asylum seeker and homeless accommodations.

No measles outbreaks were reported in Barnet but work on uptake for immunisations was underway. Focused work had been done with Somali and Romanian communities to identify specific needs and support was provided in Orthodox Jewish communities to increase uptake on immunisations. Reminder letters were circulated to all state schools and private schools that were signed up to Council updates. School immunisation teams were operational to do catch up MMR vaccines in schools with low take up but were waiting on accurate data to be supported by UCLH. Webinars have been scheduled with primary and secondary schools.

The Chair thanked the Vaccine Champions, particularly those working as trusted peers with the most vulnerable. Although measles vaccination levels in Barnet were higher in comparison to NCL partners, continued efforts were needed to push up vaccination level to the threshold to ensure safety in the community especially for the most vulnerable.

The Chair queried whether measles vaccinations had been extended to asylum seeker children.

Janet Djomba said that services were working with GP practices linked to asylum seekers to target accommodations and to cover all essential vaccinations.

15. FORWARD WORK PROGRAMME

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

RESOLVED that the Board note the Forward Work Programme.

16. ANY ITEMS THE CHAIR DECIDES ARE URGENT

None.

The meeting finished at 12pm