# Appendix II - Progress report on Key Area Two: Starting, Living and Aging Well

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## More Children and Young People Will Have Good Health.

- 1. Children in Care
- 2. Health in Children

| Children in Care             |               |        |  |
|------------------------------|---------------|--------|--|
| Overall Rating: Green        |               |        |  |
| Key Performance Indicator    | Baseline      | Target |  |
| Dental Checks of Children in | December 2021 | 85%    |  |
| Care                         | 47%           |        |  |
| Annual Health Assessments    | December 2021 | 95%    |  |
| for Children in Care         | 85%           |        |  |

#### **Progress update:**

- Annual Health Assessments for Children in Care has remained steady at 85% over the past year.
   There have been some delays on account of COVID-19 restrictions impacting on staffing and GP availability throughout the year, however this is not an ongoing issue.
- Some delays have been attributed to children/young people and their carers having to self-isolate
  and in some instances carers' hesitancy in attending appointments due to health concerns. This
  is not considered to be an ongoing issue
- Dental checks for children in care has been significantly impacted by COVID-19 pandemic and the closure of dental surgeries throughout the pandemic.
- The Healthy Smiles Looked After Children's Oral Health Pilot was launched to support children
  having the statutory oral health assessments and access dental care during the COVID
  pandemic. A clinical care pathway has been developed with volunteer general dental practices
  adopting a pan-London approach. Children's social workers and the looked after health team are
  referring children into this service.
- Looked after health team review dental data for children over 5 annually and children under 5 twice a year

#### **Next steps:**

- Social workers and looked after health team to continue to refer children into the dedicated Looked After Children Dental Referral Service
- Children's outstanding dental and health assessments to continue to be reviewed and monitored
  by the looked after health team, including the expectation that children have twice yearly dental
  checks.
- Outstanding health and dental checks to be reviewed in line with looked after children's reviews and All About Me plans
- Supervising social workers to review and monitor foster carers' attendance with health and dental checks for looked after children as part of their supervision requirements
- Looked after health team to continue to attend foster carer forums throughout the year to ensure looked after children's health needs are prioritised and information shared.

| Summary  | Mitigating Actions   | Rating |
|--|--|--------|
| <ul> <li>Children attending review health<br/>appointments</li> <li>Children's dental checks to be<br/>prioritised and progressed</li> </ul> | <ul> <li>Children attending their health and dental appointments to be reviewed as part of their looked after children reviews</li> <li>Social worker to ensure children are referred to the Healthy Smiles pilot</li> </ul> | Green  |

N/A

| Health in Children          |                                   |                          |
|-----------------------------|-----------------------------------|--------------------------|
| Overall Rating: Green       |                                   |                          |
| Key Performance Indicator   | Baseline                          | Target                   |
| Good level of Development   | TBC with Family Services          | TBC with Family Services |
| at end of Early Years       | Colleagues                        | Colleagues               |
| Foundation Stage            |                                   |                          |
| Proportion of 5-year-olds   | 76% (data extracted from          |                          |
| who received MMR first and  | HealtheIntent on 15 <sup>th</sup> |                          |
| second doses                | February 2022)                    |                          |
|                             |                                   |                          |
| Proportion of 2-year-olds   | 83% (data extracted from          | 95% (WHO target)         |
| with a first dose of MMR    | HealtheIntent on 15th             |                          |
|                             | February 2022)                    |                          |
| Proportion of infants known | 2021/22                           | 60%                      |
| to be partially/totally     | Q1 56%                            |                          |
| breastfed at their 6-8 week | Q2 57%                            |                          |
| health visitor review       | Q3 16% (6 week reviews            |                          |
|                             | were stopped for all but          |                          |
|                             | vulnerable service users          |                          |
|                             | due to staffing issues.)          |                          |

- Breastfeeding data was improving and becoming more robust. Unfortunately, Health Visitor staff are experiencing capacity issues and the 6 8 week review was reduced to vulnerable service users and safeguarding. A telephone call has now been introduced at 6 weeks to capture this data and establish how the service user is. This should begin to improve the recording of breastfeeding in the borough from March 2022.
- The Barnet Childhood and School-aged Strategy and Action Plan has been developed to improve immunisation coverage in Barnet, with recognition that partnerships are essential to the delivery of an effective, equitable and quality assured immunisation service. A combined level of expertise and resource across members of the working group will drive the strategy forward. Representations from Barnet Council Public Health, North Central London Clinical Commissioning Groups (CCG), CLCH, UK Health Security Agency (UKHSA) were involved in devising the strategy and are integral in implementing the strategy with collaboration with wider stakeholders such as Family Services, Barnet Education and Learning Services (BELS), and

community organisations. Collectively, there is an urgent need for the action plan to address declining coverage trends, reduce inequalities and protect our population against vaccine preventable diseases. The strategy has been presented to Health Overview Scrutinity Committee and signed off by the Barnet flu and immunisations forum.

- Five key priority areas have been identified to improve coverage in the borough over the next two years (2021-2023):
  - Service delivery missed vaccinations
  - Data sharing and data quality
  - Training and development
  - Community engagement and promotion
  - Reducing inequalities
- Strategies have been developed for each priority area in partnership with stakeholders using evidence base to inform action.
- In parallel, the Barnet Integrated Care Partnership (ICP) have identified childhood immunisations as a priority for the inequalities workstream, a task and finish group has been set up to address this. The group has appropriate representation across Barnet ICP to help the success of the workstream. The ICP childhood immunisations task and finish group are contributing to the delivery of the action plan.
- An in-depth analysis of the childhood immunisation data to assess uptake in Barnet has been completed. The analysis has informed the following actions:
  - Development of a parent/carer survey to understand the barriers, motives, and opportunities to promote vaccination uptake in children aged 0-5 living in Barnet (drafted and finalised)
  - A survey to understand the operational delivery of childhood immunisations in low and high performing GP practices (drafted and finalised).

#### **Next Steps**

- The only acceptable source of breastfeeding data is via the Health Visitor 6 8 week review so plan to monitor closely the breastfeeding data with the service.
- To ensure the transition to the new provider is smooth and the importance of collecting this data is clear.
- Launch the parent/carer survey and undertake the GP engagement survey with a sample of GP practices.
- Commission a research organisation to undertake qualitative research in the form of focus groups to understand attitudes towards childhood immunisations.
- Developing a communications and engagement plan to help support an increase in the number of people getting their children vaccinated.

| Summary                            | Mitigating Actions               | Rating |
|------------------------------------|----------------------------------|--------|
| That breastfeeding data does not   | The Breastfeeding forum meets    | Amber  |
| reflect the true rates of          | quarterly and oversees the       |        |
| breastfeeding in the borough. This | strategy and action plan problem |        |
| has an effect on demonstrating     | solves this area.                |        |

| services impact on this important | The service specification clearly  |       |
|-----------------------------------|------------------------------------|-------|
| Public Health area.               | details the responsibility to      |       |
|                                   | robustly collect breastfeeding     |       |
|                                   | data.                              |       |
| Resource to undertake the GP      | Finding alternative solutions such | Green |
| engagement survey                 | as sourcing funding to commission  |       |
|                                   | research                           |       |

N/A

## More Residents Will Be Physically Active.

- 1. Physical Activity Adults
- 2. Physical Activity Children

| Physical Activity Adults                                      |                    |   |
|---|--------------------|---|
| Overall Rating: Green   |                    |   |
| Key Performance Indicator                                     | Baseline           | Target  |
| Active Adults (16+): active for at least 150 minutes per week | 60.5%<br>Nov 19/20 | Under review with FAB Partners considering the refreshed strategy (2022-2026). Also undertaking a benchmarking exercise across London boroughs. |

- The latest Sport England Active Lives release (May 20/21) demonstrates that 61.6% of adults aged 16 and over in Barnet are active for at least 150 minutes per week. This result is a 1.1% increase from the Nov 19/20 dataset. Barnet has experienced the highest increase (4.4%) across all London boroughs since the commencement of the survey in 2016.
- A report submitted to Adults & Safeguarding Committee on 14<sup>th</sup> September 2021 identifies several successes and achievements pertaining to physical activity since the launch of Fit & Active Barnet (FAB) in 2016. Examples of key achievements include:
  - Delivery of the FAB campaign and development of the FAB Hub (one stop resource for physical activity and wellbeing)
  - 37,839 residents registered with a FAB Card (as of January 2022)
  - Formation of a Disability Physical Activity Network which has supported collaborative working to deliver inclusive interventions such as wheelchair rugby, dementia swimming and multi-sports sessions
  - Delivery of two new leisure facilities at Barnet Copthall and New Barnet, supported by £44.9million Council investment and £2million from the Sport England Strategic Facilities Fund
  - Circa. £2million investment from Better (Barnet's leisure operator) to enhance facilities at Burnt Oak, Finchley Lido, and Hendon Leisure Centres
  - Delivery of targeted interventions via Better e.g., adult weight management, falls prevention, physical activity on referral and cancer rehabilitation
  - Delivery of community-based participation interventions e.g., Parkrun, Our Parks, Health Walks, Healthy Heritage Walks and Goodgym
  - More than 2.5 million visits to the boroughs five leisure centres operated by Better between 1 January 2018 to 31 March 2020 - an increase of 9% based on the same reporting period in 2016-2017.
- In consultation with partners, providers, and residents, leads within Sport & Physical Activity
  and Public Health have led on a refresh of the FAB Framework developed through a series of
  engagement sessions. The draft FAB Framework (2022-26) was approved by Adults and
  Safegaurding Committee on 11<sup>th</sup> January 2022 and commenced public consultation via the
  Councils consultation platform, Engage Barnet on 12<sup>th</sup> January 2022 until 9<sup>th</sup> February 2022.

• The final FAB Framework 2022-26 will be presented to Adults & Safeguarding Committee on 7<sup>th</sup> March 2022 for endorsement, together with an implementation plan (2022-23) which has been developed with input from partners, providers, and contributions via the public consultation (Engage Barnet). The implementation plan details a series of actions and workstreams across the FAB Partnership that seek to achieve the vision of 'a more active and healthy borough'.

#### **Key Issues & Risks**

| Summary                            | Mitigating Actions                 | Rating |
|------------------------------------|------------------------------------|--------|
| The Active Lives data set should   | Results should be reviewed in      | Green  |
| be reviewed cautiously given the   | alignment with other               |        |
| 500 random sample recruited to     | datasets/insight to better reflect |        |
| participate in the survey          | and respond to local participation |        |
|                                    | levels e.g., Resident Perception   |        |
|                                    | Survey and leisure centre          |        |
|                                    | attendances (via Barnet's leisure  |        |
|                                    | operator Better)                   |        |
| The sector continues to recover    | Optimising partnership working to  | Green  |
| and live within a COVID-19 society | ensure the sector is supported to  |        |
|                                    | recover and residents are          |        |
|                                    | supported to engage/re-engage      |        |

### Support Requested from Health & Wellbeing Board

- Continue to link all aspects of physical activity to Fit & Active Barnet as this will provide a
  platform that promotes collaborative working across all sectors where physical activity is
  deliberate or unintentional making physical activity everyone's business
- Support referrals and signpost to physical activity (FAB) via health professionals and pathways
- Support with identifying funding streams to deliver increased opportunities for residents to lead more active and healthy lifestyles (in the context of people, place, and partnerships)

| Physical Activity in Children   |                              |   |
|---|------------------------------|---|
| Overall Rating: Green   |                              |   |
| Key Performance Indicator   | Baseline                     | Target  |
| Active Children and Young<br>People (5-16 years): active for<br>an average of 60+ minutes a day | 43.5%<br>Academic Year 18/19 | Under review with FAB Partners considering the refreshed strategy (2022-2026). Also undertaking a benchmarking exercise across London boroughs. |

- Active Lives Children Young People survey provides information on Physical activity in Barnet
- In partnership with Public Health Barnet, Middlesex University is currently working across pilot primary schools in Barnet, assessing the impact of participating in Barnet's Golden kilometre

- on pupils' physical activity and physical literacy levels. The project has received a great response from pupils, parents, and teachers taking part.
- Barnet not only supports the implementation of the Barnet Golden Kilometre but also supports schools taking up other Physical Activity and movement campaigns such as the Daily Mile, 10 Minute Shake up, This Girl Can
- Participating in Physical Activity is a key component for early years settings and schools achieving Healthy Early Year's London/Healthy Schools London awards.
- Increasing Physical activity is a core action for schools as part of the Resilient Schools programme.
- The latest Sport England Active Lives Children and Young People Survey conducted in Barnet (academic year 2018-2019) identified that 43.5% of 5–16-year-olds are active for an average of 60 plus minutes per day
- A report submitted to Adults & Safeguarding Committee on <u>14<sup>th</sup> September 2021</u> identifies several successes and achievement pertaining to physical activity. Examples of key achievements relating to physical activity in children include:
  - o c.2,000 young people participated in the London Youth Games
  - o 36 young people represent Barnet at the London Mini Marathon (annually)
  - o c.1,800 young people aged 14-19 years participated in the SHAPE programme
  - Introduction of Junior Parkrun into the borough (Friary Park)
  - 11 schools engaged in the Mayors Golden KM challenge, with a further 27 schools listed as supporting other similar physical activity schemes for e.g. the Daily Mile
  - 77 schools are engaged with the Resilient Schools programme, this includes an additional 20 minutes per day of physical activity
  - 119 schools are signed up to the Healthy Schools London Award programme. National evaluation demonstrates this results in increased participation of children in physical activity in and out of school.
  - Delivery of interventions via Better; XPLORE (child weight management); Activate Schools; free swimming for under 8's; swimming for £1 for 8 – 15 year olds; free swimming for young carers, children in care and care leavers; junior gym, lessons and courses and children centre delivery.
- In consultation with partners, providers, and residents, leads within Sport & Physical Activity
  and Public Health have led on a refresh of the FAB Framework developed through a series of
  engagement sessions. The draft FAB Framework (2022-26) was approved by Adults and
  Safegaurding Committee on 11th January 2022 and commenced public consultation via the
  Councils consultation platform, Engage Barnet on 12th January 2022 until 9th February 2022.

- Need to align with local datasets such as the PE and Sport Strategy for Young People survey (conducted by Barnet Partnership for School Sports) and Young People Survey (Resident perception survey equivalent) with Active Lives— which has now had a question included around CYP achieving an average of 60+ minutes of PA a day.
- Learning from the Golden Kilometre research will help reshape development of the programme locally.
- Physical activity targeted at adolescents and teenagers will be supported as part of the Teenage Healthy Weight Action plan as well as FAB refresh.
- The final FAB Framework 2022-26 will be presented to Adults & Safeguarding Committee on 7th March 2022 for endorsement, together with an implementation plan (2022-23) which has been developed with input from partners, providers, and contributions via the public

- consultation (Engage Barnet). The implementation plan details a series of actions and workstreams across the FAB Partnership that seek to achieve the vision of 'a more active and healthy borough'.
- Continue to integrate physical activity and support collaborative working via the newly established Barnet Health in Schools Partnership

### **Key Issues & Risks**

| Summary                             | Mitigating Actions                  | Rating |
|-------------------------------------|-------------------------------------|--------|
| Impact of COVID measures on         | Much of the baseline work has       | Green  |
| participating schools in the Golden | now been completed and plans in     |        |
| Kilometre Middlesex University      | place for the next stage evaluation |        |
| research                            | can be adapted or paused as         |        |
|                                     | required.                           |        |
| The Active Lives Children and       | Results should be reviewed in       | Green  |
| Young People data set should be     | alignment with other                |        |
| reviewed cautiously given the       | datasets/insight to better reflect  |        |
| recruitment approach – with         | and respond to local participation  |        |
| schools randomly selected to        | levels e.g., Young People Survey    |        |
| participate                         | conducted by Barnet Council;        |        |
|                                     | Physical Education, School Sport    |        |
|                                     | and Physical Activity (PESSPA)      |        |
|                                     | survey conducted annually by the    |        |
|                                     | Barnet Partnership for School       |        |
|                                     | Sport; and leisure centre           |        |
|                                     | attendances (via Barnet's leisure   |        |
|                                     | operator Better)                    |        |
| The sector continues to recover     | Optimising partnership working      | Green  |
| and live within a COVID-19 society  | ensure the sector is supported to   |        |
|                                     | recover and residents are           |        |
|                                     | supported to engage/re-engage       |        |

#### Support Requested from Health & Wellbeing Board

- Assist in promoting the importance of "keeping moving" for all.
- Continue to link all aspects of physical activity to Fit & Active Barnet as this will provide a
  platform that promotes collaborative working across all sectors where physical activity is
  deliberate or unintentional making physical activity everyone's business
- Support referrals and signpost to physical activity (FAB) via health professionals and pathways
- Support with identifying funding streams to deliver increased opportunities for residents to lead more active and healthy lifestyles (in the context of people, place, and partnerships)

## Residents will enjoy good mental and physical health for longer.

- 1. Mental Health
- 2. Long term illness

| Mental Health             |           |                       |
|---------------------------|-----------|-----------------------|
| Overall Rating: Green     |           |                       |
| Key Performance Indicator | Baseline  | Target                |
| Suicide rate per 100,000  | 6.7       | Yearly reduction rate |
| -                         | 2017-2019 |                       |

## **Progress Update**

- Multi-agency Suicide Prevention Partnership have been meeting on a quarterly basis to review areas of actions agreed as part of the Suicide Prevention Strategy (2021 – 25). The meetings are scheduled to focus on two areas of the strategy so we can have time for more in-depth conversations and moving those actions forward.
- Children & Young People (CYP) action plan has been further strengthened. The CYP Mental Health and Wellbeing Board will provide input into the delivery of specific actions but the Suicide Prevention Partnership will be responsible for overall monitoring of the strategy implementation.
- The first phase of the Suicide Prevention Campaign is nearly finished. The Stay Alive campaign ran from October to December 2021 on Facebook and Google using creative imagery with a view to encourage self-help behaviour such as visits to the website for support, or downloading the app. Early indication shows strong engagement with the campaign and increased downloads of the app.
- The community outreach to engage with men from lower income groups is underway.
   Wellbeing Conversations were held with the staff from Barnet Depot, Wates Group, Mace,
   Barratt London and more planned with GLL/Better Gyms, Barnet Homes. Very positive feedback so far, companies requested follow up visits.
- Public Health worked with the VCSE partners to submit a bid to Department of Health to enhance their suicide prevention offer focusing on high-risk groups. Awaiting results.

#### **Next Steps**

- The impact of the campaign will be formally evaluated with the final to be available in March 22. We will analyse results from the different elements of the campaign and review lessons learnt with a view to plan the next phase.
- We are in the process of developing multiple suicide response plan to respond to intelligence from Real Time Surveillance System.
- All schools to have access to suicide preventions training. All schools to have a minimum of one Youth Mental Health First Aider.
- Engaging with the forthcoming NICE guidance on self-harm

| Summary | Mitigating Actions | Rating |
|---------|--------------------|--------|
|---------|--------------------|--------|

| Suicide is a complex issue with multiple partners having a role to play. If the council or partners do not engage with the strategy and progress their actions, | Suicide Prevention Strategy has clear actions for all partners and progress is reviewed regularly. | Green |
|---|--|-------|
| this could have a detrimental impact on local suicide and self-harm prevention.   | Currently there is strong engagement and commitment to deliver strategy action plan.               |       |

- Leadership on making suicide prevention everybody's business.
- For members to encourage their own organisations to undertake Zero Suicide Alliance training
- Encourage residents in particular men, to download Stay Alive app. and signpost to Andy's Man Club.

| Long term illness  |                |        |
|--|----------------|--------|
| Overall Rating: Green  |                |        |
| Key Performance Indicator  | Baseline       | Target |
| Patients, aged 45+, who have a record of blood pressure in the preceding five years      | 84.6%<br>20/21 |        |
| Persons, 25-49, attending cervical screening within target period (3.5 year coverage, %) | 60.2%<br>20/21 |        |

- Community Health Screening: Working to improve the effectiveness and reach of approaches such as the NHS Health Check, taking a version of the model into the community to increase opportunities for the public to check on their health through tests for high blood pressure and other high-risk conditions and if identified to be at risk, appropriate preventative treatments to be offered in a timely way. Tender in process.
- Cancer screening programmes: Ongoing recovery of national cancer screening programmes post COVID-19 with bowel and cervical screening recovery ahead of breast, which should be on track to recover by March 2022. Awareness raising work continues, second phase of NCL Cancer Awareness campaign commenced in September and ended in December 2021 ongoing collaboration with local VCS organisations to continue to deliver awareness raising messages. Barnet Mencap continue to disseminate the cancer awareness and screening video for carers of people with learning disabilities across Barnet and NCL, on track to deliver 15+ training sessions by March 2022.
- National Diabetes Prevention Programme (NDPP): Referrals to the NDPP post pandemic
  continue to recover, albeit slowly with continued COVID-19 pressures on primary care over the
  winter. NCL Diabetes Prevention Programme Steering Group have been finding other ways to
  drive referrals: centralised referrals approach using targeted EMIS searches based on eligibility

criteria and patients at high risk to send out SMS invitations. This saw a 2-fold increase in referrals and 3-fold increase of group attendance in September and 2-fold in October. Recruited practice engagement officers to support practices. On track to reach 85% profiled target of uptake by end of contract (June 2022). Entering into the National re-procurement process.

• ICP Inequalities workstream - CVD Prevention: Established a CVD Task & Finish Group. Drafting a CVD Prevention Programme and action plan. Joint bid to the ICP inequalities fund from Barnet Public Health and Inclusion Barnet for funding to deliver "Healthy Heart Peer Support" workers with South Asian and black African/Caribbean communities in Barnet with an initial focus on hypertension management.

#### **Next Steps**

- Community Health Screening: To commission and launch early 22/23.
- Cancer screening programmes: Conclude initial phase of Learning Disability cancer awareness and screening training video project and review impact/reach; plan next phase.
   Plan project aimed at addressing health inequalities in breast screening programmes based on NHS England bid (NCL level).
- National Diabetes Prevention Plan: Planning and delivery of community testing and
  engagement events in areas of high deprivation across NCL to drive awareness of risks and
  identify undiagnosed population. Practice engagement officers increasing engagement with
  primary care/Primary Care Networks to boost referrals. NDPP provider re-procurement process
  commencing Feb 2022. Contract with current provider ends June 2022.
- Integrated Care Partnerships Inequalities workstream- CVD Prevention: Launch healthy heart peer worker project. Complete draft of CVD Prevention Programme & action plan.
- NCL Long Term Conditions Locally Commissioned Service (LTC LCS): The LTC LCS
  launching in early 22/23 aims to achieve a more consistent NCL approach to LTC care. It will
  be proactive, use population health management to deliver better outcomes for all the
  population, not just those with current ill health and improve health and wellbeing and reduce
  health inequalities. Initial focus on metabolic and respiratory conditions.

#### **Key Issues & Risks**

| Summary                         | Mitigating Actions                   | Rating |
|---------------------------------|--------------------------------------|--------|
| Multiple small programmes being | Need clear programme to ensure       | Green  |
| implemented at ICS level        | the various parts work together.     |        |
|                                 | CVD prevention programme will        |        |
|                                 | address in relation to CVD activity. |        |

#### Support Requested from Health & Wellbeing Board

## **Related Updates**

#### **Social Prescribing**

#### **Progress Update**

- Between April December 2021 the team received 4,138 referrals from all 52 GP surgeries.
   The number of referrals are almost doubled in comparison same period last year (April December 2020 2,223 referrals).
- There is a total of 18 employed Social Prescribing Link Workers to meet the increase in referrals and demand.
- Females were more frequently referred than men and the highest referring age groups were 35 to 45 year-olds.
- The most common referral reasons were for anxiety and depression followed by, housing
  information, benefit support, carers support, loneliness and isolation. The service signpost or
  refer to over 250 services within Barnet and in surrounding boroughs.

#### **Next Steps**

- Plans have begun for piloting a self-referral pathway for social prescribing. Looking to launch
  the trial within one of the PCNs by the end of this financial year, to increase our accessibility
  to the service for GP registered patients in Barnet.
- Evaluation: analysis of the impact on GP attendance and secondary care usage will be available in March 22.
- Ensuring as many community providers logging into Elemental software to keep their services up to date and increase interaction with the social prescribing network. Elemental has the ability to create a public facing webpage for the Directory of Services (DOS) which is a future development we could adopt in Barnet.
- Exploring pathways to Prevention and Wellbeing Co-ordinators and Social Prescribing for older people wo are discharged from the Royal Free Group.

#### **Key Issues & Risks**

| Summary                          | Mitigating Actions                | Rating |
|----------------------------------|-----------------------------------|--------|
| Social Prescribing may create an | Using Community Innovation        | Amber  |
| additional demand to already     | Funds to address lack of capacity |        |
| stretched services.              | in some the services              |        |

## Support Requested from Health & Wellbeing Board

Continue to commitment of building a strong and sustainable voluntary sector in Barnet

#### **Barnet Young Brushes**

#### **Progress Update**

 18 Early Years settings recruited – with a further 11 who have committed to start or are asking for further detail.

- 68 EY workers trained within 13 EY settings. Parent's sessions are being arranged for all settings. 317 children have been reached by the intervention (as of 17<sup>th</sup> January).
- 12 EY settings have not responded yet to contact from the Oral Health promotion team and these are under discussed with the Early Years teaching team to see how this can be brokered.
- In addition, the team have received approaches from a few EY settings not on the original targeted list who are expressing an interest and they will join a waiting list.

- To continue to engage with the identified EY settings
- To ensure a smooth transition of the project when the service transfers to Solutions4Health on 1/4/2022
- To consider which settings can join for Phase 2 post June 2022.

**Key Issues & Risks** 

| Summary  | Mitigating Actions   | Rating |
|--|--|--------|
| The Barnet Young Brushers project along with the Oral Health Promotion service transitions from Central London Community | There is robust mobilisation and demobilisation plans underway. S4H have plans in place for succession plans if the service is disrupted for a time. | Amber  |
| service.   |  |        |

## Support Requested from Health & Wellbeing Board

 Assist with raising awareness within the community of oral health management programmes available in Barnet.

## **HSL (Healthy Schools London) and HEYL (Healthy Early Years London)**

- Public Health are continuing managing the contract for HSL/HEYL and PSHE support to Secondary schools. The current contract, delivered through Health Education Partnership, finishes at the end of July 2022. Half termly contract meetings are taking place and current KPI's are in progress.
- Currently Barnet has 119 schools registered for HSL and 99 early year settings registered for HEYL.
- The first Health in Schools Partnership meeting took place, aiming to co-ordinate and share good practice across multiple partners involved in supporting health education programmes in Primary and Secondary Schools in Barnet. Meetings are themed to facilitate focussed discussion and collaboration.
- We have sustained good engagement with many schools across our programmes despite the ongoing challenges they are facing due to the impact of COVID-19. Our programmes and

- delivery have been adapted to best meet the needs of settings during this time and into recovery.
- The quality assurance group (QUAG) for HEYL continues to go from strength to strength and meets on a termly basis to review applications and to co-ordinate support for early year settings. This is a partnership and collaborative approach.
- Continuation of termly Secondary school Physical Social and Health Education (PSHE) leads
  network is well established and growing. Extending the support to Primary Schools for PSHE
  leads will enable universal public health support across all schools. Additional Primary schools
  PSHE support is to be delivered primarily by Health Education Partnership, to enable transition
  to the new contract arrangements in August 2022.
- Ongoing procurement process for the new contract to deliver HSL/HEYL and PSHE support for both Primary and Secondary Schools for contract start August 2022. The specification has been developed through consultation with the early years team, BELS (Barnet Education and Learning Services) and PSHE leads.

- The focus of the next Health in Schools Partnership meeting will be on physical activity.
- A training programme available for Primary and Secondary schools is delivered by Health Education Partnership and by Brook for the remainder of this academic year to support PSHE/Relationship and Sex Education (RSE) and Healthy Schools London (HSL) leads. A tailored training programme is also available for early year settings for HEYL.
- Market engagement for the new contract is in progress. The specification is to be finalised and the tender process opened and implemented. The new contract is expected to be awarded in June 2022 for an August start.
- If permitted due to COVID-19 measures, we hope to be able to continue with Early Years setting site visits as part of the QUAG process moving forward as part of the HEYL assessments
- A celebration event is also being planned for settings to raise visibility of the successes in both HEYL and HSL award achievements.

| Summary   | Mitigating Actions  | Rating |
|---|---|--------|
| Impact of COVID-19 on settings through staff/ pupil absence, COVID-19 measures in place, and impact on overall award achievement. | Review impact of COVID on all schools/settings and impact on programme- adapt programme to meet changing needs of settings Workforce development/training and networking support continued to be offered online for staff   | Green  |
| Other competing priorities within schools and early year settings   | Health in schools Partnership meeting to continue termly to make sure co-ordination and leadership around health education. Ensure links and connections to HSL and other corporate programmes.  QUAG (HEYL) to ensure joined up approach with family services and co-ordinated corporate approach to supporting HEYL delivery. | Green  |

 Assist in promoting the HSL/HEYL award programmes as important opportunities for whole school approaches and strengthening healthy environments for children and young people

#### Childhood healthy weight programmes

#### **Progress Update**

- GLL Xplore continue to deliver targeted tier 2 Xplore sessions- nutrition & physical activity programme for children (aged 4-13) and their families. Children in need are identified through National Child Measurement Programme and referrals.
- Healthy weight nurses (HWN's) continue with offering targeted children (aged 4-12) 1:1 healthy weight management support. Children in need are identified through National Child Measurement Programme and referrals.
- Sugar Smart Barnet is being promoted to early years and schools and we are making available
  resources and webinars for educational staff to support the implementation. Alongside this we
  are implementing the 'Sugar & trans-fat project', which aims to empower children to make
  informed choices about their sugar & trans-fat consumption.
- HEYL/HSL supports settings to foster health-promoting environments and develop healthy lifestyle behaviours.
- As part of HEYL/HSL, the settings undertake a food audit to facilitate a whole setting approach
  to the food and drink offer across the whole school day. We will be developing the school Food
  Standards initiative with schools and with caterers to further support a whole school approach
  to food/ drink delivery across the whole school day. This will include the London-wide water
  only schools' initiative.
- The SMILE project pilot (which involves implementing school meal trays designed to support children to make healthier food choices and portion control) is currently being evaluated with already successes being highlighted.

#### **Next Steps**

- Continued promotion of the GLL Xplore Tier 2 weight management service to schools. This
  includes promotion of the 'Activate' sessions and wider physical activity offers for young people
  and families provided through GLL.
- Update the healthy weight management referral pathway and promote to GPs and other relevant services.
- Continue with developing targeted and collaborative working across all relevant services to support children/ young people who need additional support with healthy weight management and to keep updated the CYP Healthy Weight Management Action Plan.
- Developing and implementing a focused approach for adolescent weight management as a universal and targeted service.
- Reviewing the impact and delivery of the SMILE project to consider extending the programme to other schools and target groups such as SEND.
- Continue to input into other corporate strategies such as Fit and Active Barnet and Healthy Weight Strategy.

| GLL Xplore capacity and        | Support targeting and         | Amber |
|--------------------------------|-------------------------------|-------|
| impact from COVID-19           | promotion of referral pathway |       |
| Changes to the healthy child   | Increasing collaboration with | Amber |
| programme contract could       | the HWN's.                    |       |
| cause disruptions to the HWN's |                               |       |
| service                        |                               |       |

Assist with raising awareness within the community of the childhood and adolescent healthy weight management programmes available in Barnet.

#### **Healthy Start**

#### **Progress Update**

- Continued promotion of Healthy Start at various meetings such as food security meetings, foodbank meetings, Housing BOOST meetings, health visitor forums, early years team meetings.
- Continued communications on an ongoing basis with Barnet Council comms and internal comms to Health visitors and early years teams
- Current scheme to go digital with paper vouchers to be phased out by the end of March 2022. Toolkits for local authorities have been developed graphics and messages shared with appropriate teams to make sure families do not end up going without. All families on the current scheme will need to move over by March 2022
- Continued attendance at Healthy Start Showcase meetings to get the most up to date information on scheme developments

#### **Next Steps**

- To await data from the NHS business Authority to see uptake on the new digital scheme and those still needing to move over from the paper scheme
- New online application means some families may miss out, so working on digital inclusion with the BOOST team in Barnet-messaging to also go out to libraries and early years settings where families can use computers to fill in applications
- To continue to feed into the food security meetings and update progress there

| Summary  | Mitigating Actions  | Ratin<br>g |
|--|---|------------|
| Families not moving over to the new digital scheme | To ensure communications are out to Barnet residents and data is provided on uptake | Amber      |

Assist with raising awareness within the community of the roll out of the new digital healthy start scheme

#### **Period Poverty project**

## **Progress Update**

- A survey of young people was completed in August 2020
- The government commissioned a sanitary products portal for schools to access free products.
- The portal was extended in December 2020 to primary schools.
- Barnet PH have extensively promoted the portal and access to free period products to schools via the schools bulletin.
- Children educated at home are not eligible to access the scheme as the scheme is designed
  to 'prevent children missing school' and if children are educated at home then they do not
  miss school. Barnet PH have made information available on the Educated at Home website
  for access to period products and signposting.
- PHS group who run the portal provided the stats below in December 2021 for Barnet. Out of 130 institutions:
  - 88.5% contacted by PHS to promote the portal.
  - 43% still haven't ordered at all
  - 37% Have placed orders and used majority of the budget
  - 8% have place an order but not used full allocation
  - School nurses have worked with young people via PSHE sessions and individually to cope with periods and period stigma.

#### **Next Steps**

- To continue to raise awareness of the portal with schools especially as the scheme has been extended to September 2022.
- To continue to raise awareness of period poverty in Barnet
- To work towards reducing period stigma with children and young people through PSHE.

**Key Issues & Risks** 

| Summary  | Mitigating Actions  | Rating |
|--|---|--------|
| That children will miss school due to lack of sanitary products. | The portal is free for schools to access and then provide free products to children. Barnet PH have been proactive with | Amber  |
|  | PHS portal in seeking data about Barnet schools to inform them of next steps.   |        |

#### **Support Requested from Health & Wellbeing Board**

- Assist with raising awareness within the community and schools in Barnet of free period products available in Barnet.
- Assist with raising awareness within the community of reducing period stigma in Barnet.