

Appendix 2: Full list of identified needs from the JSNA

Chapter 2 - Demography

- Barnet is the **largest Borough in London by population and is continuing to grow**. The highest rates of population growth are forecast to occur around the planned development works in the west of the Borough, with **over 113% growth in Golders Green and 56% in Colindale** by 2030.
- **The over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030**, and the rate goes higher in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.
- **Brunswick Park and Hale are projected to experience relatively higher levels of growth in the proportion of the population aged 65 and over**, increasing by 5.8% and 5.5% respectively during the period 2015-2030.
- **The Borough will become increasingly diverse, driven predominantly by natural change in the existing population**. One of the key challenges will be meeting the diverse needs of these different and growing communities. **Colindale, Burnt Oak and West Hendon have populations that are more than 50% BAME backgrounds**. Over 50% of all 0-4 year olds in Barnet are from a BAME background in 2015 and this is forecast to continue to increase.
- The life expectancy of individuals living in the most deprived areas of the Borough are on average 7.6 years less for men and 4.7 years less for women. By Ward. **Burnt Oak has the lowest average life expectancy from birth of 78.8 years**.
- The west of the Borough has the highest concentration of more deprived LSOAs, with **the highest levels of deprivation in Colindale, West Hendon and Burnt Oak**. However, the **most deprived LSOA in Barnet is located in East Finchley, specifically the Strawberry Vale estate**, and falls within the 11% most deprived LSOAs in the country.
- Coronary Heart Disease is the number one cause of death amongst men and women. **As male life expectancy continues to converge with women it is likely that the prevalence of some long term conditions will increase in men faster than in women**.
- Barnet is ranked 16th and 14th out of all London Boroughs in relation to 'life-satisfaction' and 'worthwhileness' wellbeing scores. Both of these indicators have experienced a decline since 2011.
- Some areas, particularly Golders Green, Colindale and Mill Hill, will get younger, bucking the trend of an ageing Borough.

Chapter 3: Socio-Economic and Environmental Context

- There is a long term **shift in housing tenure towards renting and away from owner occupancy** (either outright or with a mortgage) reflecting a sustained reduction in housing affordability and an imbalance between housing demand and supply.
- **Housing affordability is the second highest concern for residents** according to the 2015 Residents' Perception Survey. Only the condition of roads and pavements is a higher concern.
- Currently the significant majority of older residents own their own home and use the equity they have built up to fund the care they may need later in life. **Over the coming years a declining proportion of the growing older population will own their own home**, having important implications for how the health and care system works and is paid for in the Borough.
- Social isolation is an important driver of demand for health and care services. In Barnet **social isolation is associated with areas of higher affluence and lower population density**, as people in these areas tend to have weaker less established community and family networks locally.
- **Average income is rising in Barnet, however this growth is driven predominantly by more affluent wards, with wage growth in other areas stagnating and even falling in real terms**, resulting in higher income inequality between different areas in Barnet. More work is needed to understand what is driving this divide and its implications.
- There are **significant differences in the proportion of working-age people receiving Job Seekers Allowance in different wards**, the areas with the highest proportions being in Burnt Oak, Childs Hill and Underhill.
- Employers in Barnet say **they can find it difficult to find people with the right employability skills**, particularly in relation to having the right attitude, motivation and numeracy/literacy amongst candidates.
- **There are shortages of people available to fill vacancies in the caring, leisure and services sector, associate professionals sectors, and skilled trades sector in Barnet.** Future careers advice and education/training offers could focus on filling these.
- Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar Boroughs.
- **Pollution levels are higher along arterial routes**, particularly the North Circular, M1, A1 and A5.
- The majority of people visiting town centres in Barnet do so by foot, bicycle or public transport. Encouraging this, particularly in less healthy areas, could drive good lifestyle behaviours and reduced demand for health and social care services.

Chapter 5: Health

- Coronary Heart Disease is the number one cause of death amongst men and women. **As male life expectancy continues to converge with women it is likely that the prevalence of some long term conditions will increase in men faster than in women.**
- **There is 8 Years difference in male life expectancy between Burnt Oak and Garden Suburb wards.** Bigger differences exist at lower geographical levels. **Circulatory diseases are the main contributors to differences in life expectancy between different areas.**
- Smoking, diet and alcohol are the main contributors to premature death in Barnet.
- **The rate of emergency hospital admissions due to stroke is significantly higher in Barnet than London or England.** The wards with the highest rates of mortality from stroke are Burnt Oak, Childs Hill and Colindale.
- **Screening rates for cervical and breast cancer are significantly lower in Barnet than the England average** (23.3 per 100,000 vs. 15.5 per 100,000). More work is needed to understand why this is.
- Overall rates of individual mental health problems are lower in Barnet than London and England; however **the rate of detention for a mental health condition is significantly higher than the London or England averages.**
- Poor dental health is associated with poor health outcomes in later life. With this in mind, **Child dental decay is the top cause for non-emergency hospital admissions in Barnet.**
- **Women in Barnet are significantly less likely to quit smoking in pregnancy** than women on average in London.
- **Barnet performs poorly for some immunisations that are strongly associated with poor outcomes and additional demand pressures later on in life.** Particularly HPV, flu and pneumococcal (PCV) immunisation and childhood immunisations are lower than the average national rates.
- **Overall the percentage of diabetic people having all 8 health checks in Barnet is below the national rate** and the risk of complication and additional demand pressures from people with diabetes in Barnet is higher compared to those without diabetes.

Chapter 6: Lifestyle

- Barnet has a relatively low level of smoking prevalence compared with other areas, however **Smoking cessation programmes in Barnet are significantly less effective than in England on average**, indicating that the current £8m cost the NHS of smoking in Barnet could be reduced.
- The wards with the highest prevalence of smoking in Barnet are Hendon, Mill Hill, and Underhill.

- **Barnet has a higher rate of underweight adults and children** than London or England.
- **The wards with the highest rates of child obesity are Colindale, Burnt Oak and Underhill.** These are also the wards with amongst the lowest levels of participation in sport, the lowest levels of park use, and the lowest rate of volunteering.
- The rates for alcohol related mortality and hospital admissions in males are rising in Barnet.
- **The wards with the highest rates of admission to hospital with alcohol-related conditions are Burnt Oak, West Hendon and Colindale.**
- **Treatment for alcohol dependency in Barnet is less effective than in the rest of the country.** Specifically, completion rates for treatment for alcohol dependency are below the national average, and the rate of re-presentations after treatment are higher.
- The number of MARAC **cases of domestic abuse associated with drug and alcohol use in Barnet nearly doubled between 2011 and 2013.**
- **For non-opiate drug users successful completion rates are lower than in England,** and the proportion of those who successfully complete a programme and do not re-present for treatment within 6 months has decreased below the baseline and is also lower than the average for England.
- **The rate of GP prescribed long acting reversible contraceptives in Barnet is lower than the average rates for the London region and England.**
- The evidence-based public health interventions with the highest “return on investment” according to the respected Kings Fund are: **housing interventions** (e.g. warm homes), **school programmes** (e.g. to reduce child obesity and smoking), **education to reduce teenage pregnancy,** and **good parenting classes.**

Chapter 7: CCG

- Barnet has more than 100 care homes, with the highest number of residential beds in London, leading to **a significant net import of residents with health needs moving to Barnet** from other areas.
- **Increasing levels of delayed discharges, place added pressure on bed capacity and emergency admissions.**
- Need for the **development of high standard integrated out-of-hospital community services,** with the appropriate skills mix/capacity, available 24/7 to halt rising use of hospital care.
- An **insufficient level of capacity outside of acute hospitals** is resulting in some patients having extended stays in acute.
- **Increasing demand on urgent and emergency care** with Barnet A&E activity recording an increase in 14/15 compared to 13/14.

- **Accident and Emergency (A&E) patients waiting no longer than four hours from the time from booking in to either admissions to hospital or discharge.** The 95% national target was missed in quarter 4 (Q4 RFL 94.3%).
- Limited of capacity/inability to move patients onto rehabilitation pathways.
- **Obesity growth in middle-age population (45-65) year olds** places additional risk of them developing long-term conditions.

Chapter 8: Children and Young People

- **The high rates of population growth for children and young people (CYP)** will occur in wards with planned development works and **are predominantly in the west** of the Borough. The growth of CYP combined with **benefit cuts will place significant pressure on the demand for services** from children's social care and specialist resources from other agencies (notably health).
- Domestic violence, parental mental ill health and parental substance abuse (toxic trio) are the most common and consistent contributory factors in referrals into social care. **Effective prevention and early intervention could help to reduce impact on CYP and their families**; and referrals to children's social care and other specialist services within health and criminal justice system.
- **Child poverty is entrenched in specific areas of Barnet (notably west)** targeted multi-agency, locality based interventions could better support families.
- **The Young Carers Act and Children and Families Act 2014** represent significant reform of care and support to children and young people with special educational needs and disabilities, and those caring for others. It is expected to raise the expectations of parents and carers. This **will represent a challenge to the Local Authority and partner agencies**.
- The number of post-16 pupils in special schools is causing **a pressure on the availability of places for admission of younger pupils**.
- Overall all **children in Barnet achieve good levels of educational attainment** against statistical neighbours and national averages. However **the attainment for disadvantaged groups, against their peers in Barnet has widened** compared to the London gap. Data shows the gap is wider for black boys in Barnet.
- **Neglect** is the primary reason for children and young people to have a child protection plan.
- The **rate of re-offending is decreasing** however; there has been **an increase in the seriousness** of offending by a small proportion of young people who are **associated with gangs**.
- 65% of known cases of child sexual exploitation (CSE) in Barnet are females in their teenage years, 35% are male. **The pattern of CSE in Barnet is wide and varied**. Key characteristics have been youth violence or gang related activity, male adults 'talking' to young females and boys through the internet. There is a strong correlation between children who go missing and those known to be victims and or at risk of CSE.
- The **numbers of Children in Barnet that go missing have remained fairly consistent** throughout 14/15 averaging 5 or less children per month. This

requires resources which can assess, collate and analyse information provided by the young people who go missing to determine what interventions are required to mitigate against this.

Chapter 9: Adult Social Care

- The **highest proportion of referrals** into Adult Social Care, are from **secondary health care teams**.
- **Mental disorder** is responsible for the **largest burden of disease in England** – 23% of the total burden. Within Barnet, by far the **most significant element of the CCG's mental health expenditure is in secondary mental health** (i.e. hospital/residential settings).
- As more young people with complex needs survive into adulthood, there is a national and local drive to help them to **live as independently, within the community** as possible. This places significant pressure on ensuring that the right services such as **appropriate housing and support needs** are available to **meet their requirements**.
- There is a significant shift in the way in which support is delivered with more **people choosing to remain at home** for a longer period of time. This requires **effective, targeted, local based provision**.
- Feelings of social isolation and loneliness can be detrimental to a person's health and wellbeing. In Barnet, social isolation is especially prominent in **elderly women who live alone**, especially in **areas of higher affluence and lower population density**.
- **The Care Act** represents the most significant reform of care and support in more than 60 years. It is expected to drive **increased demand for adult social care support over and above the increased levels of demand from demographic pressures**.
- **Demand for enablement services** should be around **5% of the 65 and over population**. In **2013/14** the service was used by **1,660 people, 3.3% of the 65 and over population**, which indicates a **deficiency or potential unmet need of around 800 people**.
- In 2011 there were 32,256 residents who classified themselves as a carer in Barnet. The 25-49 year old age group had the largest number of carers (12,746).
- **Carers have the potential to make significant savings to health and social care services** each year. However, on average **carers are more likely to report having poor health than non-carers**, especially amongst carers who deliver in excess of 50 hours of care per week.
- **Demand for carers is projected to grow** with the increase in life expectancy, the increase in people living with a disability needing care and with the changes to community based support services.
- **Barnet has a higher population of people with dementia than many London Boroughs** and the **highest number of care home places registered for dementia per 100 population aged 65 and over in London**. By

2021 the number of people with dementia in Barnet is expected to **increase by 24%** compared with a London-wide figure of 19%.

Chapter 10: Community Safety

- **Barnet has the 5th highest rate of Residential burglary out of the 32 London Boroughs** (per 1000 households). The rate of residential burglary climbed substantially between 2008 and 2012; despite a sharp fall since April 2013 burglary remains above the London average and is still a prominent issue of community concern.
- Across the Borough **the cost of recorded crime is estimated at over £73.9 million** in the 12 months up to Feb 2014. When considering underreporting the **true cost could be nearer £169 million**. The reduction in crime achieved in the last 12 months equates to an estimated saving of £1.7 million over the 12 months.
- There is evidence that young people are significantly more likely to be a victim of crime, **and also that they are less likely to report that they have been a victim of crime**. More work is needed to understand this phenomenon and to increase under reporting.
- **Violent assaults (ABH and GBH) have the greatest associated costs, accounting for 29% of the total costs, despite making up just 6.5% of the offences.**
- **Domestic violence is more familiar and bedded down within some services and organisations than other Violence Against Women and Girls (VAWG) issues**; further work needs to take place to identify if additional VAWG services are needed within the Borough.

Chapter 11: Community Assets

- Key areas of activity in relation to the voluntary and community sector over the next five years include:
 - In adult social care and health, **increased community care to reduce the need for services by meeting people's daily needs**, as well as providing activities which reduce isolation and have other preventative benefits.
 - In children's services, as well as preventative activity, **increased childcare in community settings**; more diverse community provision particularly around mental health, and increased community involvement in the governance of services such as children's centres or libraries.
 - **Working with VCS groups to target areas with higher levels of social isolation**, to encourage greater social contact and develop new volunteering opportunities, particularly in the Borough's parks and green spaces.

- In housing, growth and regeneration, **supporting people affected by welfare reforms and/or on-going poverty.**
- In environmental services, **getting more people proactively engaged in developing and maintaining their local areas.**
- **Local community sports provision is reasonably well matched to need. There is however the potential to develop this further in areas where childhood obesity rates are high (Colindale, Burnt Oak and Underhill).**
- **Local VCS provision for children is relatively low in the areas where the population of children and young people is forecast to be amongst the highest in the future (Colindale).**
- VCS activity relating to economic development and unemployment is well developed in Colindale and Burnt Oak, the wards with the highest unemployment rates in Barnet. **There is however weaker VCS provision in East Finchley and Underhill, wards which also have significant levels of deprivation.**
- More generally, there are opportunities to:
 - **support and develop the broader volunteering base through diversifying the offer to volunteers**, promoting opportunities such as timebanking, employer supported volunteering, corporate social responsibility and community action (coordinated through the core volunteer offer).
 - **rethink physical asset provision, including the lower levels of physical community assets present in the North West and centre of the Borough.**
 - respond to the fact that a significant proportion of local charitable activity in Barnet is focused within faith communities, and this capacity could be engaged with better to deliver health and wellbeing outcomes.

Chapter 12: Resident Voice

- Over 40% of respondents rated **‘Quality of payments’, ‘Parking services’ and ‘Repair of roads’ as being poor or extremely poor services** provided by the council.
- The **top three concerns** for residents according to the spring 2015 Resident’s Perception Survey were **‘Conditions of roads and pavements (38%)’; ‘Lack of affordable housing (33%)’; and ‘Crime (25%)’.**
- Since autumn 2014 there has been a **significant increase in residents’ concerns** about the **conditions of roads and pavements, quality of health service and lack of affordable housing.**
- **Satisfaction levels of Barnet vary throughout the Borough**, with residents living in Finchley Church End, Garden Suburb, or Totteridge significantly more likely to be satisfied with Barnet as a place to live whereas **those living in Burnt Oak less likely to be satisfied with Barnet as a place to live.**

- According to data from the spring 2014 Resident's Perception Survey, **those living in Burnt Oak or West Hendon** were significantly **more likely to feel that those from different backgrounds do not get on well together**.