

Grahame Park Health Needs Assessment

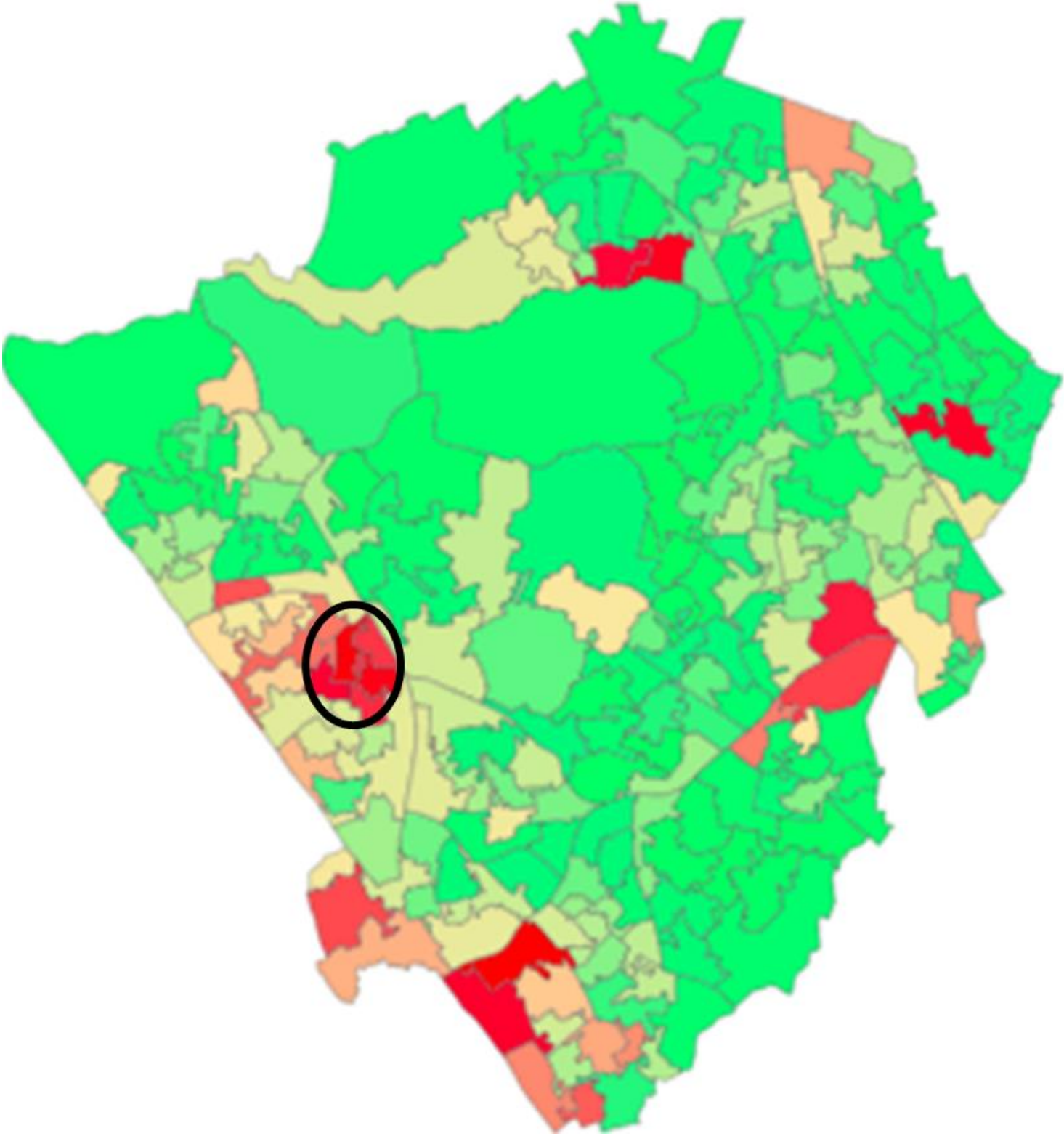
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Summary of Identified Needs



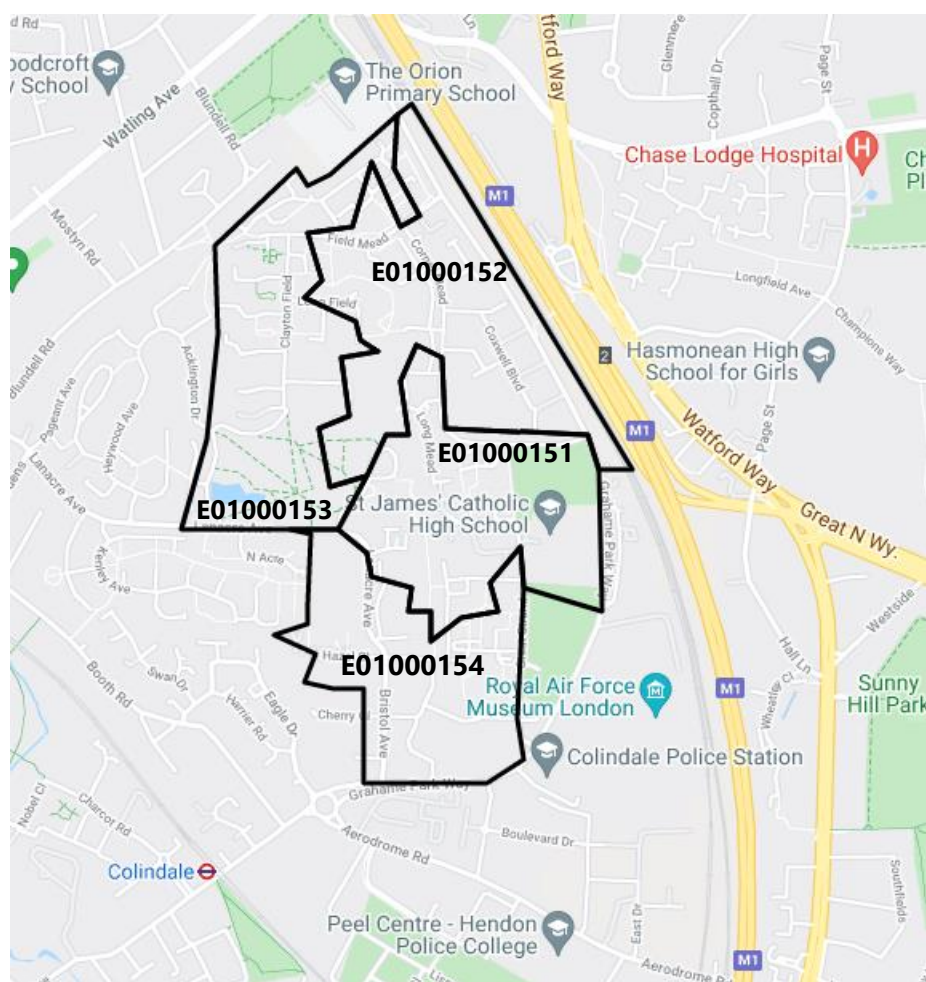
Clicking on the identified needs in red or blue textboxes will link to more detailed evidence in the relevant section of the full health needs assessment.



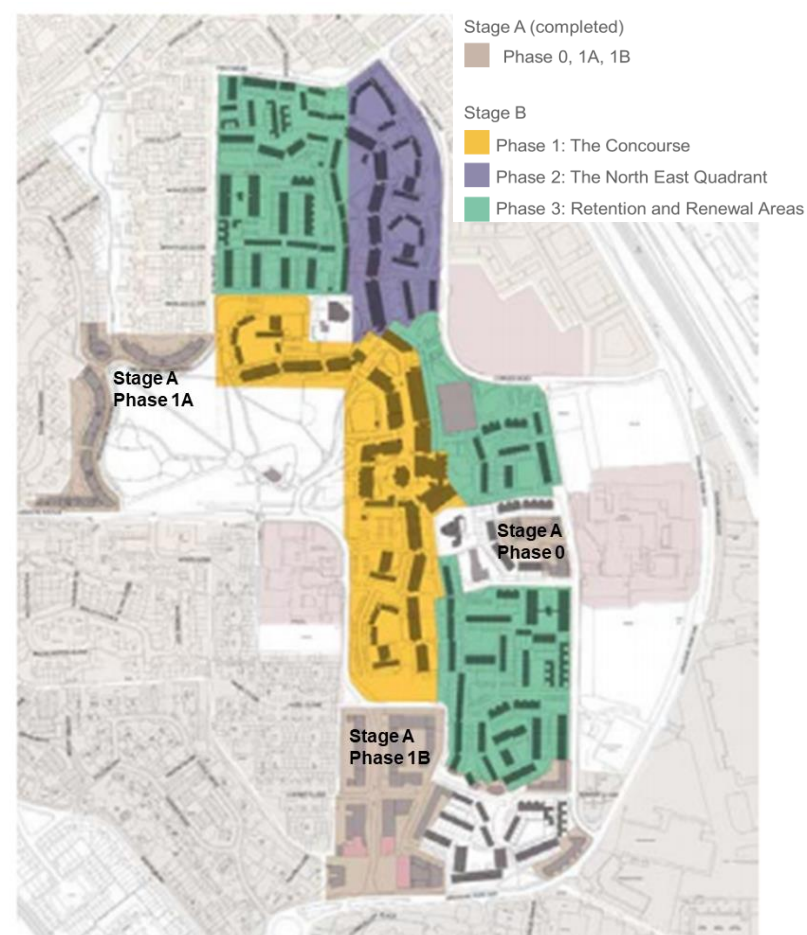
Dr Elliott Roy-Highley
Last Updated 20.09.2021

Grahame Park Estate Background

- Grahame Park is London Borough of Barnet's largest housing estate, completed in 1975 by Greater London Council and initially providing 1,777 homes. Extensive regeneration of the site has been ongoing since 2003, when residents voted in favour of a comprehensive regeneration plan (10).
- Stage A, completed in 2017, provided 685 homes, new premises for Barnet and Southgate College, Colindale library, and Barnet Council and a public square with retail amenities to the south. Phased redevelopment of Grahame Park is planned over the next 15-20 years. Stage B of the Grahame Park Estate Masterplan was approved in 2020. This includes plans for approximately 3,000 homes by 2032. 463 (approximately 25%) of the original homes will be retained and integrated into the new development. Existing community facilities and retail space on the central concourse will be replaced including the health centre, community centre, children's activity centre, and centre for independent living. The main element of replacement provision will be a new Community Hub (11).
- For the purposes of the Grahame Park Health Needs Assessment Grahame Park was generally defined by the following 4 LSOAs: E01000151, E01000151, E01000153, E01000154. Where LSOA data is unavailable MSOA E02000049 data have been included. Some analysis assume Grahame Park is represented by The Everglade Medical Practice which is the only GP surgery within Grahame Park.

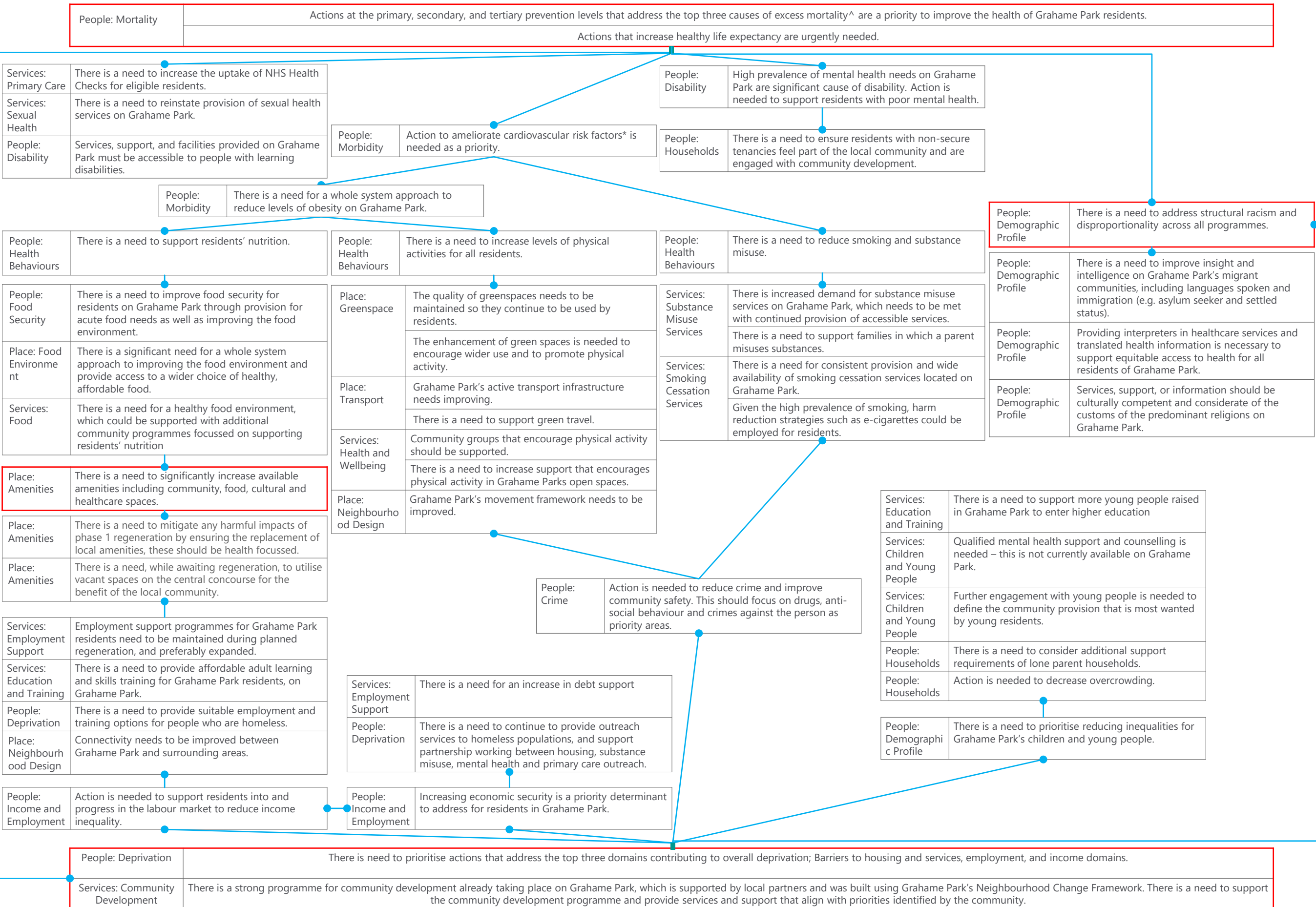


Grahame Park Estate boundaries by statistical LSOAs



Grahame Park Estate Regeneration Stages
Reproduced from Grahame Park Supplementary Planning Document

Identified Needs: Relational Summary

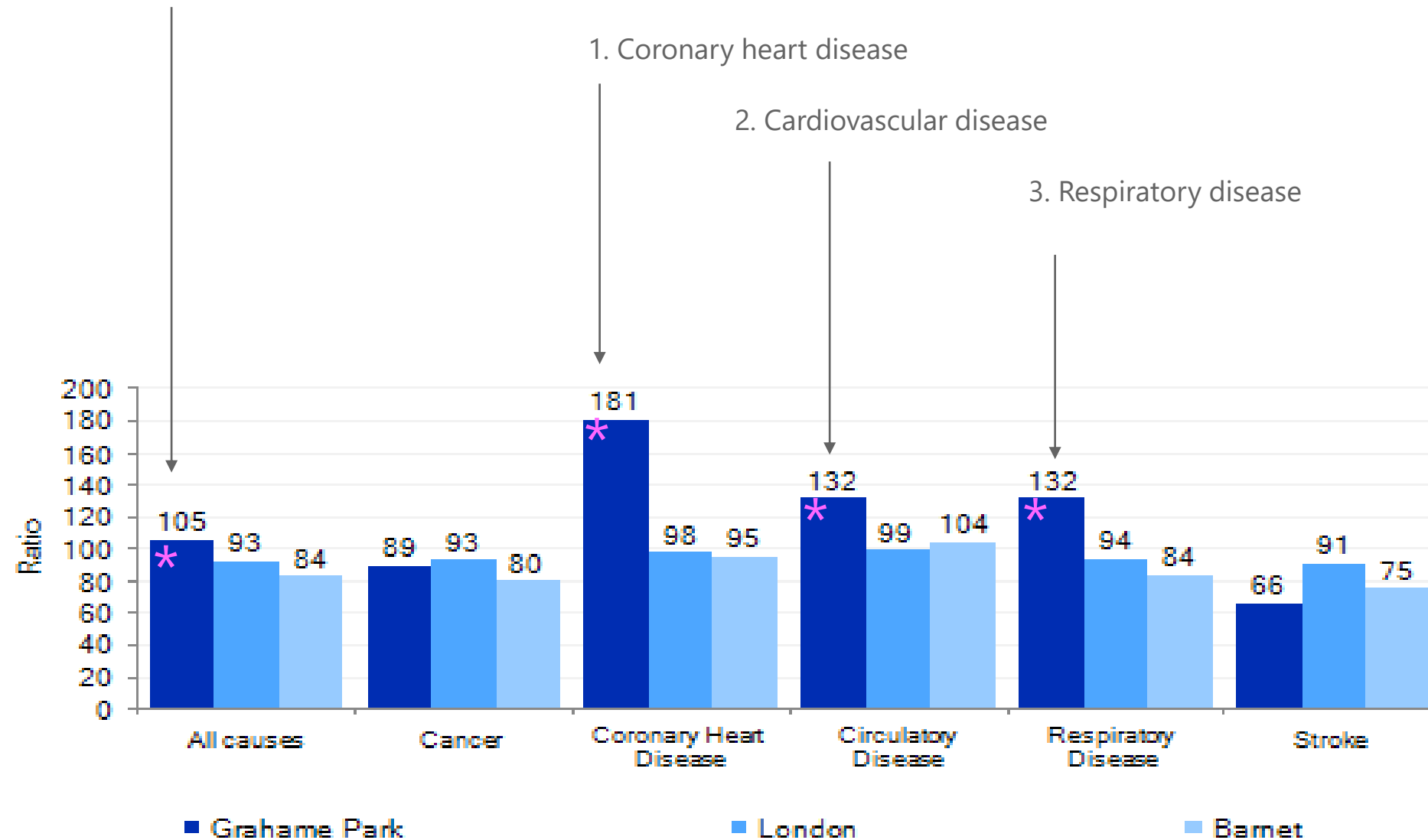


Identified Need: People

- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.

More people on Grahame Park die than statistical expectations for the area.

The top three causes of excess deaths are:

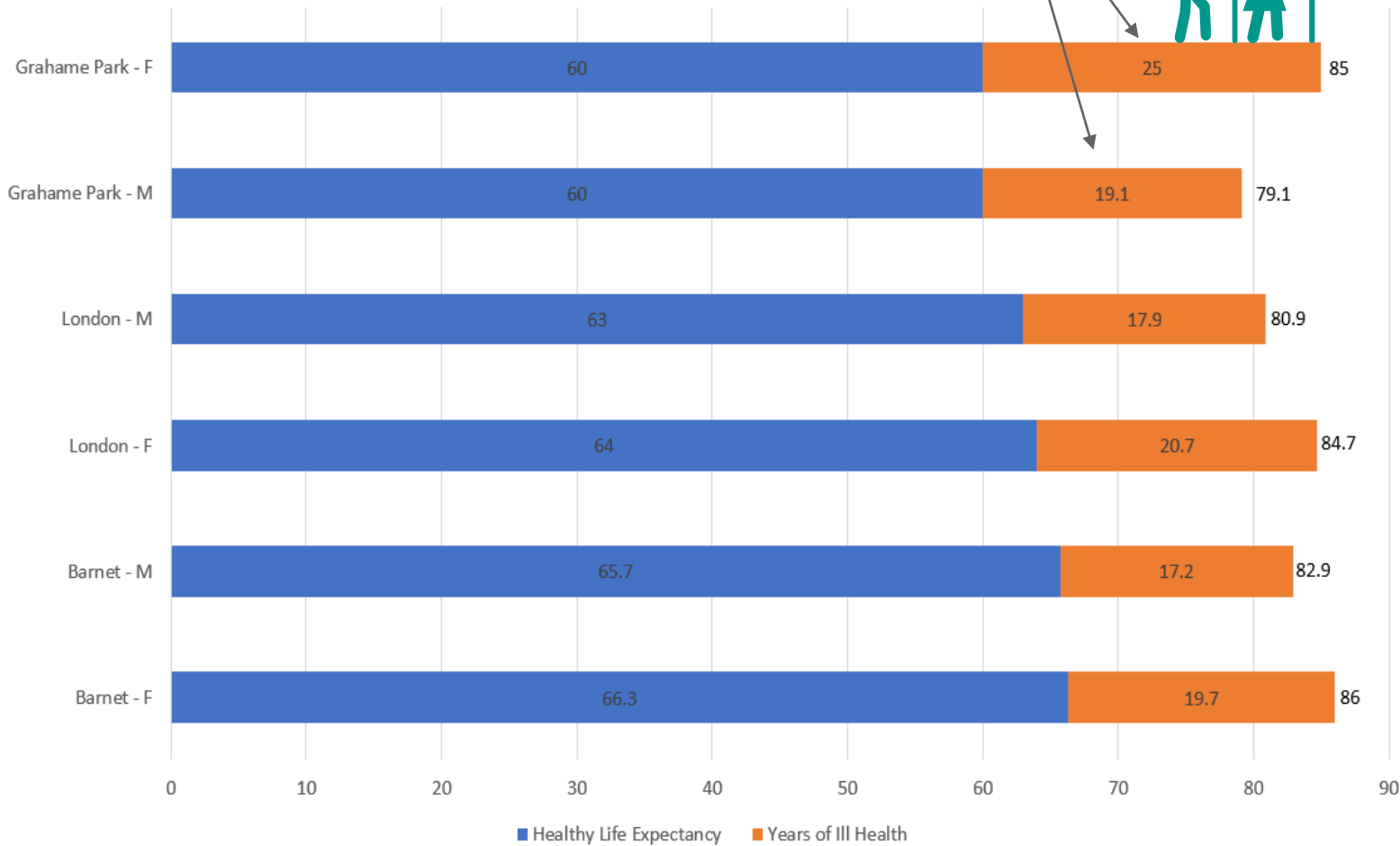
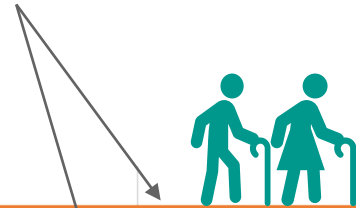


Standardised mortality ratios, Grahame Park, London and Barnet. Source: ONS 2013-2017

Identified Need: People

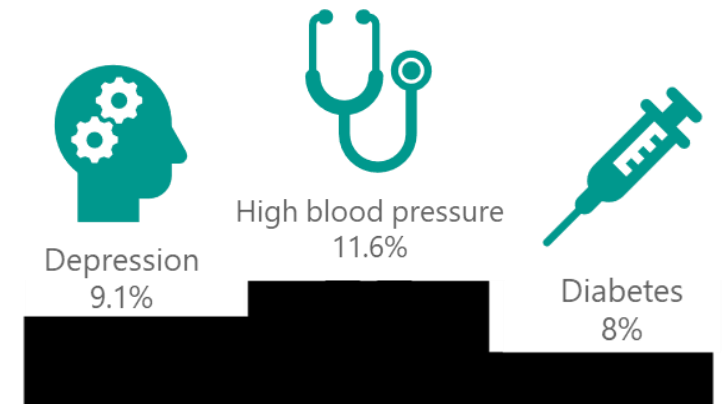
- **Actions that increase healthy life expectancy are urgently needed.**

Residents of Grahame Park spend more years of life in ill health than people in Barnet and London.



(Healthy) Life Expectancy for Men and Women in London, Barnet, and Grahame Park. Source: Life expectancy at birth, PHE GP Profile & PHE PHOF 2017-19; Healthy life expectancy, ONS 2009-2013.

The top three most prevalent conditions for Grahame Park residents are:



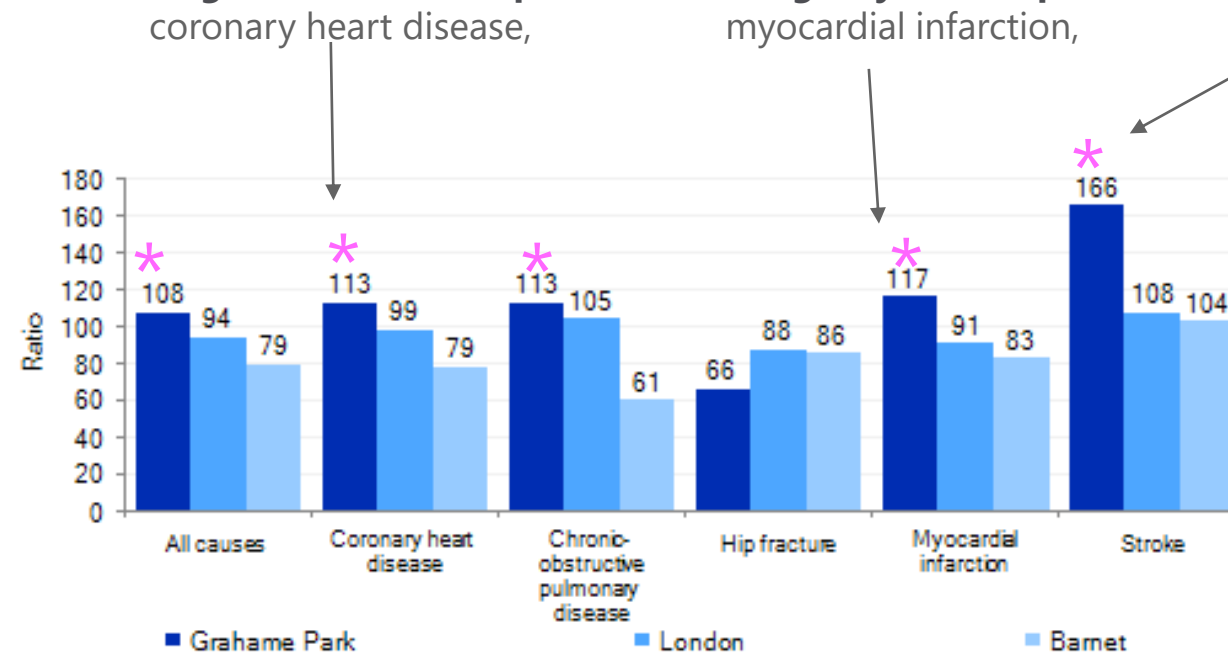
Source: Prevalence of conditions for MSOA E02000049, Quality Outcomes Framework, GP Practice Data 2019-20, NHS Digital

Identified Need: People

- **Action to ameliorate cardiovascular risk factors is needed as a priority.**

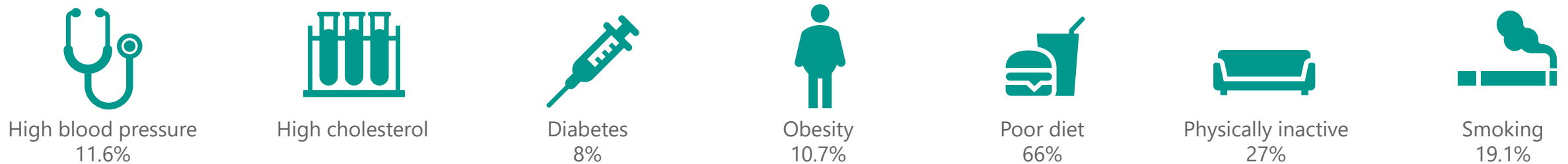
Cardiovascular disease (in particular coronary heart disease) is **the leading causes of excess death** on Grahame Park. *Source: ONS 2013-2017*

More residents on Grahame Park are being admitted to hospital as an emergency than expected for cardiovascular diseases;



Emergency Hospital Admissions: Standardised Ratio. *Source: Hospital Episode Statistics, ONS, 2013-14 to 2017-18*

Addressing cardiovascular disease risk factors and determinates is a priority to reduce emergency hospital admissions and deaths from coronary heart disease, myocardial infarction, and stroke. Key risk factors for cardiovascular disease (with prevalence on Grahame Park if known) are:



Meeting identified needs should contribute to addressing:

- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.
- Actions that increase healthy life expectancy are urgently needed.

Identified Need: People

- **There is a need to reduce smoking and substance misuse.**

This should contribute to addressing:

- Action to ameliorate cardiovascular risk factors is needed as a priority.



Smoking prevalence is higher in Grahame Park (19.1%) than London (14.9%)

Source: Everglade Medical Practice QOF 2019/20)



Barnet's estimated rate of alcohol dependent adults is 1.03 per 100 adult population.

Source: Public Health England. Alcohol dependence prevalence in England, 2017.



Barnet's estimated rate of opiate and/or crack cocaine use is 6.25 per 1,000 people age 15-64.

Source: Public Health England. Opiate and crack cocaine use: prevalence estimates by local area, 2017

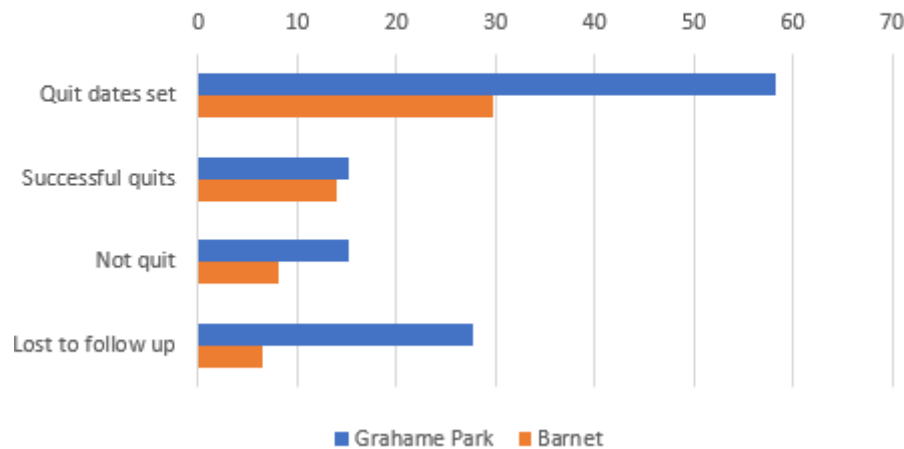
Related Needs

- [Services: There is a need for smoking cessation services located on Grahame Park.](#)
- [Services: Given the high prevalence of smoking, harm reduction strategies such as e-cigarettes could be employed for residents.](#)

Related Needs

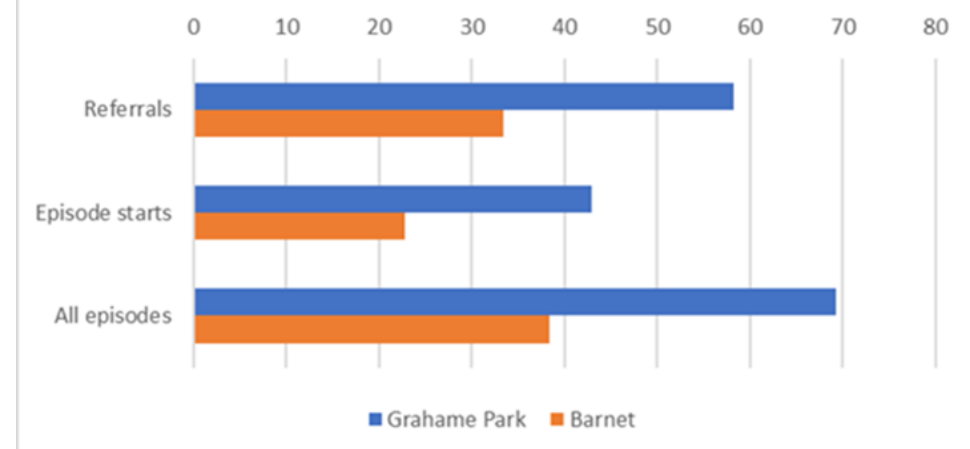
- [Services: There is increased demand for substance misuse services on Grahame Park, which needs to be met with continued provision of accessible services.](#)
- [Services: There is a need to support families in which a parent misuses substances.](#)

Smoking cessation interventions per 10,000 population, 2019-20



- There is a significantly lower quit rate and higher loss to follow-up on Grahame Park compared to the Barnet average, consistent with the national picture for areas of higher deprivation.
- Smoking cessation services are commissioned at Everglade Medical Practice (disrupted in 2021 due to staffing) and Parkview Surgery, and available at McParland Pharmacy.

Substance Misuse Service activity per 10,000 population, 2019-20



- Grahame Park is home to 1.8% of Barnet's population, but represents 3.2% of service user referrals to substance misuse services.
- 49% of residents receiving treatment from the adult service are parents.

Identified Need: People

- **There is a need for a whole system approach to reduce levels of obesity on Grahame Park.**

This should contribute to addressing:

- Action to ameliorate cardiovascular risk factors is needed as a priority.

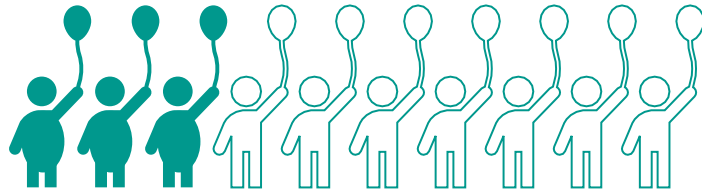
Over three in ten children on Grahame Park age 4-5 are overweight or very overweight

rising to

Over six in ten children on Grahame Park age 10-11 are overweight or very overweight

which persists

Adult overweight and obesity prevalence in London is reported at 58%
Source: Health Survey for England, 2018.

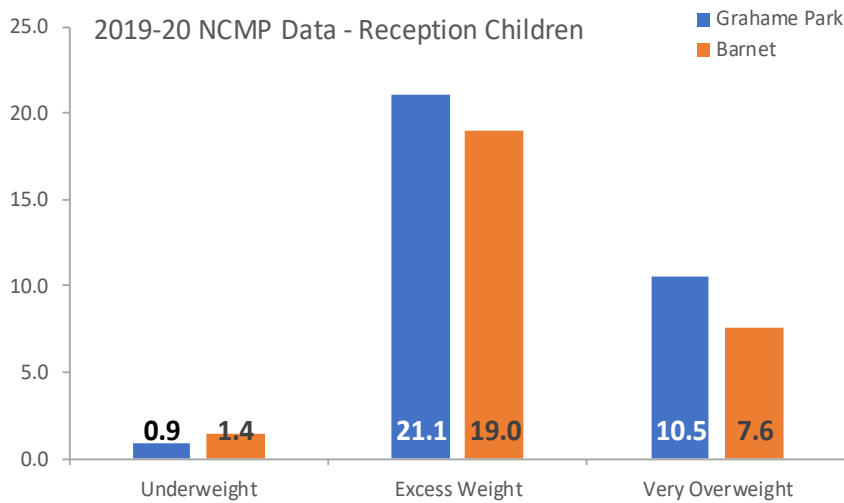


The following QOF figures are likely to under represent the overweight and obese population: Adult obesity prevalence recorded by Everglade Medical Practice QOF is 10.65%, compared to 8.4% by London QOF.
Source: NHS Digital, QOF 2019/2020

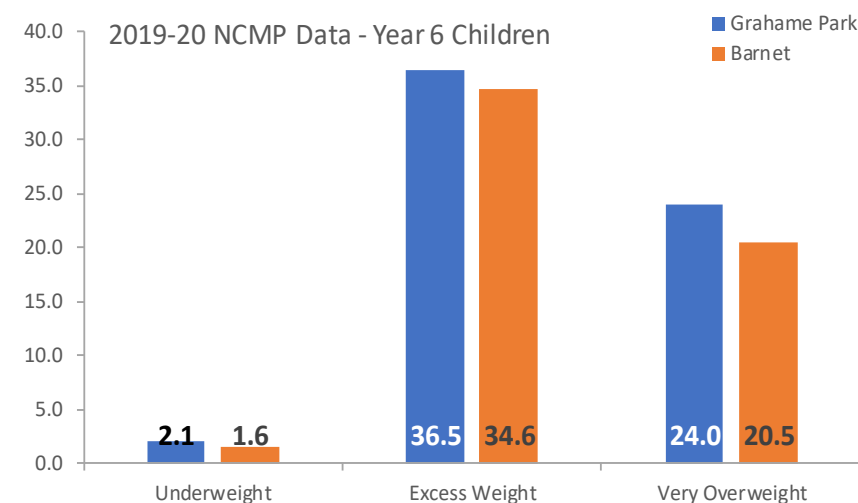
Why aim for a healthy weight?

Obesity on average deprives an individual of 9 years of life (26)

for Grahame Park residents



Source: NHS Digital; 2019-20 NCMP Enhance Pupil Data



Including behaviour, environment, genetics, culture, income, social deprivation and ethnicity (26). However the main risk factors are the **food and drink environment**, and **physical inactivity**.



Obesity is caused by many factors

Reducing obesity is a crucial to reducing the risk of developing hypertension and diabetes, and therefore death from cardiovascular disease, all of which affect more people on Grahame Park than Barnet.

Identified Need: People

- **There is a need to increase levels of physical activities for all residents.**

This should contribute to addressing:

- There is a need for a whole system approach to reduce levels of obesity on Grahame Park.



27% of adults on Grahame Park are physically inactive, higher than Barnet (20%) and London (22%).

Source: Sport England Active Lives Survey 2020.



65% of adults on Grahame Park are physically active, lower than Barnet (67%) and London (66%).

Source: Sport England Active Lives Survey 2020.



Green space coverage in Grahame Park (2.1%) is significantly lower than Barnet (14.2%) (7).

Related Needs

- Place: The enhancement of green spaces is needed to encourage wider use and promote physical activity.
- Services: Community groups that encourage physical activity should be supported.
- Services: There is a need to increase support that encourages physical activity in open spaces.

Related Needs

- Place: Grahame Park's active transport infrastructure needs improving.
- Place: There is a need to support green travel.
- Place: Grahame Park's movement framework needs to be improved.

Promote activity in open spaces with:



Outdoor play areas for children.



Outdoor gym and sports facilities for adults.



Community gardening projects.

Ensuring green spaces are accessible



Reproduced from Grahame Park SPD

Support active and green travel by:



Improving night time safety with good quality lighting.

Creating shared spaces (separated, not segregated) for cycling and walking that create a network of safe, pleasant and well connected streets, civic spaces, and green links.



Encouraging green travel with accessible public transport, active travel routes, and provision of electric vehicle charging Points.

Identified Need: People

- **There is a need to support residents' nutrition.**

This should contribute to addressing:

- There is a need for a whole system approach to reduce levels of obesity on Grahame Park.

Related Needs

- People: There is a need to improve food security for residents on Grahame Park through provision for acute food needs as well as improving the food environment.
- Place: There is a significant need for a whole system approach to improving the food environment and provide access to a wider choice of healthy, affordable food.
- Services: There is a need for a healthy food environment, which could be supported with additional community programmes focussed on supporting residents' nutrition.

- There is a severely limited availability of food on including fresh produce: on the concourse there is a newsagent, Halal butcher, and two takeaway restaurants.
- Food banks near to Grahame Park support around 400 beneficiaries per week.
- Uptake of free school meals is high compared to the Barnet average.

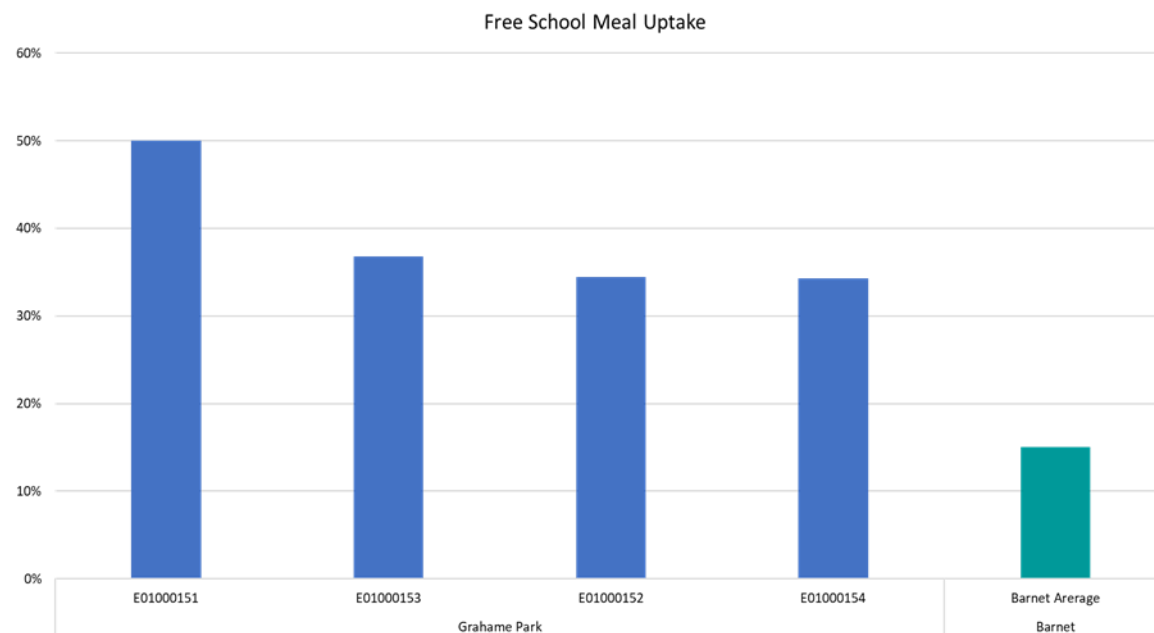
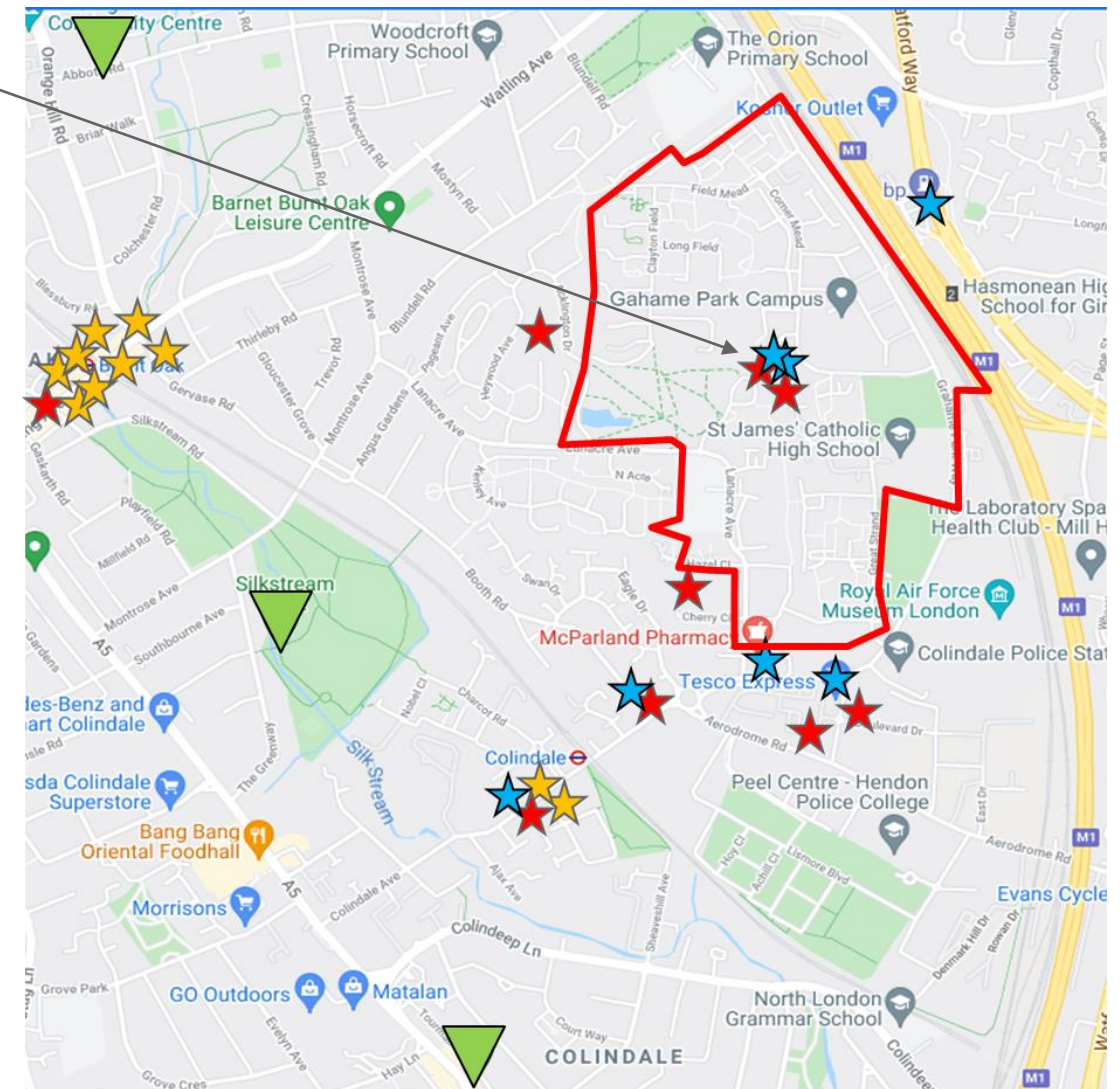


Figure 24: Free School Meal Uptake; Grahame Park LSOAs and Barnet average. Source: : Education School Census.



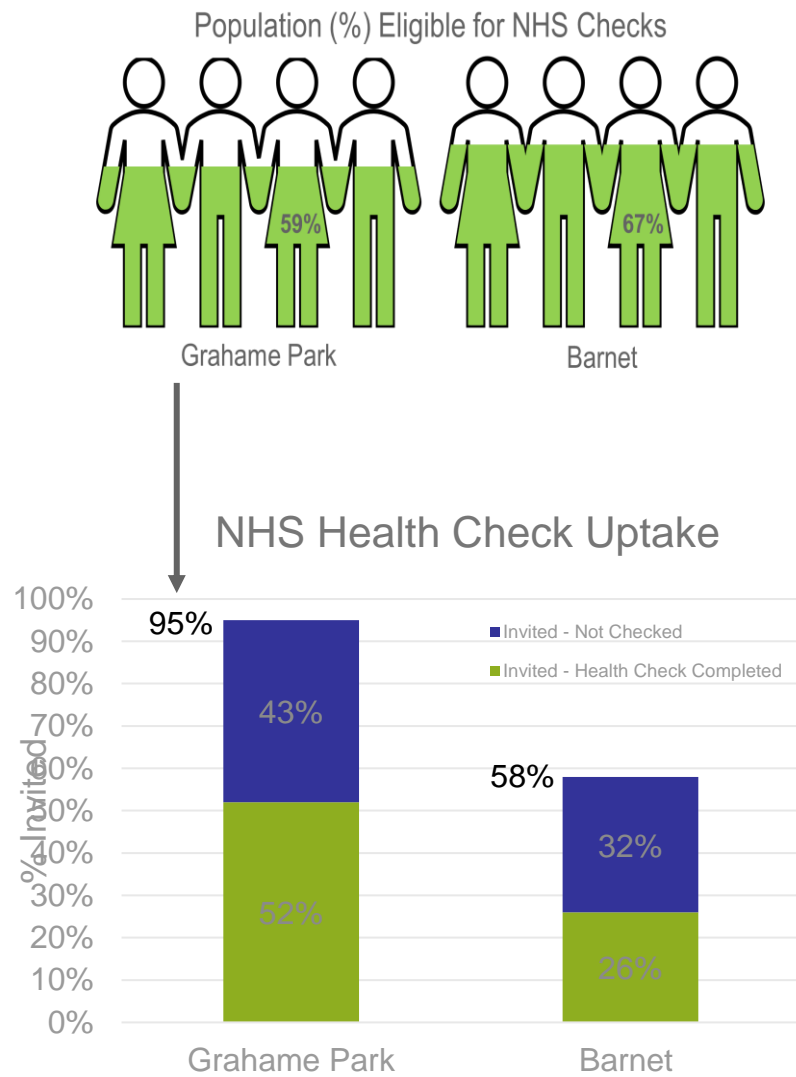
KEY: Allotment Takeaway Restaurant Food shop

Figure 8: Food provision on Grahame Park and surrounding area

Identified Need: Services

- **There is a need to increase the uptake of NHS Health Checks for eligible residents.**

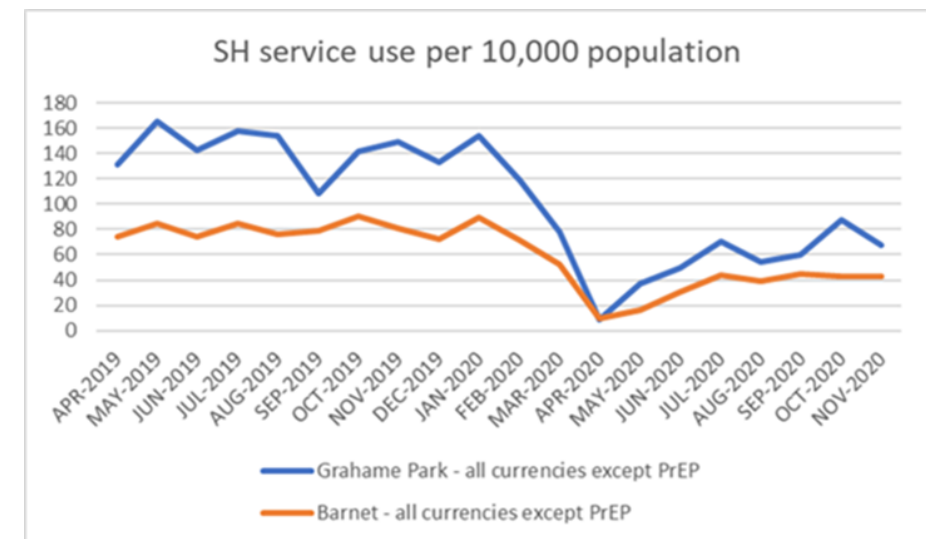
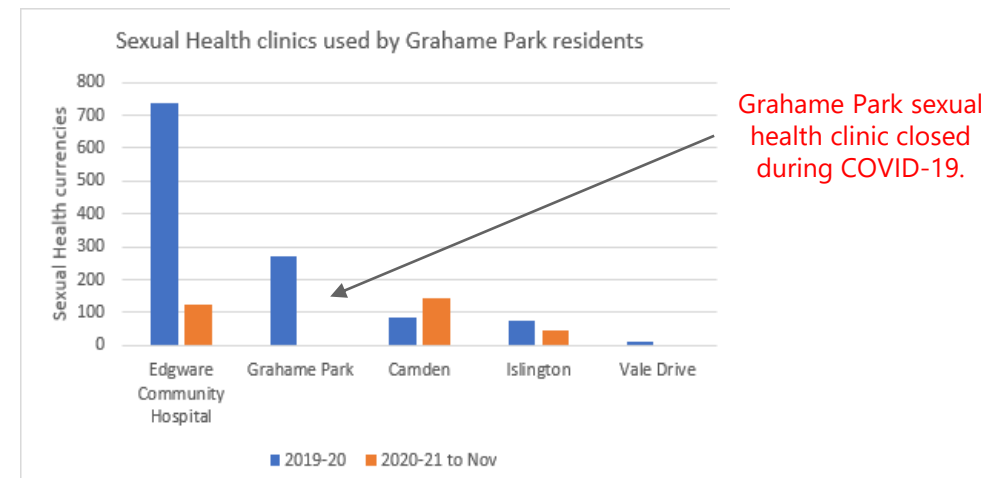
Of those eligible, most Grahame Park residents are invited for an NHS Health Check



Identified Need: Services

- **There is a need to reinstate provision of sexual health services on Grahame Park.**

Grahame Park LSOAs are in the top 20 for sexual health service use in 2019-20, ranking 1st (E01000154), 5th (E01000153), 13th (E01000151) and 20th (E010001542).



Source: Pathway Analytics online database (CNWL) and Preventx (SHL). Grahame Park residents have been identified by postcode. Population data is presented from ONS 2019 mid-year estimates.

Meeting identified needs should contribute to addressing:

- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.
- Actions that increase healthy life expectancy are urgently needed.

Identified Need: People

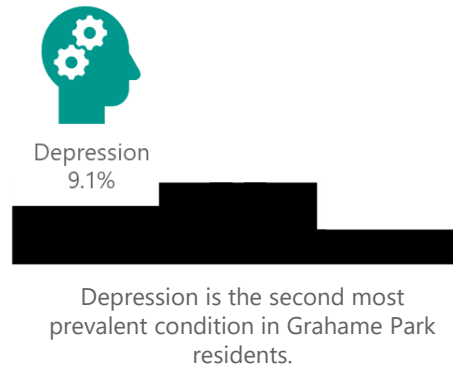
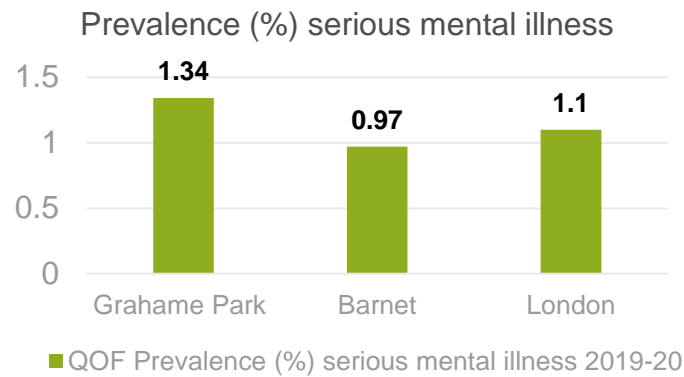
- **High prevalence of mental health needs on Grahame Park are significant cause of disability. Action is needed to support residents with poor mental health.**

Identified Need: People

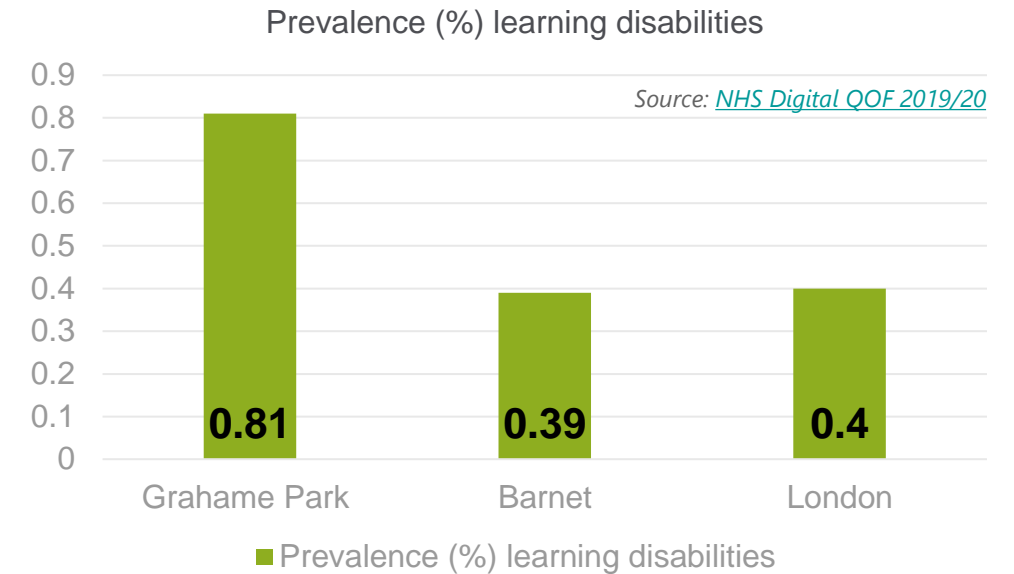
- **Services, support, and facilities provided on Grahame Park must be accessible to people with learning disabilities.**

The prevalence of patients with mental health needs is higher in Grahame Park than Barnet and London

Source: [NHS Digital QOF 2019/20](#)



The prevalence of learning disabilities is higher in Grahame Park than Barnet and London.



From April 2020 to July 2021, 415 social prescribing referrals were made - 6% coded for mental health.

5% of social prescriptions were to IAPT.

Source: [Social Prescribing Case data, PCN1W](#)



Grahame Park has a higher percentage of working age population receiving Personal Independence Payment (7.7%) compared to Barnet (4.1%).

PIP with mental health conditions account for 35% of PIP recipients.

Source: [DWP Jan 2021](#)

Meeting identified needs should contribute to addressing:

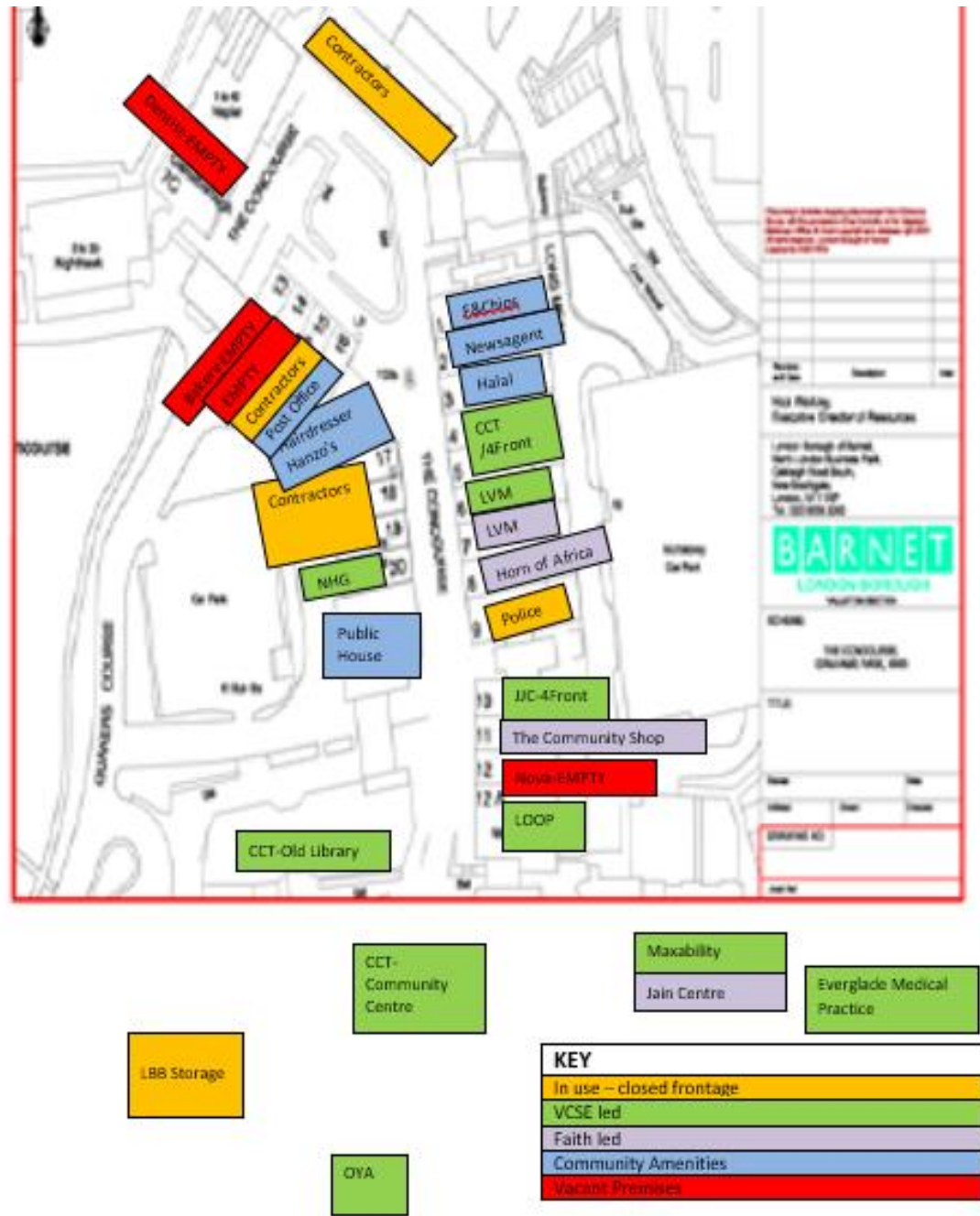
- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.
- Actions that increase healthy life expectancy are urgently needed.

Identified Need: Place

- **There is a need to significantly increase available amenities including community, food, cultural and healthcare spaces.**

Related Needs

- Place: There is a need, while awaiting regeneration, to utilise vacant spaces on the central concourse for the benefit of the local community.
- Place: There is a need to mitigate any harmful impacts of phase 1 regeneration by ensuring the replacement of local amenities, these should be health focussed.



Grahame Park Estate Concourse Premises Use (as of May 2021)

Retail and community amenities are concentrated on the central concourse, which is due to be demolished as part of planned regeneration.

A number of premises on the concourse are vacant or have inactive frontages, which detract from the high street.

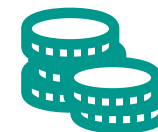
There is an opportunity to maximise the value of vacant spaces for the benefit of the community while awaiting regeneration. Flexible solutions could be explored, for example:



Pop-up use for local enterprise.



Social value leases.



Funding for local entrepreneurs

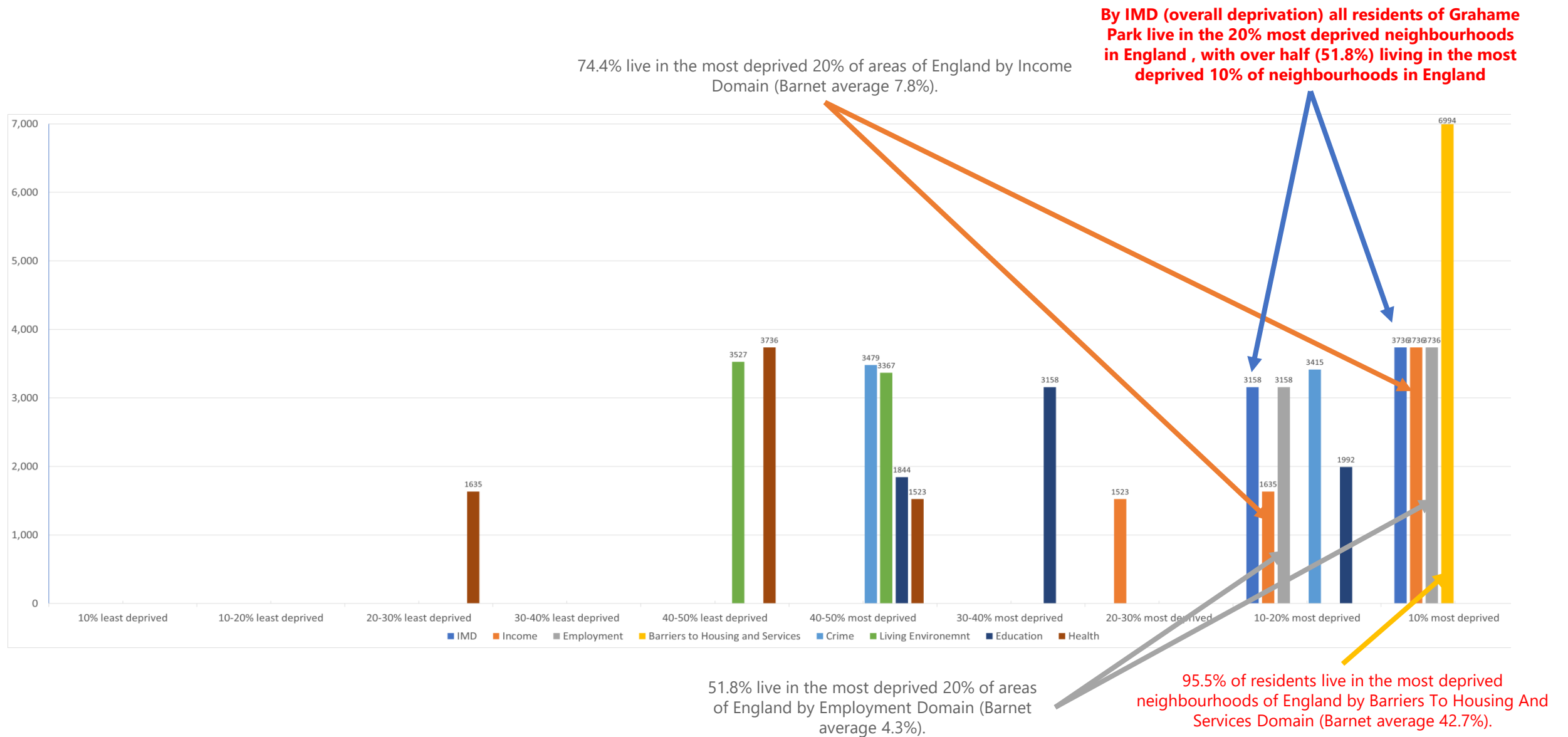


Local art commissions in vacant windows.

Identified Need: People

- There is need to prioritise actions that address the top three domains contributing to overall deprivation; barriers to housing and services, employment, and income domains.

Grahame Park residents living in England's deprived neighbourhoods, by decile, for each IoD domain



Meeting identified needs should contribute to addressing:

- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.
- Actions that increase healthy life expectancy are urgently needed [People: Mortality].

Identified Need: People

- **There is a need to address structural racism and disproportionality across all programmes.**

Related Needs: People

- There is a need to improve insight and intelligence on Grahame Park’s migrant communities, including languages spoken and immigration (e.g. asylum seeker and settled status).
- Providing interpreters in healthcare services and translated health information is necessary to support equitable access to health for all residents of Grahame Park.
- Services, support, or information should be culturally competent and considerate of the customs of the predominant religions on Grahame Park.

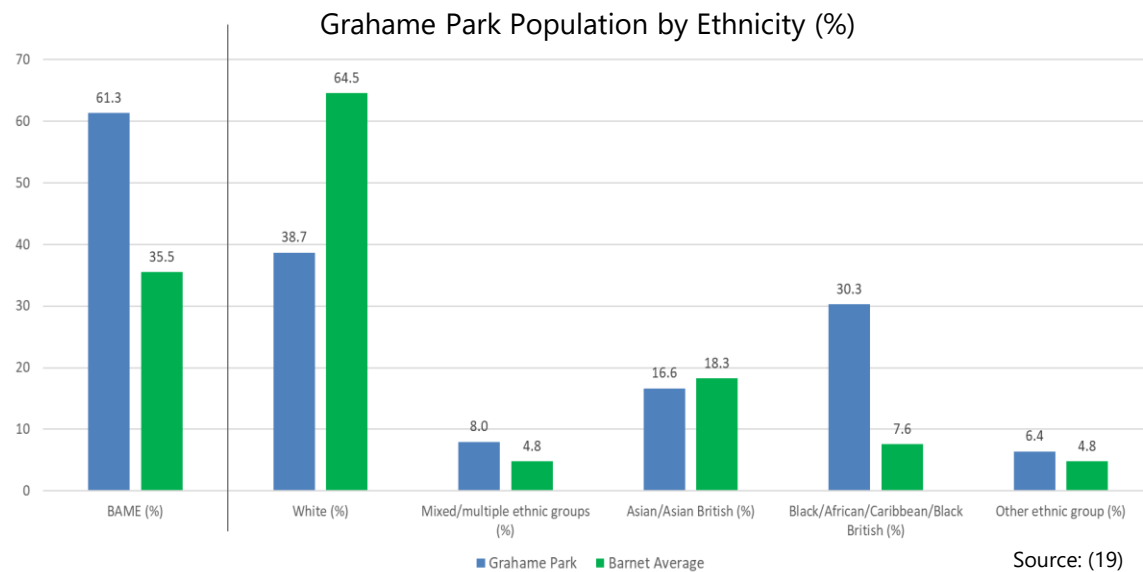
There are 7,216 people living on Grahame Park (7). The majority of residents (61.3%) are from Black, Asian or other minoritised ethnic backgrounds.

Addressing structural racism and disproportionality in local health, education, and criminal justice systems is particularly important to reduce the inequalities faced by residents.



Between April 2020 and July 2021, 12 people across PCN1D and PCN1W were referred to social prescribers for refugee and asylum seeker advice.

Source: Social Prescribing Case data, PCN1W, 04.2020 to 07.2021



English is the main language for all people in 58.9% of households.

In 19.5% of households, no household members have English as a main language. In 8.2%, no adults but some children have English as a main language.

Source: Census 2011*

*Historical data from Census 2011 is reported to provide a rough indication of the local picture, which is likely to have changed since. An update to Census data is expected in 2022.

Meeting identified needs should contribute to addressing:

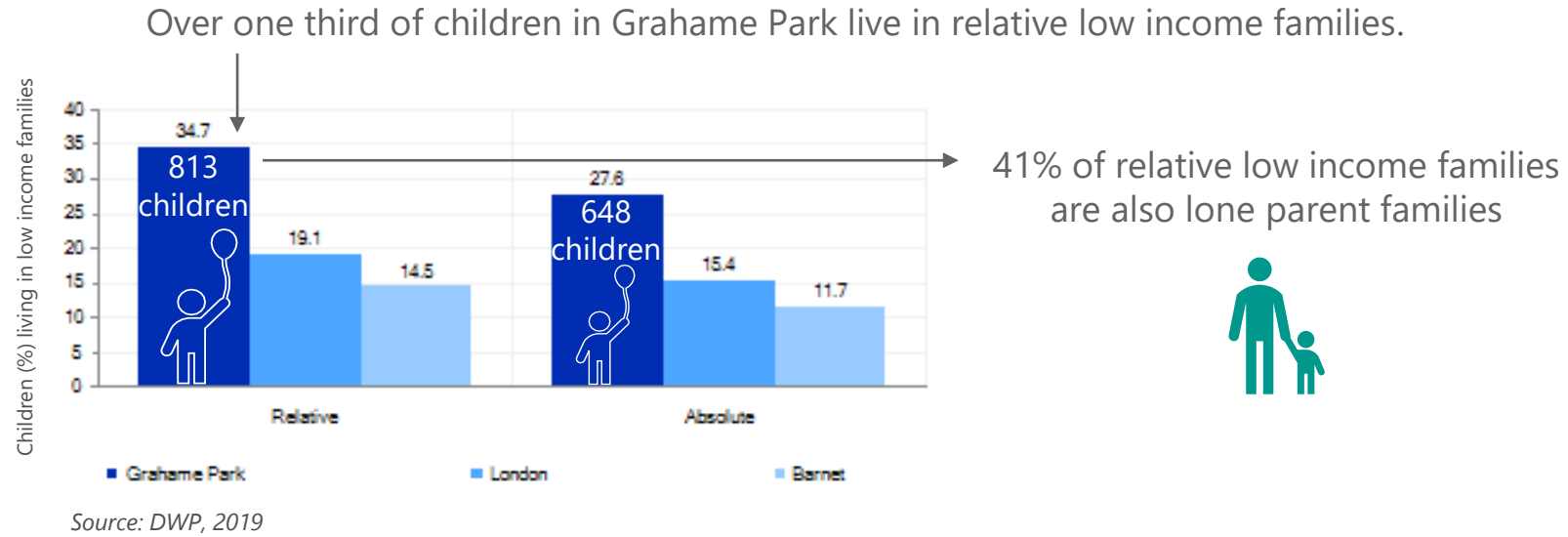
- Actions that increase healthy life expectancy are urgently needed [People: Mortality].
- There is need to prioritise actions that address the top three domains contributing to overall deprivation; barriers to housing and services, employment, and income domains.

Identified Need: People

- **Action is needed to support residents into and progress in the labour market to reduce income inequality.**

Related Needs

- Services: Employment support programmes for Grahame Park residents need to be maintained during planned regeneration, and preferably expanded.
- Services: There is a need to provide affordable adult learning and skills training for Grahame Park residents, on Grahame Park.
- Services: There is a need to provide suitable employment and training options for people who are homeless.
- Place: Connectivity needs to be improved between Grahame Park and surrounding areas.



12.2% of households live in 'Fuel Poverty'

Source: Department for Business, Energy and Industrial Strategy, 2018#



The estimated average net annual household income before housing costs for Grahame Park MSOA is £29,400

Source: [ONS Income estimates, MSOA E02000049, financial year end March 2018](#)



Employment support on Grahame Park is predominantly run by community groups.

It will be important to ensure these groups are able to remain on Grahame Park during planned regeneration.

This should contribute to addressing:

- There is need to prioritise actions that address the top three domains contributing to overall deprivation; Barriers to housing and services, employment, and income domains.

Primary Needs

- **Increasing economic security, including debt support, is a priority determinant to address for residents in Grahame Park.**

Related Needs:

- Services: There is a need to continue to provide outreach services to homeless populations, and support partnership working between housing, substance misuse, mental health and primary care outreach.
- Services: There is a need for an increase in debt support.



Personal debt* per head in Grahame Park is £898.70.

Source: UK Finance, June 2020



Of 415 social prescribing referrals, 34% were for social support, 18% for housing information, and 12% for benefit support.

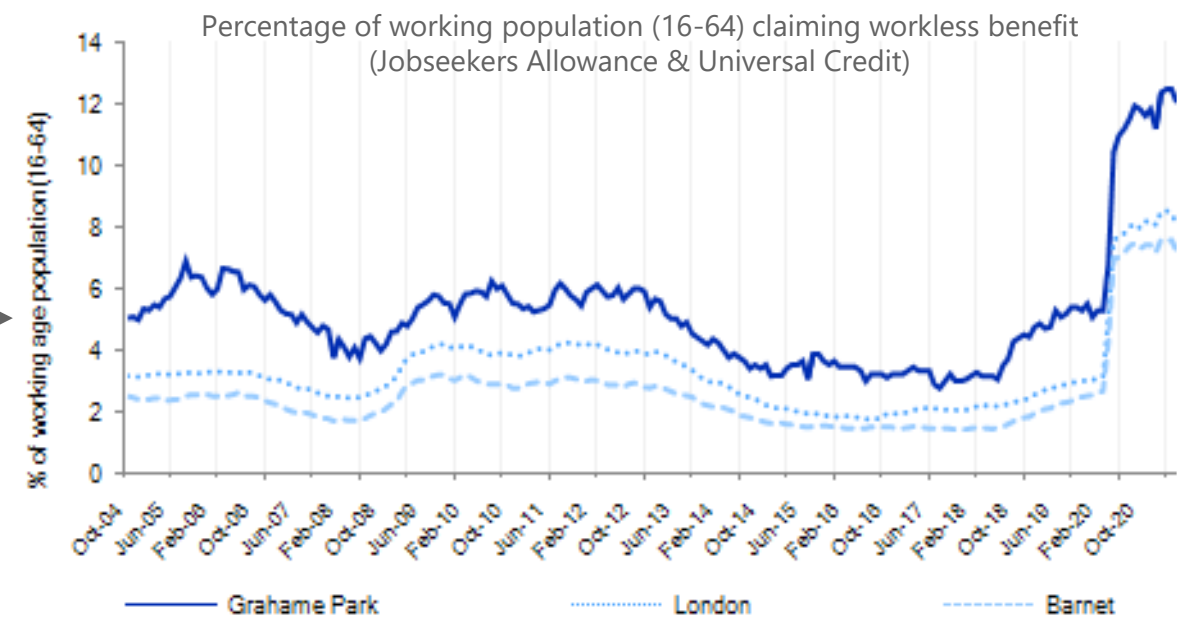
Source: PCN1W social prescribing case data, April 2020 to July 2021



More residents across Barnet needed to claim workless benefits during COVID19.

However the proportion of residents claiming workless benefits remained significantly higher on Grahame Park than Barnet.

In May 2021, 14% of 18-24 year olds on Grahame Park claimed workless benefits.



Source: Nomis, Office for National Statistics

This should contribute to addressing:

- There is need to prioritise actions that address the top three domains contributing to overall deprivation; Barriers to housing and services, employment, and income domains.

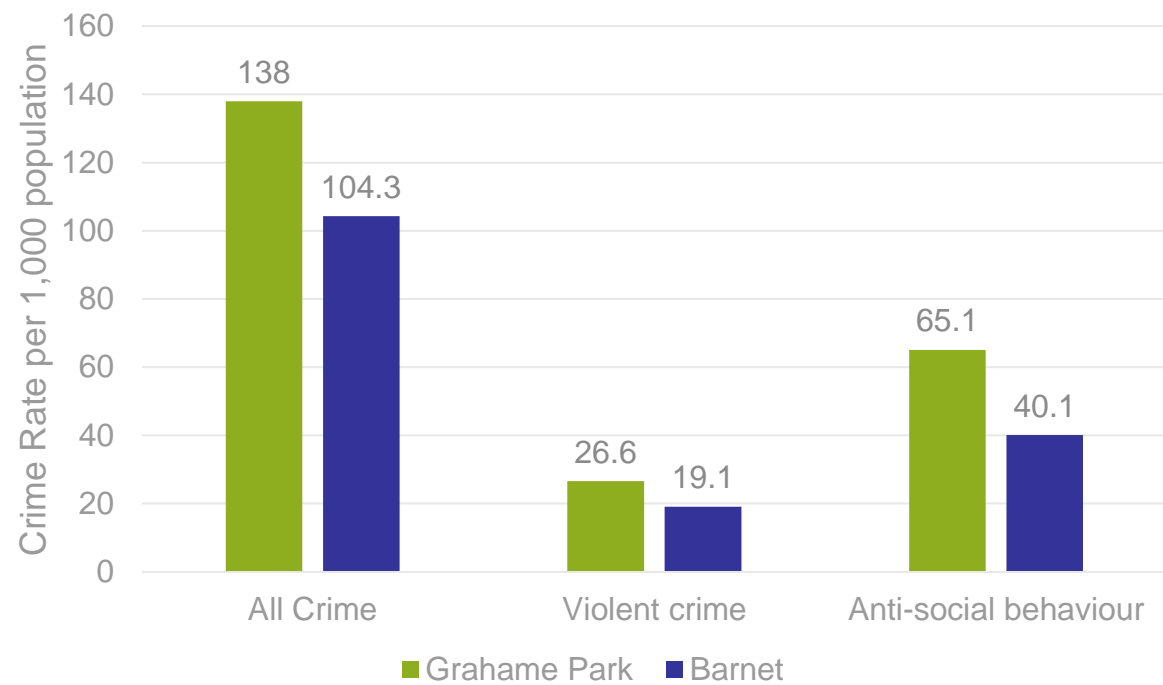
Primary Needs

- **Action is needed to reduce crime and improve community safety. This should focus on drugs, anti-social behaviour and crimes against the person as priority areas.**



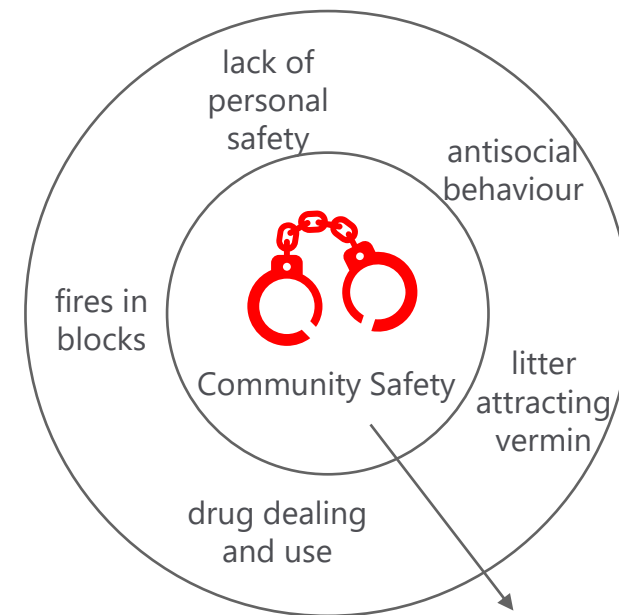
From March 2020 – Feb 2021 there was a total of 996 crimes recorded on Grahame Park.

Recorded Crime Rate (March 2020 – Feb 2021)



Source: Police.UK. Recorded crime offences.

Community safety is a serious concern for many residents. The biggest concerns raised were:



Increased police presence and the installation of CCTV were the desired responses.

Source: Neighbourhood Change Evaluation Residents Survey 2019

This should contribute to addressing:

- There is a strong programme for community development already taking place on Grahame Park. There is a need to support the Grahame Park Neighbourhood Change development programme and provide services and support that align with priorities identified by the community.

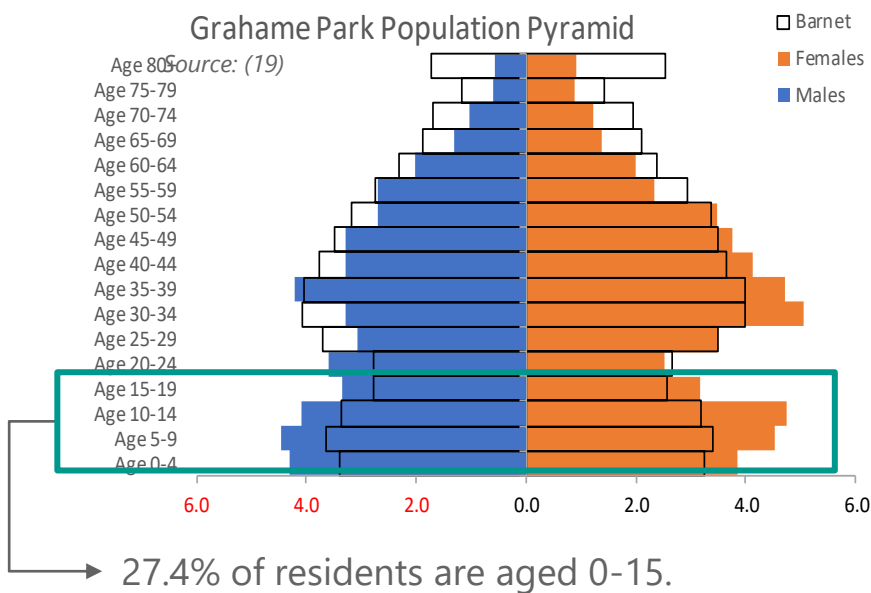
Identified Need: People

- **There is a need to prioritise reducing inequalities for Grahame Park's children and young people.**

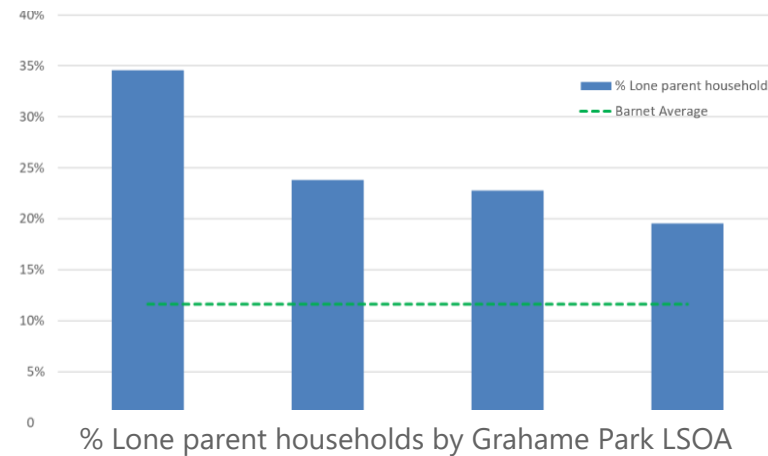
Related Needs

- Services: There is a need to support more young people raised in Grahame Park to enter higher education.
- Services: Qualified mental health support and counselling is needed – this is not currently available on Grahame Park.
- Services: Further engagement with young people is needed to define the community provision that is most wanted by young residents.
- People: There is a need to consider additional support requirements of lone parent households.
- People: Action is needed to decrease overcrowding.

Children and young people make up a significant proportion of Grahame Park's residents



25% of Grahame Park's households are made up of lone parents with dependent children living in the same household.



When asked what changes residents wanted to see in the neighbourhood, many supported an increase in and more diverse provision for young people:



Source: Neighbourhood Change Evaluation Residents Survey 2019



The proportion of young people from Grahame Park entering higher education at 19 is 40%, lower than London (50%) and Barnet (64%).

Source: Office for Students, 2011-12 to 2014/15

Meeting identified needs should contribute to addressing:

- There is need to prioritise actions that address the top three domains contributing to overall deprivation; barriers to housing and services, employment, and income domains.

Identified Need: Services

- **There is a strong programme for community development already taking place on Grahame Park, which is supported by local partners and was built using Grahame Park's Neighbourhood Change Framework. There is a need to support the community development programme and provide services and support that align with priorities identified by the community.**

The Grahame Park Strategy Group, a strategic multi-agency partnership, worked with residents in 2017 to develop the Grahame Park Neighbourhood Change Model, a framework for improving community and economic development, facilitating partnership working, targeting resources to where they are most needed, and attracting further investment into the neighbourhood.

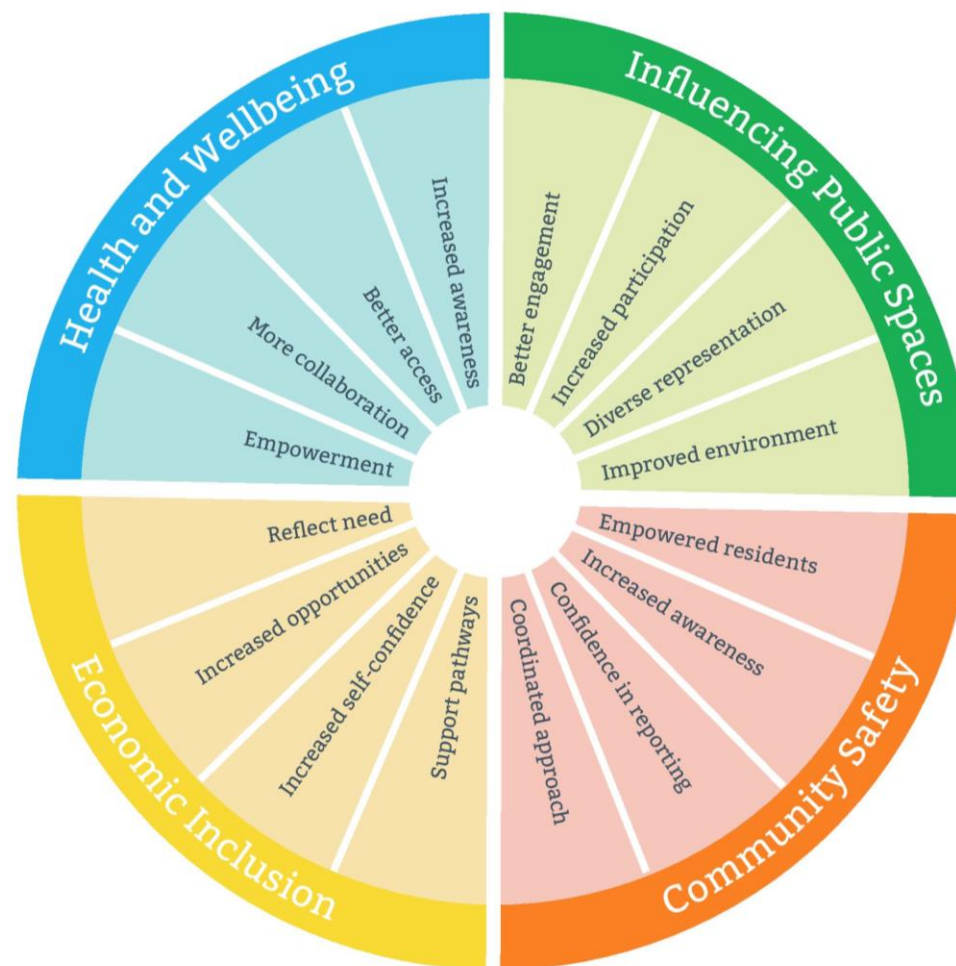
The four strategic priorities and outcomes closely match the needs identified by the Grahame Park Health Needs Assessment. Supporting community-led programmes for development will be critical in meeting the needs identified in this report.



Health and Wellbeing
An increase in community led holistic approaches to improve health, social and economic wellbeing.



Economic Inclusion
Increase enterprise, employment, education and training opportunities by having more robust inclusive and coordinated platforms that enhance and empower community aspirations.



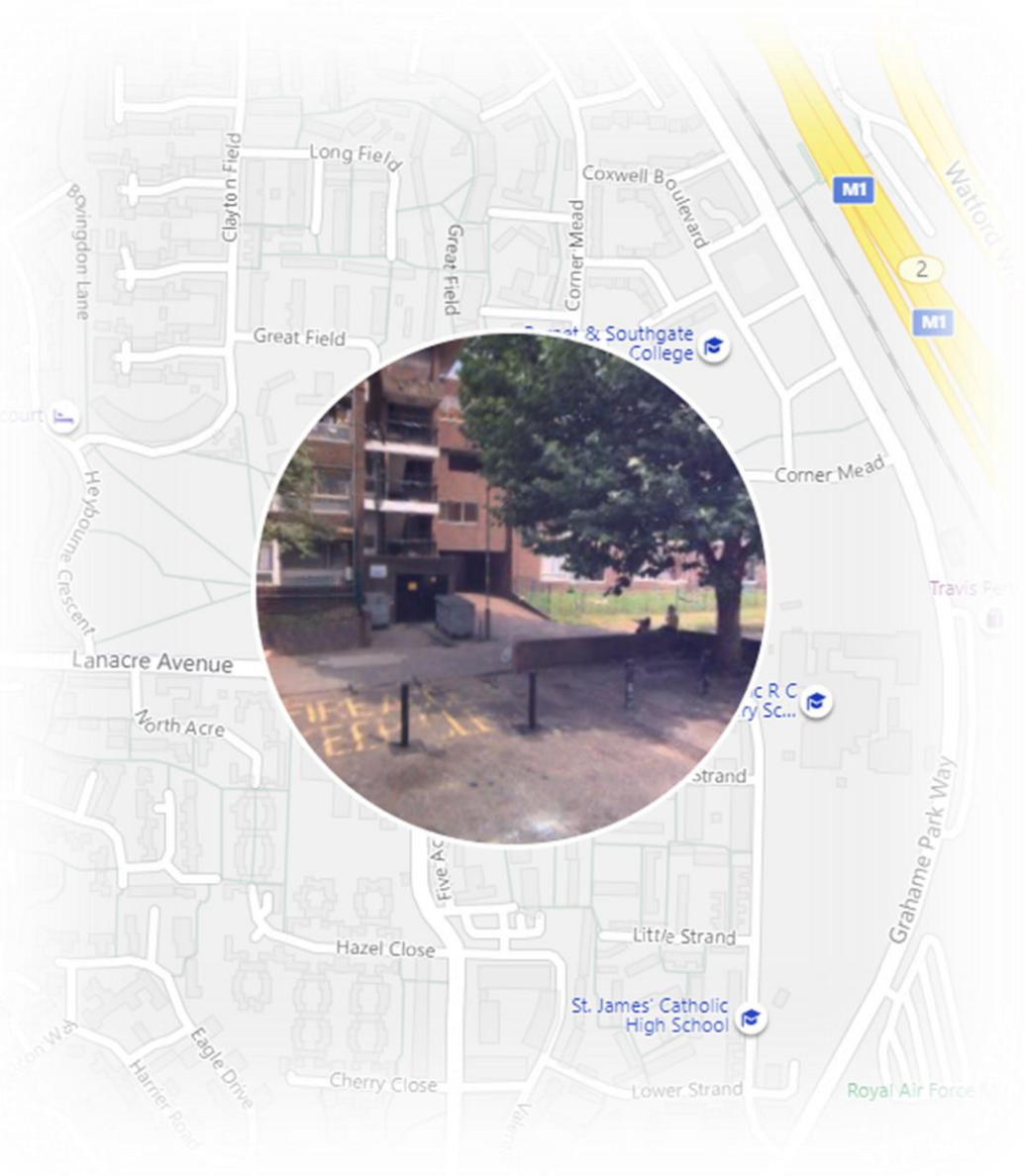
Influencing Public Spaces
Ensuring opportunities for diverse communities to engage and influence public spaces and community facilities and services.



Community Safety
Collaborative approaches between the community and agencies in sharing responsibility to identify and deliver community safety solutions.

Grahame Park Neighbourhood Change Model





Grahame Park Health Needs Assessment

Leads: Yogita Popat (Insight & Intelligence) & Rachel Wells (Public Health)

Report by: Dr Elliott Roy-Highley

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Grahame Park Health Needs Assessment: Contents

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Scope

This place-based needs assessment aims to present locally available data and actionable insights concerning the health and wellbeing, and their determinants, of the people that live, work, learn and play in Grahame Park. This assessment aims to:

1. Draw insights from evidence and local data on the health geography of Grahame Park Estate .
2. Describe the population of Grahame Park; their demographic characteristics, indicators of health status, living circumstances, and participation in their local community and economy.
3. Provide a high-level summary of services available to support the health and wellbeing of people in Grahame Park and how local residents engage with these services.
4. Identify the priority health needs of people in Grahame Park.
5. Propose actions that could address these priority needs, reduce inequalities, and improve the health and wellbeing of people who live, learn, work, and play in Grahame Park.

Data Sources and Limitations

Rather than focussing on the needs of a specific demographic group, condition, or service user, a place based assessment aims to consider the needs of everyone within a geographic location i.e. Grahame Park Estate. For the purposes of this analysis Grahame Park is generally defined by the following 4 LSOAs: E01000151, E01000151, E01000153, E01000154. However, aspects of this assessment draw on data from different sources which vary in the geographic boundaries used to define the Grahame Park Estate. Some analysis assume Grahame Park is represented by The Everglade Medical Practice which is the only GP surgery within Grahame Park. While GP practice data is likely to include residents from an areas with differing boundaries to the 4 LSOAs, this is assumed to be non-significant.

The data used for this place based needs assessment is drawn from published, publicly available data sets. This data allows comparisons between areas, but is often delayed by months or years, and therefore provides a retrospective snapshot of the population on Grahame Park. Indicators presented from the latest census data available at the time of writing (Census 2011) may provide an imprecise description of the current situation on Grahame Park.

To avoid direct or indirect identification of individuals from presented data involving small data sets, adjustments may be carried out, for example rounding to the nearest whole number (e.g. 10's, 100's, or 1,000's as appropriate), and supressing small numbers.

Numbers reported as 'significantly' different are those in which the difference is not likely to be due to chance.

Lower-layer Super Output Areas (LSOAs) created by the Office for National Statistics are permanent geographies that comprise 1,000 to 3,000 population or 400 to 1200 households.

Conventions

This page describes the conventions used to standardise the presentation of information throughout this needs assessment.

A full list of language used and abbreviations can be found in the [Appendix: Language and Abbreviations](#).

Character Areas

This needs assessment adopts the nomenclature of “character areas” from the [Grahame Park Supplementary Planning Document](#) to refer to the northern, central, and southern areas of Grahame Park (as shown in Figure 0). For consistency, these descriptions are used to reference these areas both prior to and following planned regeneration.

Textboxes

Green textboxes provide context or present evidence from guidelines and research.

Blue textboxes contain subjective views, interpretation and integration of presented data, and identify needs.

Icons

Community assets are identified by coloured crosses. Community assets include local partnerships, community builders, community connectors, buildings, parks, and community projects (see [appendix](#) for definitions) (5).



Potential asset: a resource that could have a positive impact on health and wellbeing following intervention or development.



Community asset for further support: a local resource that positively impacts health and wellbeing, but is underutilised or non-sustainable and would be enhanced with further support.



Sustainable community asset: a local resource that has positive impacts on health and wellbeing and is sustained by the community.

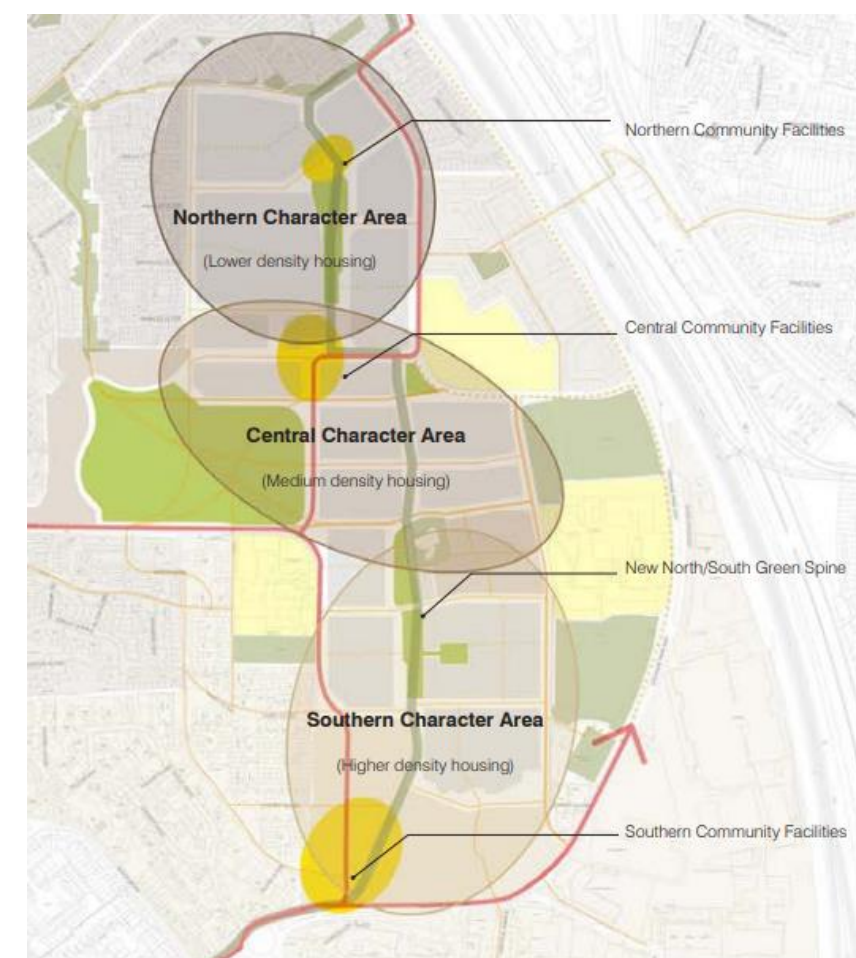


Figure 0: Grahame Park Character Areas. *Reproduced from Grahame Park Supplementary Planning Document*

Determinants of Health

Determinants of Health

Wider determinants (or social determinants) of health, identified by the Marmot Review in 2010 (15) comprise a range of social, economic, and environmental factors which impact upon an individuals' life chances and health. These factors have been shown to have a greater influence on health than healthcare, behaviour, and genetics (23). Many of these factors determined by the place in which people live.

Variation in the determinants of health between geographic areas is a fundamental cause of inequalities in health outcomes between groups, as they influence the extent to which an individual has the physical, social, or personal resources to meet their needs and cope with changes in life circumstances.

Figure 1 The Health Map (24), shows some of the key factors that contribute to the health and wellbeing of our communities.

Place-dependent factors include:

- The natural environment and access to greenspace, which affects physical activity and mental wellbeing.
- The built environment such as the homes people live in, and how they are organised into streets, which affects community, connectivity, travel, and crime.
- Provision of amenities or spaces that enable community cohesion and development, expression of faith, leisure, and play.
- Access to the local economy through education and employment.
- Access to health, social care, and wellbeing services.

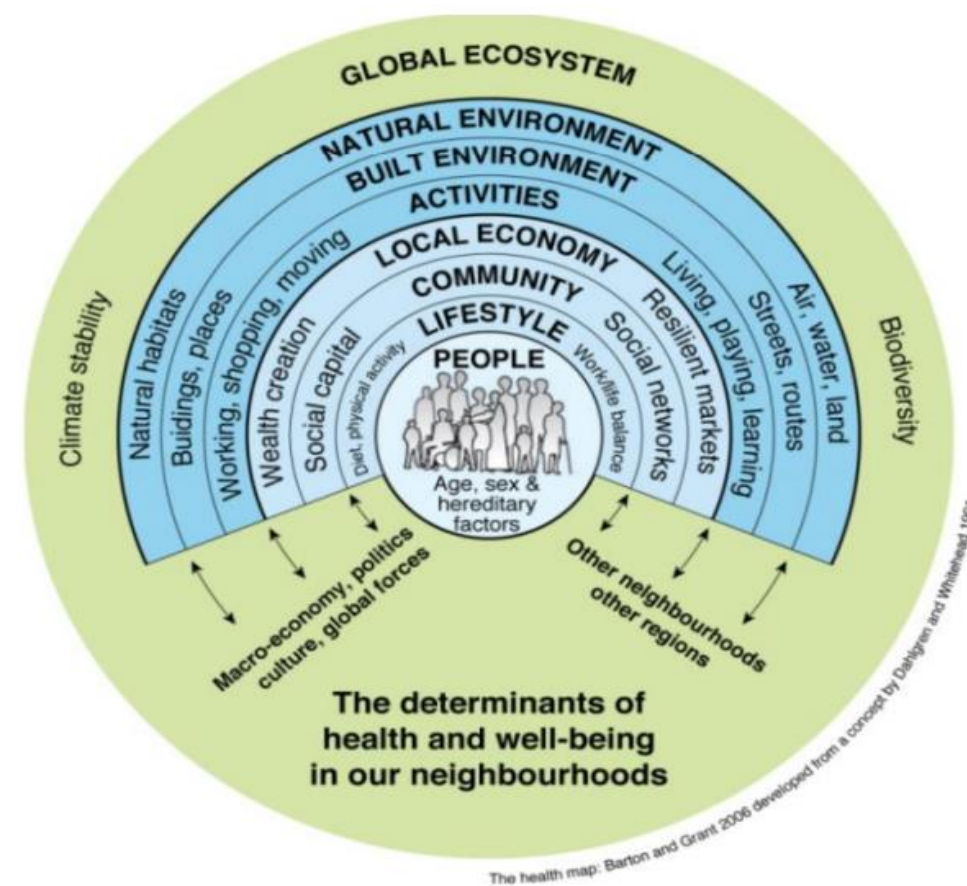


Figure 1: The Health Map.
Barton and Grant 2006 (developed from the wider determinants of health by Dahlgren and Whitehead 1991)

Lower-layer Super Output Areas (LSOAs) created by the Office for National Statistics are permanent geographies that comprise 1,000 to 3,000 population or 400 to 1200 households.

Section 1 - Place

Section one of this needs assessment is concerned with the first aim:

1. Draw insights from evidence and local data on the health geography of Grahame Park Estate.

Natural Environment

Identified Needs: Greenspace

- The quality of greenspaces needs to be maintained so they continue to be used by residents.
- The enhancement of green spaces is needed to encourage wider use and to promote physical activity.

Built Environment

Identified Needs: Neighbourhood Design

- Connectivity needs to be improved between Grahame Park and surrounding areas.
- Grahame Park's movement framework needs to be improved.

Identified Needs; Transport

- Grahame Park's active transport infrastructure needs improving.
- There is a need to support green travel.

Identified Needs: Amenities

- There is a need to mitigate any harmful impacts of phase 1 regeneration by ensuring the replacement of local amenities, these should be health focussed.
- There is a need, while awaiting regeneration, to utilise vacant spaces on the central concourse for the benefit of the local community.
- There is a need to significantly increase available amenities including community, food, cultural and healthcare spaces.

Food Environment

Identified Needs: Food Environment

- There is a significant need to improve the food environment to provide access to a wider choice of healthy, affordable food.

Grahame Park Estate Location

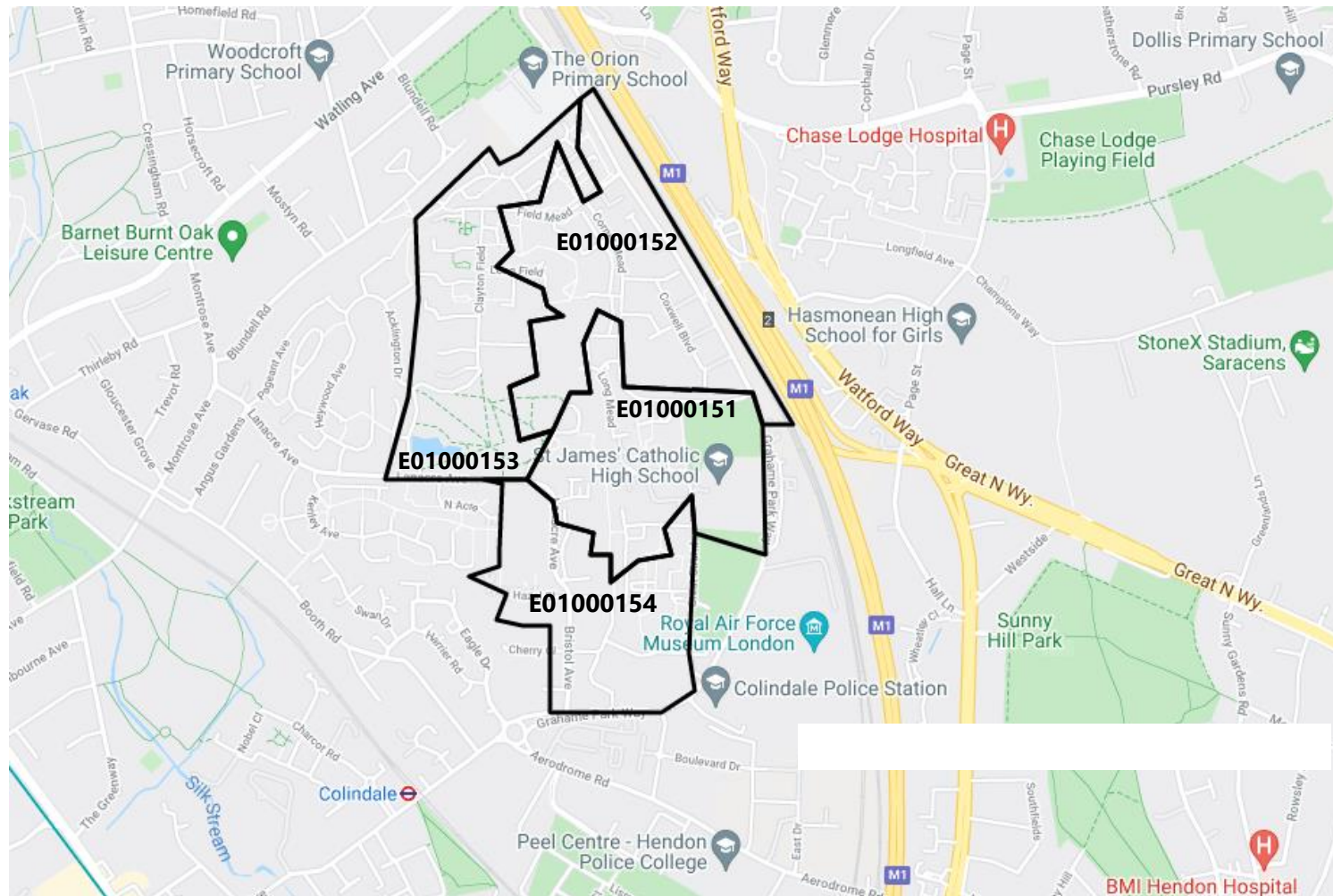


Figure 2: Grahame Park Estate boundaries by statistical LSOAs

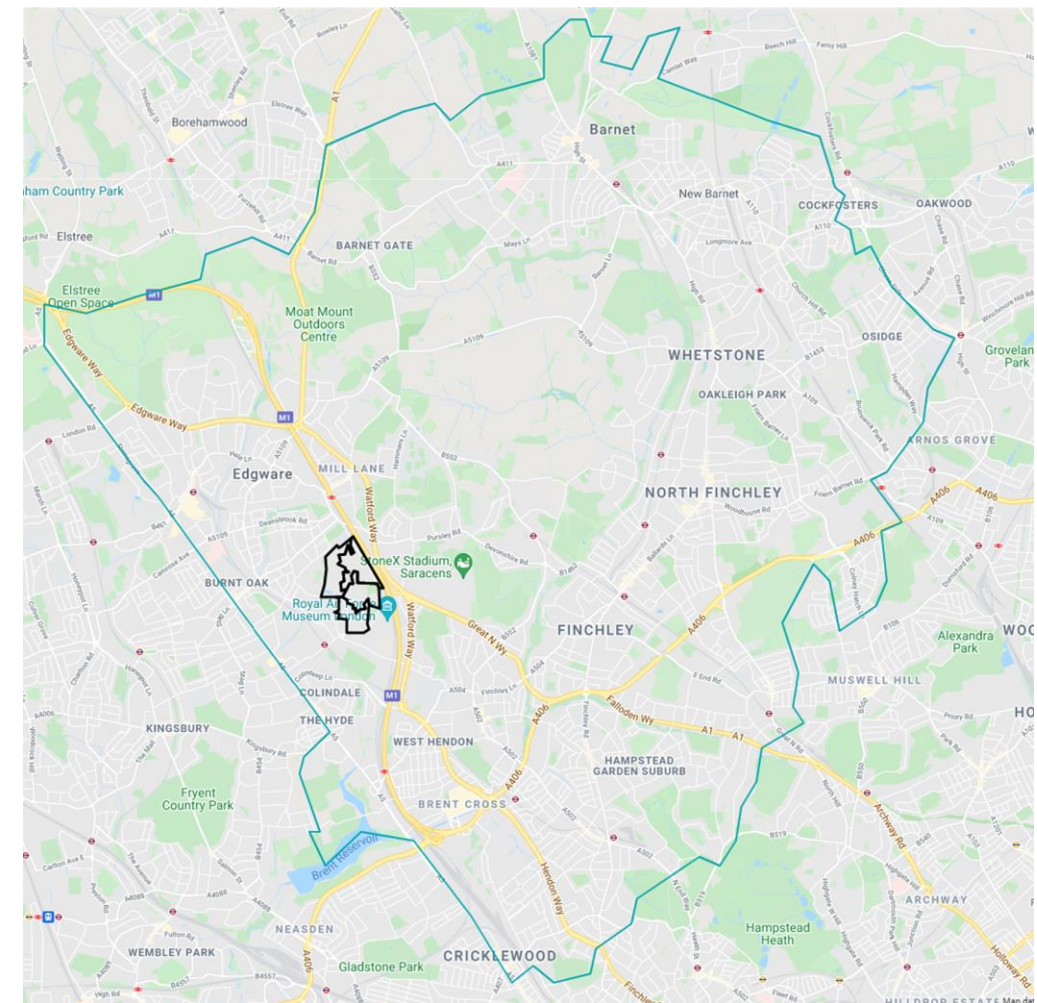


Figure 3: Map, London Borough of Barnet

Urban boundaries

- Grahame Park is London Borough of Barnet's largest housing estate, completed in 1975 by Greater London Council and initially providing 1,777 homes. Extensive regeneration of the site has been ongoing since 2003, when residents voted in favour of a comprehensive regeneration plan (10) ([see planning context](#)).
- Grahame Park is located in the northwest of Barnet in the Colindale Ward (Figure 3), between the strategic road network routes of the A5 and M1, as well as the Thameslink railway. The road boundaries of the Grahame Park Estate are; Grahame Park Way to the south, Lanacre Avenue to the west, Great Strand and Corner Mead to the east, and Field Mead to the north.

Analytical boundaries

- For the purposes of this needs assessment Grahame Park is generally defined by four LSOAs: E01000151, E01000152, E01000153, E01000154 as shown in (Figure 2). Some analysis has assumed Grahame Park is represented by The Everglade Medical Practice which is the only GP surgery within Grahame Park ([see data sources and limitations](#)).

Grahame Park Estate Regeneration

Planning and Policy Context

- Grahame Park sits within the 'London-Luton-Bedford' corridor, a nationally recognised growth area of city region importance. Colindale is expected to play an important role in this growth corridor. Colindale/Burnt Oak is identified as an Opportunity Area in the London Plan with Grahame Park identified as an 'Area for Regeneration'.
- In 2003 residents voted in favour of a comprehensive regeneration plan (10). Outline planning consent was granted in 2007. Barnet Council own the majority of the site and have a development agreement with Genesis Housing for the regeneration of the estate. In 2010, LBB adopted the Colindale Area Action Plan (CAAP), which sets out the framework for development and change in the Colindale area and sets out the policies and objectives for the ongoing regeneration of Grahame Park Estate.
- Stage A (Figure 4) ,completed in 2017, provided 685 homes (273 social rent of which 172 for existing secure tenants, 112 shared ownership, 68 market rent, 232 private sale), new premises for Barnet and Southgate College, Colindale library, and Barnet Council and a public square with retail amenities to the south.

Future Development

- Phased redevelopment of Grahame Park is planned over the next 15-20 years. Stage B of the Grahame Park Estate Masterplan was approved in 2020. This includes plans for approximately 3,000 homes by 2032. 463 (approximately 25%) of the original homes will be retained and integrated into the new development (Figure 4).
- Existing community facilities and retail space on the central concourse will be replaced including the health centre, community centre, children's activity centre, and centre for independent living. The main element of replacement provision will be a new Community Hub (11).
- Improved integration with surrounding areas with new road, pedestrian and cycle networks. New and improved open spaces and play provision (Figure 6).
- Secure council tenants housed before 1st April 2003, have a commitment from Genesis/LBB that they will be rehoused in a new home on Grahame Park. Secure council tenants who were housed after 1 April 2003 will be moved by Barnet Homes by the time the properties are demolished but will not be rehoused in a new home on Grahame Park (11).

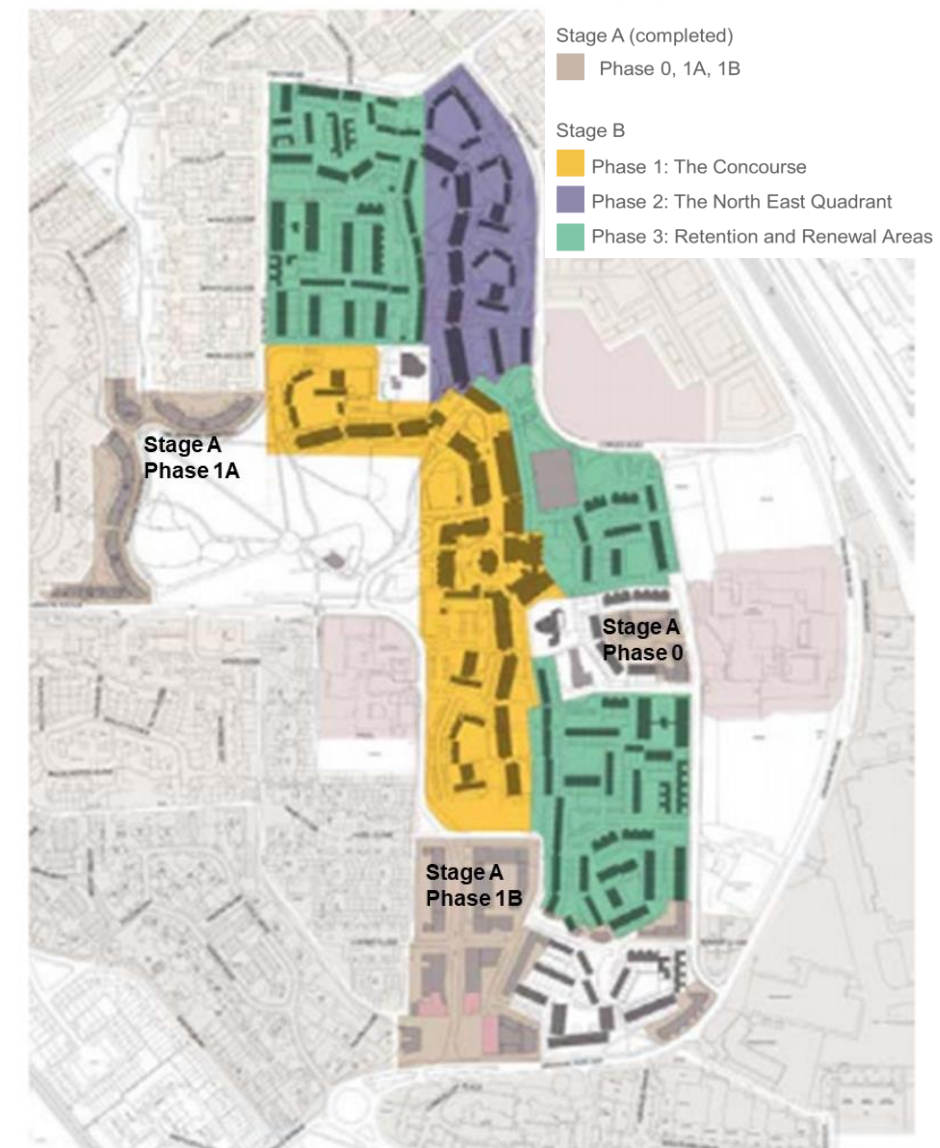
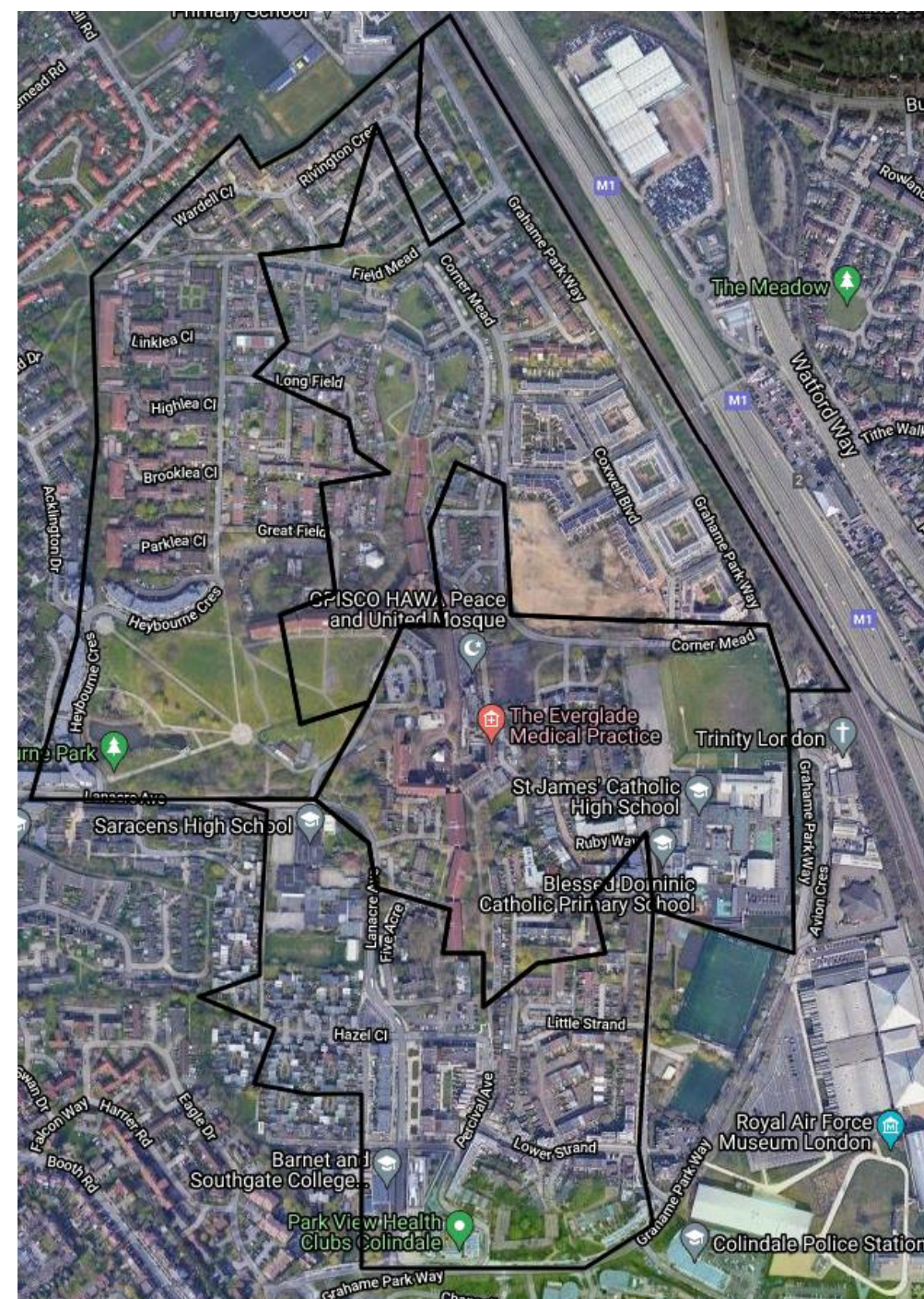


Figure 4: Grahame Park Estate Regeneration Stages
Reproduced from Grahame Park Supplementary Planning Document

Natural Environment

Assessment: Natural Environment

- + Grahame Park provides natural environments and open spaces that are currently suitable for physical activity and play; Heybourne park, the village green in the northern character area, and small open greenspaces (pocket parks) in the northern, central, and southern areas.
- Regeneration plans that rationalise and reconfigure open spaces within the estate will provide more formal open spaces with a clearer public function.
- Maintaining the quality of these greenspace is necessary for promoting continued use by residents.
- Grahame Park's greenspaces could be further developed with the aim of encouraging wider community use and promoting physical activity.
- Development to promote physical activity could include:
 - Outdoor play areas for children.
 - Outdoor gym and sports facilities for adults.
- Development to promote wider community use could include:
 - Ensuring green spaces are accessible for all, such as by providing sitting places in large open spaces for those unable to walk long distances.
 - Improving night time safety with good quality lighting.
 - Supporting community gardening projects.



Natural Environment

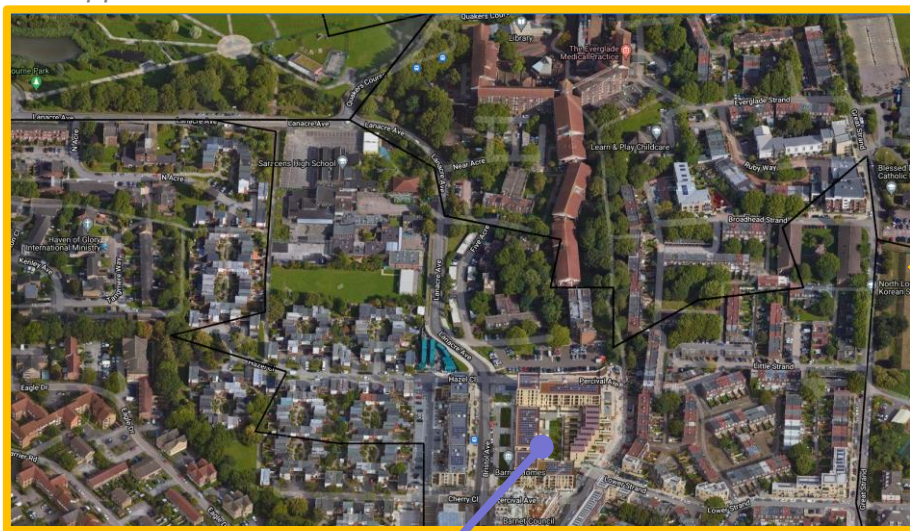
Greenspace

- The percentage of total green space coverage in Grahame Park (2.1%) is significantly lower than the Barnet average (14.2%) (7).

+ Grahame park benefits from green public spaces between housing blocks, with mature trees of amenity value. A 'green spine' runs from the village green in the north (northern woodland walk) to Percival Avenue in the south (southern woodland walk).

- Grahame Park Estate includes a relatively generous amount of open green space which is undesignated and is distributed across the site in the form of amenity lawns and landscaping areas located in between the residential blocks and adjacent to parking areas and movement routes. Many of these smaller open spaces do not appear to have a clear function or sense of ownership in relation to the adjacent properties, lack overlooking and are dominated by paving, railings and car parking (2).

High density housing interspersed with green public spaces in the upper Southern area



High density building in the lower zone with little greenspace

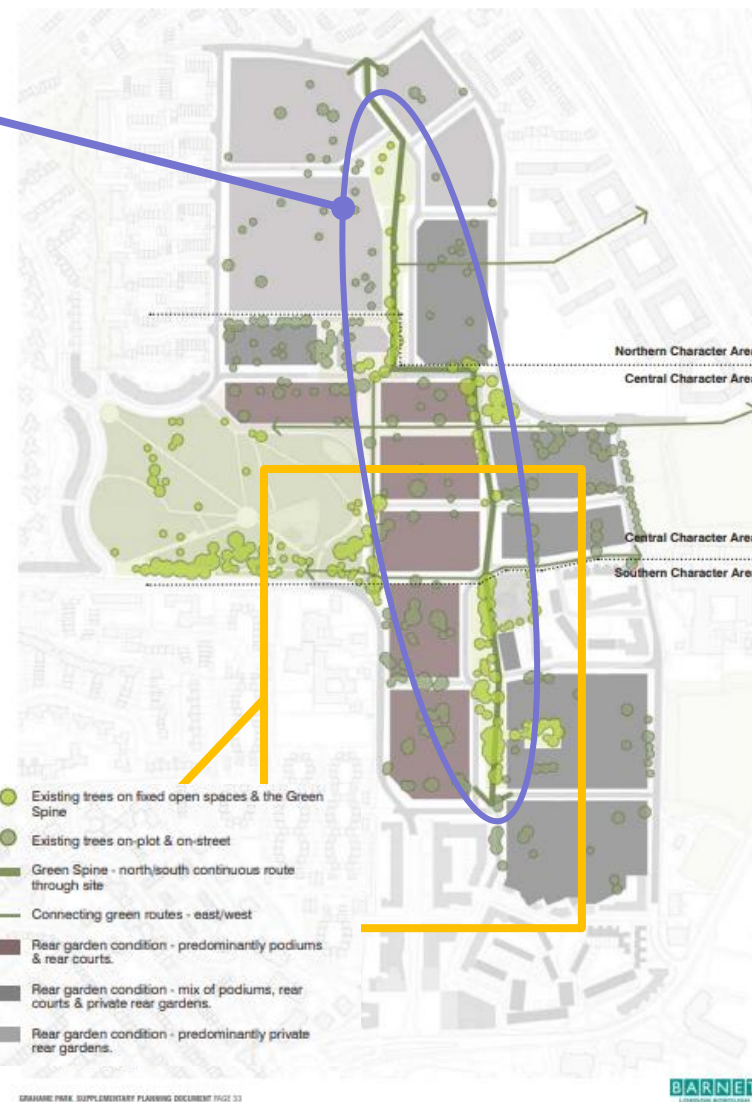


Figure 5: Grahame Park Greenspace and Tree Plan.
Reproduced from Grahame Park Supplementary Planning Document

Community Gardens

- + Friends of Heybourne Park have developed a community garden near Heybourne Crescent and utilise opportunities to improve small areas of soil plots throughout the estate.
- + A small plot was developed on Douglas Bader Park estate with Homegroup.
- + A community garden is being established on the central concourse by Notting Hill Genesis.

Evidence: Community Gardens (14)

- Community gardening has the potential to improve the **nutritional status** of those involved and may be effective in mitigating the effects of food insecurity and poverty both for those undertaking the gardening activities but also for the wider community where the produce may be distributed or sold.
- The communal, collective nature of the activities within these projects may promote adherence and greater motivations to continuing higher levels of **physical activity** and contribute to achieving recommended levels.
- Time spent in neutral spaces and the therapeutic nature of gardening may reduce stress and promote **mental wellbeing**.
- Positive engagement in worthwhile activities, such as volunteering for community benefit, may promote a sense of value and achievement, both of which enhance **quality of life (QOL)**.
- Developing and strengthening **community ties**, civic engagement, social resilience, and motivating the implementation of other neighbourhood improvements, especially in deprived areas.
- Increased social capital through environmental education, skills acquisition and access to shared resources which may increase **employability**.

Natural Environment

Open Spaces and play

- Heybourne Park provides the largest open space (4.25 hectares). It is designated as a borough level site of local importance for nature conservation (9) and supports three habitats; amenity grassland, scattered trees and ponds. Half of the park, including the ponds, was improved as part of regeneration Phase 1A.
- The second largest green space is the village green located in the Northern area.
- Small informal areas of open space (pocket parks) are found in the northern, central, and southern areas.

Heybourne Park



Blue space (ponds)

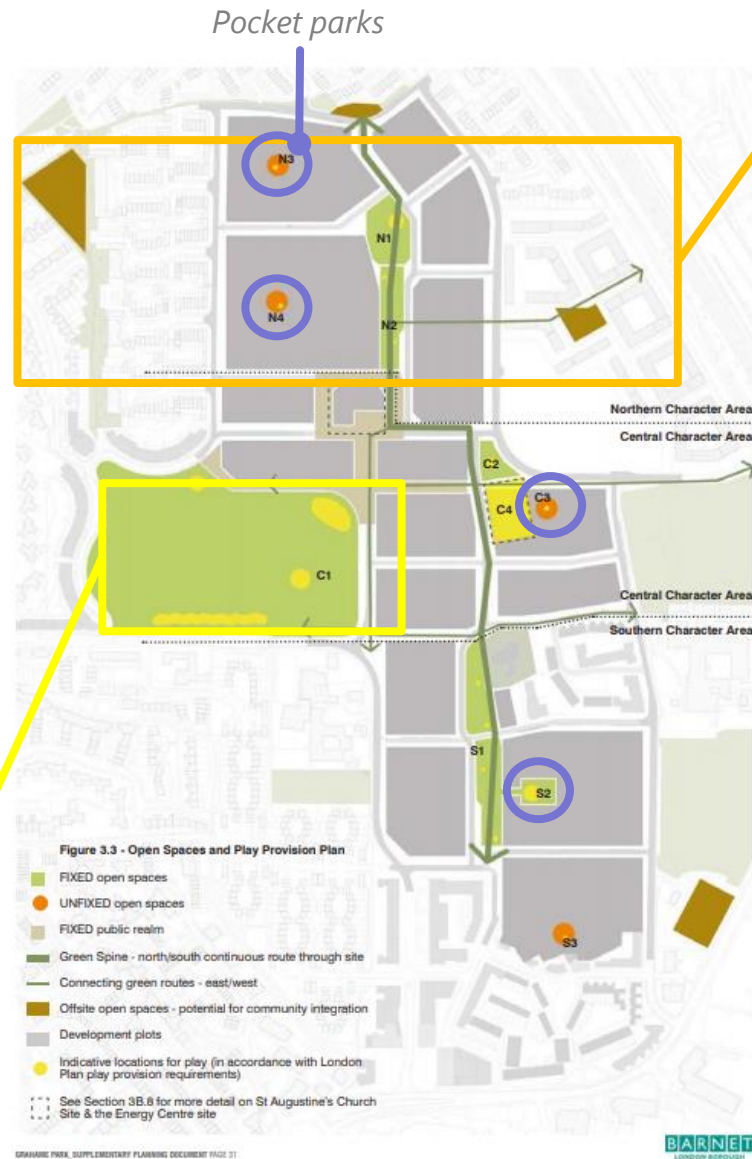
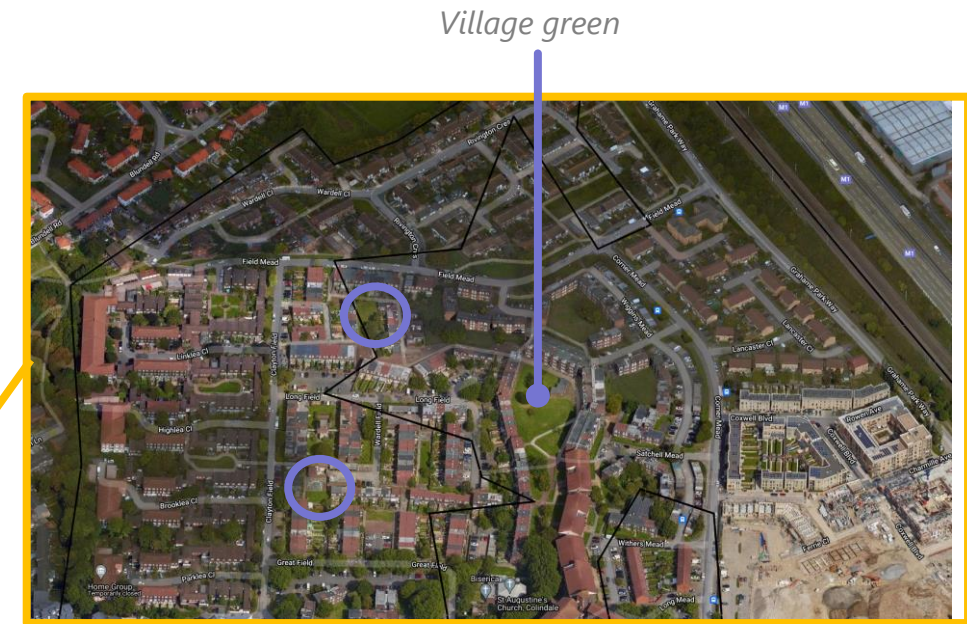


Figure 6: Grahame Park Estate Open Spaces and Play Provision Plan.
Reproduced from Grahame Park Supplementary Planning Document



Evidence: Access to natural environments

- Living near green space, such as parks and other open spaces can improve health, regardless of social class (24).
- Access to, and engagement with, the natural environment is associated with improved physical and mental health, reduced risk of cardiovascular disease, and reduced risk of mortality (24).
- Participation in physical activity in a natural setting is associated with greater increases in mental health outcomes compared to participation in physical activity in an indoor setting (24).
- Aesthetic park improvements can increase visitation and improve physical activity among children and older adults (24). Open spaces should contain activities for all age groups, including play areas for children, outdoor gym and sports facilities for adults and sitting places for the elderly.

Built Environment

Assessment: Neighbourhood Design and Health

- The spatial arrangement of Grahame Park may be a contributing factor to community isolation, crime, and low physical activity.
- There is opportunity to improve connectivity between Grahame Park and surrounding areas to provide residents with easier access to amenities off the estate.
- Development of Grahame Park's movement framework by creating shared spaces (separated, not segregated) could create a place where people can move within a network of safe, pleasant and well connected streets, civic spaces, and green links.
- Grahame Park's high population density is met with a paucity of amenity venues for community, food, cultural and healthcare organisations.

Neighbourhood Design

- Grahame Park was designed according to Radburn principles. The design of the estate isolates Grahame Park from surrounding areas.
- Grahame Park is predominantly purpose built flats (62.3%, Census 2011) and terraced houses (24.8%, Census 2011), with a small number of semi-detached (8.7%) and detached (3%) houses.
- Grahame Park is one of the most densely populated areas in Barnet. The 4 LSOAs that make up Grahame Park has a 160% population density than that of the Barnet average; one LSOA has twice as many people on average within a hectare.
- Grahame Parks' character areas are distinguished by their housing type and spatial arrangements.
 - The Northern Area is a more traditional residential area, containing smaller scale buildings, streets and spaces. It is more remote from the main community hubs and transport infrastructure, but is served by a local row of shops (northern community hub) and contains the northern village green.
 - + The central area comprises Heybourne Park and a small pedestrianised shopping centre known as the Concourse that contains almost all retail and community facilities.
 - + Surrounding the central concourse are mainly 5-7 storey apartment blocks, with 4-6 storey apartment blocks extending to the north and south. The remaining accommodation is generally 2-3 storey houses and flats.

Evidence: Healthy Neighbourhood Design

- Radburn design principles separate vehicles and pedestrians, which can lead to underused, isolated, or unsafe environments, and have been associated with increased crime (20).
- Routes for pedestrians, cyclists and vehicles should, in most cases, run alongside one another, and not be segregated. Shared spaces remove the need for under-used alleyways, short-cuts, footpaths and a large number of minor access points that can become vulnerable to or facilitate crime (20).
- Community sustainability is influenced by the nature and quality of a place's connections, particularly to local and wider services and amenities. Too few connections can undermine vitality, while under-used or poorly thought-out connections can increase the opportunities for crime.
- Buildings and spaces that are run-down, uncared-for, or unused provide opportunities for the shelter and concealment of illegal activities and are vulnerable to crime and anti-social behaviour. Restoration of run-down buildings can be an important element of crime prevention (20).

Built Environment

Assessment: Transport

- ✚ There is opportunity to improve physical activity of residents with more robust provision of active travel infrastructure throughout Grahame Park, including safe cycle lanes and walking routes.
 - Consideration should be given to reducing air pollution by supporting green travel; encouraging active travel, access to public transport, and provision of electric vehicle charging points.

Transport Infrastructure

- Colindale Underground Station, on the Edgware branch of the Northern Line is located 400m from the southern edge of the estate. Mill Hill Broadway station to the North provides access to the Thameslink railway line.
- Grahame Park is served by the strategic road network, with good access to the A5 to the west and the A41/A1 to the east.
- ✚ The pedestrian environment within the estate is not user friendly

Air Pollution

- The London Borough of Barnet is an Air Quality Management Area (AQMA). Air quality management targets are not exceeded in Grahame Park, which has comparable levels of air pollution to London and Barnet.
- ✚ There are pollution sources close to Grahame Park where targets are exceeded, including along the M1 motorway/A41 to the east. (9).

Noise Pollution

- The M1 motorway and Thameslink are the main sources of background noise.
- The local road network, including Lanacre Avenue and Grahame Park Way, also result in noise emissions.

Evidence: Air Quality and Health

- There is consistent evidence demonstrating adverse effects of exposure to air pollutants on health outcomes across all population groups, particularly exposure to particulate matter (PM2.5 and PM10)
- Poor air quality is linked with an increased risk of developing chronic conditions (e.g., COPD and type II diabetes), neonatal complications and poor birth outcomes, cancer, worsened respiratory outcomes and childhood mortality, among others.
- Exposure to excessive noise is associated with poorer mental health outcomes, particularly among older adults and children (Annear et al., 2014). It is also linked with higher anxiety levels among adults
- Living in an area with clear air can lead to positive changes in people's health behaviours.
- Improved air quality is associated with increased physical activity among older adults (24).

Evidence: Active Travel

- Walkability and mixed land use can maximise opportunities for social engagement and active travel (24). Routes by multiple means, including on foot, by bicycle, and public transport should be provided and accessible for all people, including the elderly and disabled (20).
- Investing in infrastructure to support active increases levels of physical activity which is associated with improve physical and mental wellbeing (24). Provision of cycle lanes has been associated with improved cardiovascular outcomes and improved weight status among children, adults and older adults (24).

Built Environment

Assessment: Amenities

- Vacant and inactive frontage shops detract from the high street. Leaving spaces that could benefit the community vacant while awaiting regeneration is a missed opportunity. Solutions to maximising the value of these spaces prior to regeneration should be explored; for example, pop-up use for local enterprise, funding for local entrepreneurs, social value leases, or local art commissions in vacant windows displays.
- To mitigate the harmful impacts of regeneration to residents, sufficient local amenities should be provided throughout regeneration phase 1. This is an opportunity to provide replacement amenities that improve the local health, food, and employment environments.
- Historic buildings near Grahame Park should be preserved.

Amenities, Community, and Culture

- + Retail and community amenities are mostly located on the central concourse, which is due to be demolished as part of planned regeneration.
- + A number of premises on the concourse are vacant or have inactive frontages (Figure 7).
- + To the south of Grahame Park there is a local supermarket and pharmacy.
- + There are no betting shops or bookmakers on Grahame Park.
- + Grahame Park is occupied by a range of existing community facilities, including a community centre, a health centre, and adult learning facilities. An outdoor gym is planned for development on The Concourse in 2021.
- + Grahame Park Estate and its immediate surroundings were developed in the 1960s on the former Hendon Aerodrome, which was one of the earliest aerodromes and aircraft factories in the country and played a key role in the early development of the British aircraft industry and the Royal Air Force. Some buildings from the aerodrome still remain in the area, including the listed former officers' mess and watchtower. The RAF Museum is located to the east of Grahame Park (9).

Evidence: Amenity value

- Access to recreational destinations and amenities has a positive impact on social interaction among older adults.
- Empty shops can cause a 'negative feedback loop'; discouraging investment, decreasing the offer of a high street, preventing consumers from visiting and contributing to a general sense of decline and neglect (6).
- Community asset ownership harnesses the creativity and commitment of local residents and creates sustainable enterprises that provide local services and contribute to the economic and social wellbeing of town centres.

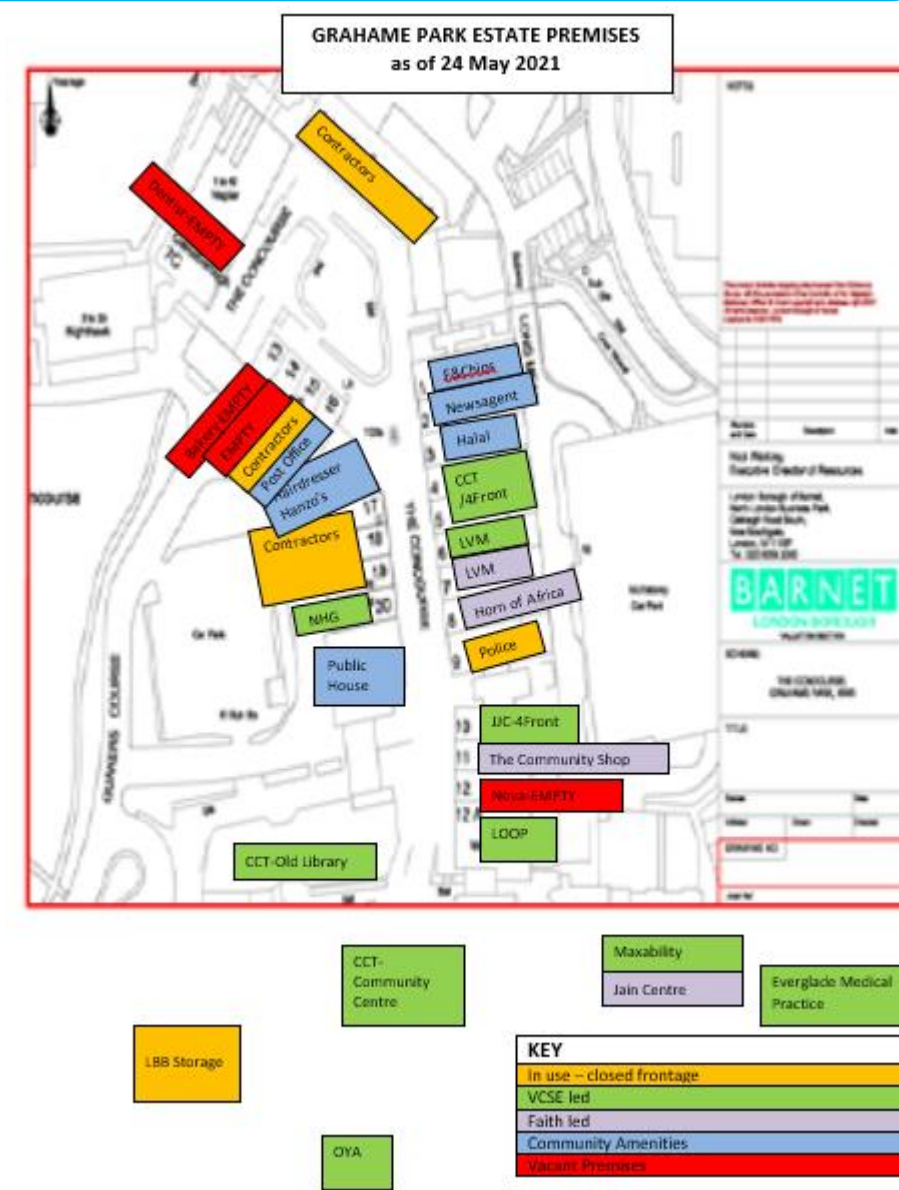


Figure 7: Grahame Park Estate Premises Use

Food Environment

Assessment: Food Environment

- There is a limited choice of food on Grahame Park, for both out of home food and food for preparation at home. In particular, there is a severely limited availability of fresh produce. Encouraging healthy, affordable food shops on Grahame Park should be an immediate priority.
- Regeneration plans should take into consideration the impact on the local food environment, with a preference for encouraging healthy food outlets and health promoting community food initiatives such as allotments.

Food sources

- ✚ On the concourse there is a newsagent and Halal butcher. The closest supermarket is Sainsburys Local on Heath Parade at the southern border or Grahame Park where there is limited availability of fresh produce.
- ✚ On the concourse there are two takeaway restaurants, serving fish & chips and fast food (pizza, burgers, chicken wings).
- ✚ The closest restaurants are clustered around Colindale underground station and Burnt Oak Broadway.
- ✚ The closest allotments are Abbots Road, Montrose Park, and Colindale Allotments, approximately one mile from Grahame Park.

Evidence: Food environment and health

- The food environment including proximity to food retail outlets and the type of food available plays an important influencing dietary choices (24).
- Increased access to healthier food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children in low-income areas.
- Vulnerable groups, including those on a low income, children, young people, those who are overweight or obese are less likely to achieve a healthy and balanced diet. (24)
- Making healthier foods more accessible and increasing provision of low-cost healthier food are associated with increased fruit and vegetable consumption and healthier food purchasing behaviour (24).
- There may be positive association between urban agriculture and improved attitudes towards healthier food, increased opportunities for physical activity and social connectivity, and increased fruit and vegetable consumption.
- Gardening in an allotment setting in the UK may result in positive physical and mental health-related outcomes.

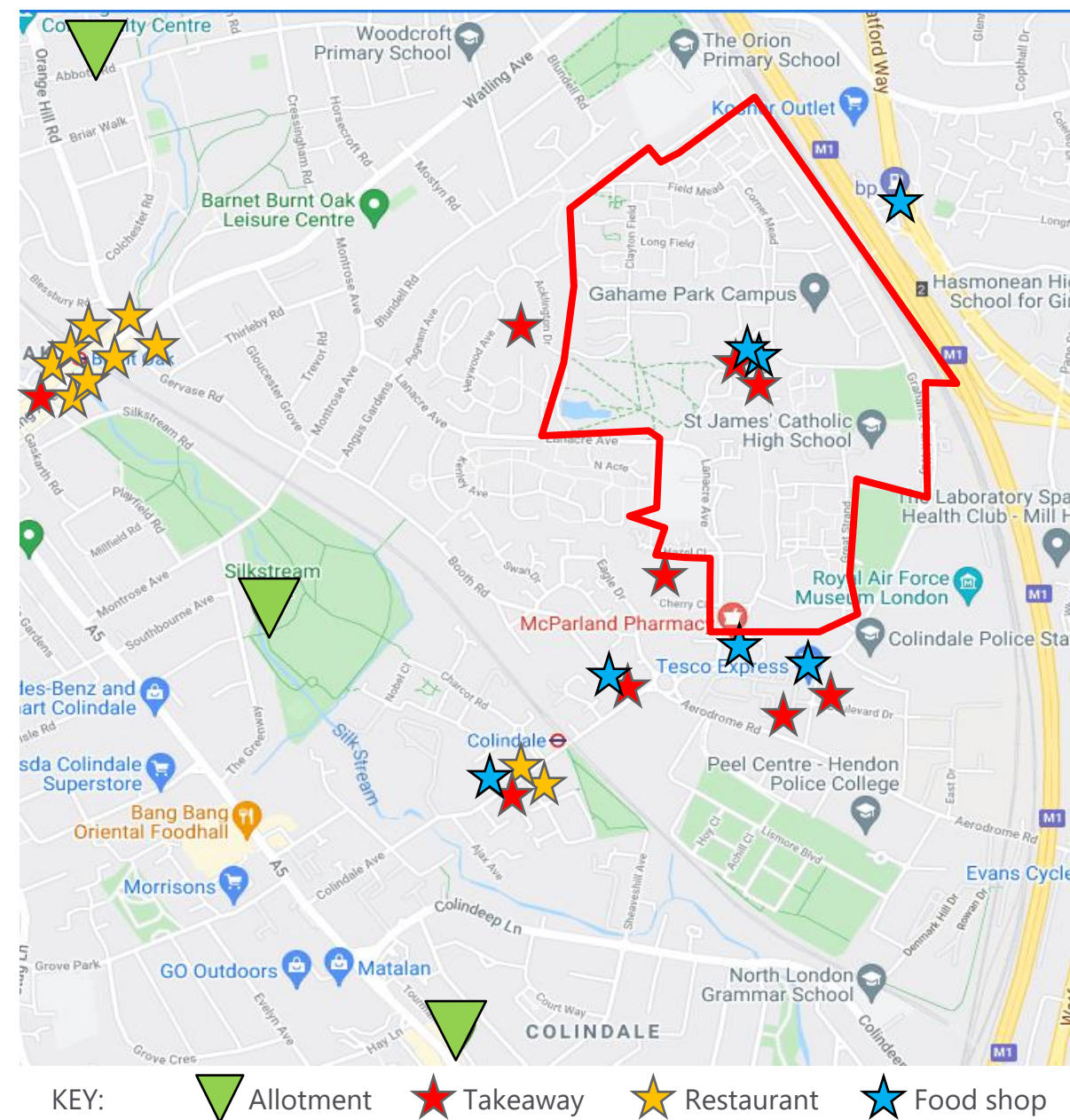


Figure 8: Food provision on Grahame Park and surrounding area

Section 2 - People

Section two of this needs assessment covers the second aim:

- Describe the population of Grahame Park; their demographic characteristics, indicators of health status, living circumstances, and participation in their local community and economy.

Population

Identified Needs: Demographic Profile

- There is a need to prioritise reducing inequalities for Grahame Park's children and young people.
- There is a need to address structural racism and disproportionality across all programmes.
- There is a need to improve insight and intelligence on Grahame Park's migrant communities, including languages spoken and immigration (e.g. asylum seeker and settled status).
- Providing interpreters in healthcare services and translated health information is necessary to support equitable access to health for all residents of Grahame Park.
- Services, support, or information should be culturally competent and considerate of the customs of the predominant religions on Grahame Park.

Identified Needs: Households

- There is a need to ensure residents with non-secure tenancies feel part of the local community and are engaged with community development.
- There is a need to consider additional support requirements of lone parent households
- Action is needed to decrease overcrowding.

Deprivation

Identified Needs: Deprivation

- There is need to prioritise actions that address the top three domains contributing to overall deprivation; barriers to housing and services, employment, and income domains.
- There is a need to provide suitable employment and training options for people who are homeless.
- There is a need to continue to provide outreach services to homeless populations, and support partnership working between housing, substance misuse, mental health, and primary care outreach.

Identified Need: Income and Employment

- Increasing economic security, including debt support, is a priority determinant to address for residents in Grahame Park.
- Action is needed to reduce income inequality with support for residents into, and to progress in, the labour market.

Identified Need: Food Security

- There is a need to improve food security for residents on Grahame Park; from meeting acute food needs to improving the overall whole-system food environment.

Identified Need: Crime

- Action is needed to reduce crime and improve community safety. This should focus on drugs, anti-social behaviour and crimes against the person as priority areas.

Mortality, Morbidity, and Health Behaviours

Identified Need: Mortality

- Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.
- Actions that increase healthy life expectancy are urgently needed.

Identified Need: Disability

- Prevalence of mental health needs are high on Grahame Park and are significant cause of disability. Action is needed to support residents with poor mental health.
- Services, support, and facilities provided on Grahame Park must be accessible to people with learning disabilities.

Identified Need: Morbidity

- Action to ameliorate cardiovascular risk factors is needed as a priority.
- There is a need for a whole system approach to reduce levels of obesity on Grahame Park.

Identified Need: Health Behaviours

- There is a need to reduce smoking and substance misuse.
- There is a need to increase levels of physical activities for all residents.
- There is a need to support residents' nutrition.

Population

Assessment: Demographic profile

- Children and young people represent a significant proportion of the population. Reducing inequalities in this group will have a significant impact over the life-course and should be a priority area for action.
- The majority of residents on Grahame Park (61.3%) are from Black, Asian or other minoritised ethnic backgrounds. Addressing structural racism and disproportionality in local health, education, and criminal justice systems is particularly important to reduce the inequalities faced by residents.
- A large number of households do not speak English as a main language, which could create barriers to healthcare, education, and employment. These can be addressed through the provision of translated materials or interpreters for common local languages, and increasing English fluency by providing English for Speakers of Other Languages (ESOL) courses.
- Population forecasts at ward level represent multiple development projects and are unlikely to be helpful in forecasting change on Grahame Park, and are not included. Regeneration plans provide predominantly one and two bed units and a significant increase in private ownership, which will likely change the demographic profile of the area.

Age and Sex

- There are 7,216 people living in Grahame Park (7).
- Compared to the Barnet average, Grahame Park has
 - a similar proportion of working age adults (65.6% GP vs 64.2 Barnet).
 - a higher proportion of young people aged 0-15 (27.4%, 1,978 people).
 - a lower proportion of residents aged 65+ (8.0% versus 14.5% Barnet average).
- 27.7% of Barnet Homes Tenants are 18-39, 63.4% are aged 40-69 and 9.0% are aged 70+ (28).
- The population pyramid for Barnet is shown in Figure 9 (19).

Figure 9: Grahame Park Population Pyramid

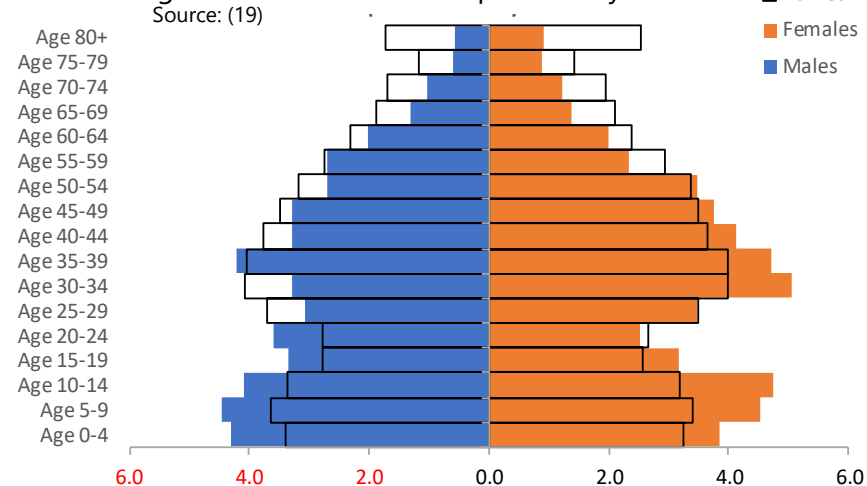
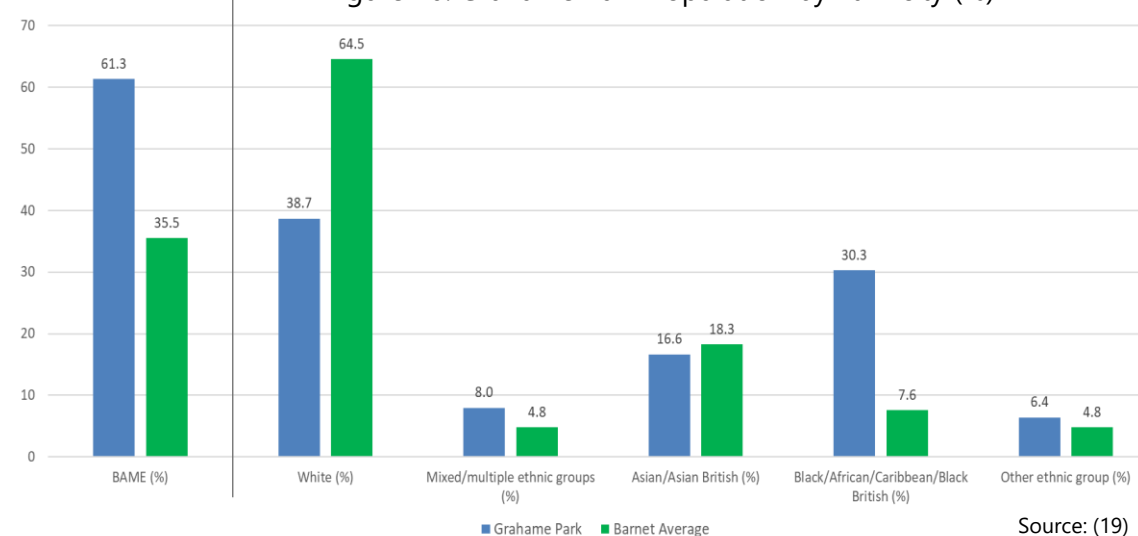


Figure 10: Grahame Park Population by Ethnicity (%)



Ethnicity

- Grahame Park has a significantly higher Black Asian and Minority Ethnic (BAME) population (61.3%) compared to the Barnet average (35.5%).
- Black/African/Caribbean/Black British people make up just under 1/3 of the people living in Grahame Park, which is 3x higher than the Barnet average.
- The proportion of white (30.0%) and black (27.7%) Barnet Homes tenants is similar. (BHTL)

Population

Migration

- Compared to the Barnet average, a higher number of people in Grahame Park were born outside the UK (46% versus 39%)*, and a lower number of people were born in England (53% versus 59%)*.

Refugee and asylum seekers

- Barnet has placed 20 UASC (unaccompanied asylum seeking children), within Barnet wards. There are no UASC within Colindale ward, but 5 children in the neighbouring ward of Burnt Oak.
- Across Barnet, in March 2021 152 asylum seekers receive support under Section 95 (37 Dispersed Accommodation 37, 115 Subsistence Only) (3).
- Under the Vulnerable Persons Resettlement Scheme Barnet resettled 52 refugees between 2016-2018, with nil resettled between 2018 Q3 to 2021 Q1.
- Between April 2020 and July 2021, 12 people across PCN1D and PCN1W were referred to social prescribers for refugee and asylum seeker advice.

Language

- In 19.5% of households, no household members have English as a main language. In 8.2%, no adults but some children have English as a main language*.
- English is the main language for all people in 58.9%* of households.

- + Colindale Communities Trust currently provides translation services and ESOL classes for Arabic, Somali, Portuguese, Iranian, Farsi (or Afghan Persian), and Pashto.

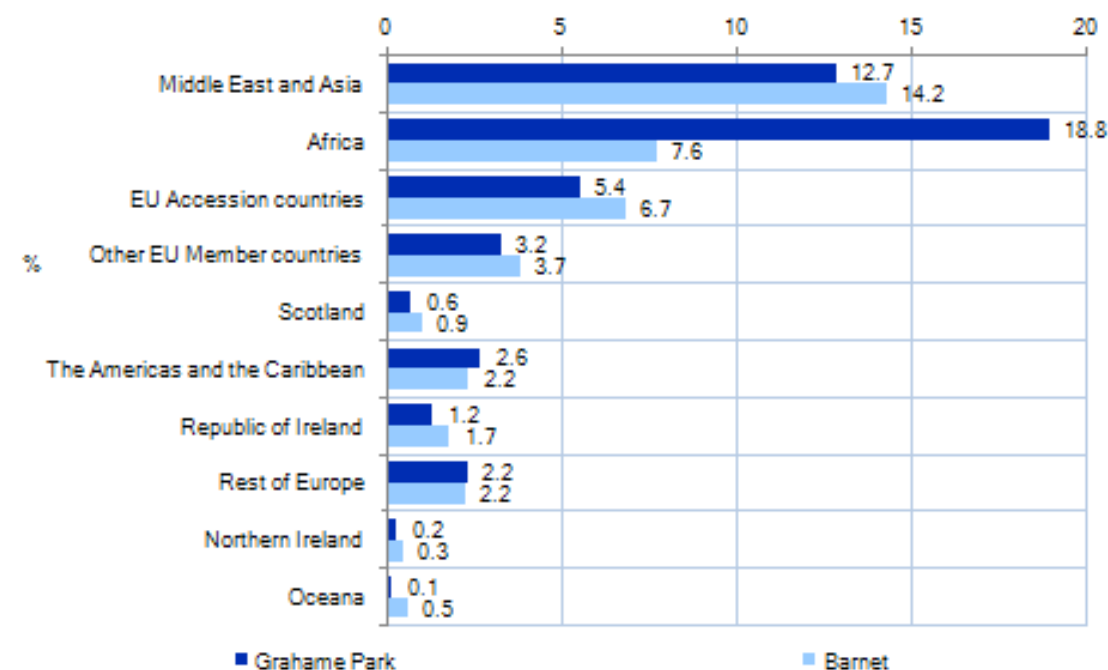


Figure 11: People (%) in Grahame Park born outside of England, by geographic region of birth. *Source: Census 2011*

**Historical data from Census 2011 is reported to provide a rough indication of the local picture, which is likely to have changed since. An update to Census data is expected in 2022.*

Population

Religion

- In the 2011 Census, compared to Barnet as a whole, Grahame Park had the highest proportion of Muslim residents (22.0% compared to 10.3% Barnet average)* and the joint lowest proportion of Jewish residents (1.5% compared to 15.2% Barnet average)* (9).



There are a number of faith based organisations and places of worship on or near Grahame Park (Figure 12).

- Horn of Africa – Islam
- The Furquan Institute (Friday & EID Prayers in GP community centre) - Islam
- The Jain Centre - Jainism, predominantly Hindu participants
- St Augustine's church - Anglican Catholic
- St Margaret Clitherow church - Roman Catholic
- Trinity Church - Christian
- Living Way Ministries - Evangelism Christian



Many of these organisations provide support to the community through organising community groups, wellbeing activities, and food banks.

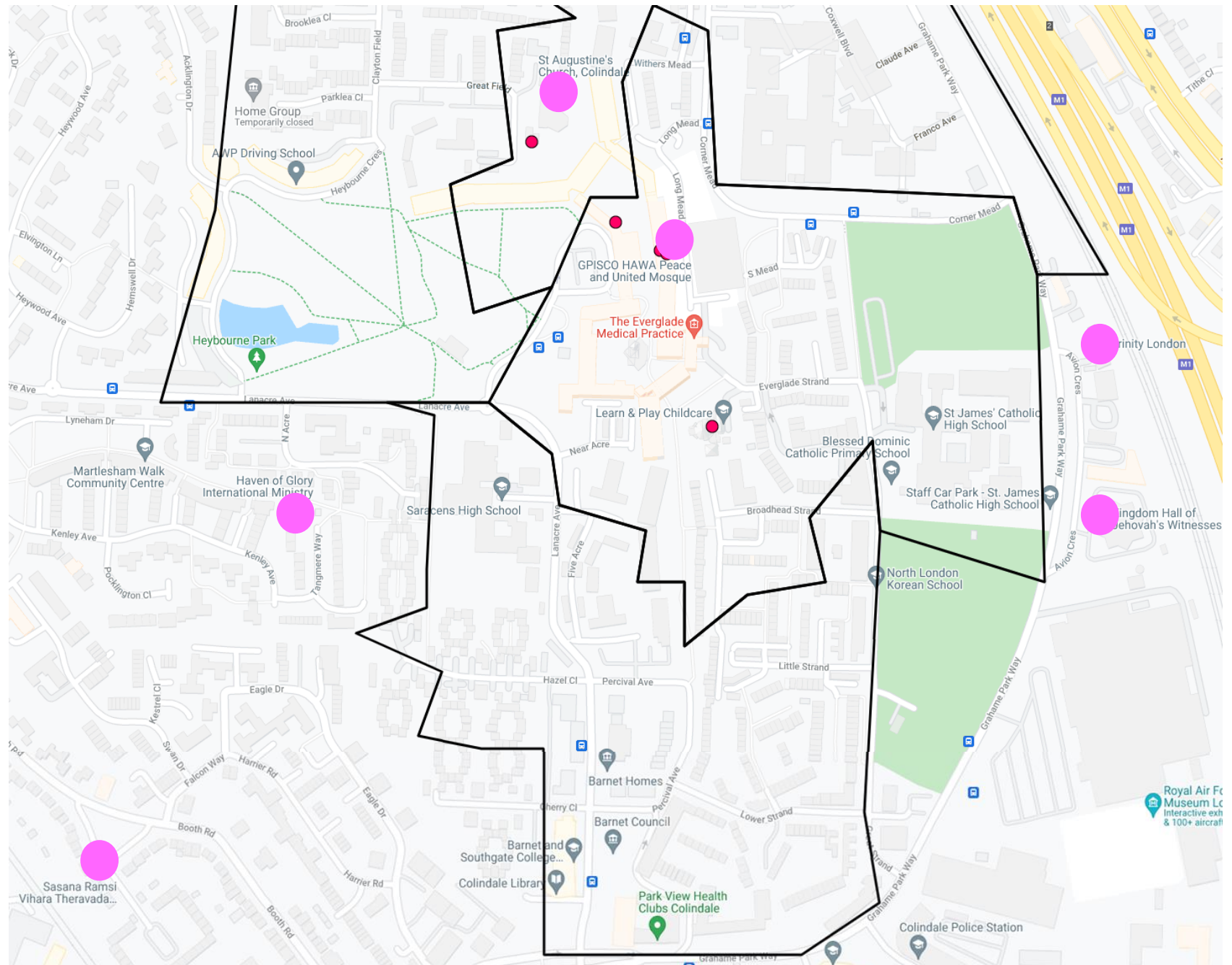


Figure 12: Faith based organisations and places of worship on or near Grahame Park

**Historical data from Census 2011 is reported to provide a rough indication of the local picture, which is likely to have changed since. An update to Census data is expected in 2022.*

Population

Assessment: Households

- A significant proportion of residents on Grahame Park are living in social rented housing, and the majority of tenancies are non-secure. Residents have previously voiced that non-secure tenancies and long-term uncertainty can harm mental wellbeing and result in feeling less invested in the local community. Community programmes should aim to engage with non-secure tenants to foster greater social cohesion.
- Grahame Park is one of the most densely populated areas of Barnet and over a third of homes are overcrowded. Stage B Phase 1 regeneration will double the existing number of residential units, further increasing population density, but an increase in habitable rooms may help to reduce overcrowding.
- A large proportion (25%) of Grahame Park’s households are lone parents with dependent children.

Households - Tenure

- The majority of housing on Grahame Park is social rented (69%), significantly higher than Barnet (14.3%). A very low number of properties in Grahame Park are owned with a mortgage or owned outright.
- Of 947 Barnet Homes tenants, **60% have non-secure tenancies**, 35% secure and 3% flexible tenancies. 1% of Barnet Homes are occupied illegally (28).
- **Turnover of non secure tenancy /average time of tenure – requested from Barnet Homes a/w data.**



Figure 13: Tenure Type (%) by Grahame Park LSOA and Barnet average

Background: Social Housing Tenancies

- Social housing in Barnet is allocated in line with [Barnet Housing Allocations Scheme 2019](#) (12).
- On behalf of Barnet Council, Barnet Homes manages 15,000 council homes, allocates homes to social housing applicants and works to prevent homelessness. Barnet Homes provides services for 1,334 residents on Grahame Park; 387 leaseholders and 947 tenants (28). This section includes demographic data of Barnet Homes tenants.
- Barnet Homes manages four different tenancies: introductory tenancies, flexible tenancies, secure ‘lifelong’ tenancies, and non-secure tenancies.
- Secure council tenants housed before 1st April will be rehoused in a new home on Grahame Park. A non-secure tenancy is a weekly tenancy, which can be ended by giving four weeks notice. Non-secure tenancies are granted to new tenants moving into some homes affected by regeneration.

Population

Households - Composition

- 33.5% of Grahame Park households are overcrowded, significantly higher than the London (21.7%) and Barnet (18.0%) average.
- 25% of Grahame Park’s households are made up of lone parents with dependent children living in the same household, Barnet’s average is 11.5%. One LSOA has three times more lone parent households than the Barnet average (figure 14).
- Barnet Homes tenant households are predominantly occupied by one (74.2%) or two (19.2) people (figure 15).

Households – Impact of Regeneration

- Baseline: In 2004, Grahame Park comprised 1,365 social rented properties. 42 have been acquired under the right to buy scheme (2).
- Change in residential units (figure 16): Phase 1 regeneration proposes 2,088 new homes (a net uplift of 1,458), doubling the existing number of residential units on site. Of these new homes, 1,045 will be affordable, of which 346 are social rent. Across the Phase 1 site, 33 existing social rent units on secure tenancies benefit from a right to return (21).
- Change in social rented floorspace: Stage A (231 units, Adastral 99 units, market houses 8 units) and Stage B Phase 1 (346 units), together replace 688 social rent/London Affordable Rent units with 684 units. However, this provides a net increase in habitable rooms of 393 and a net increase in floorspace of 2800 sqm (2).

Figure 14: % Lone parent households by Grahame Park LSOA

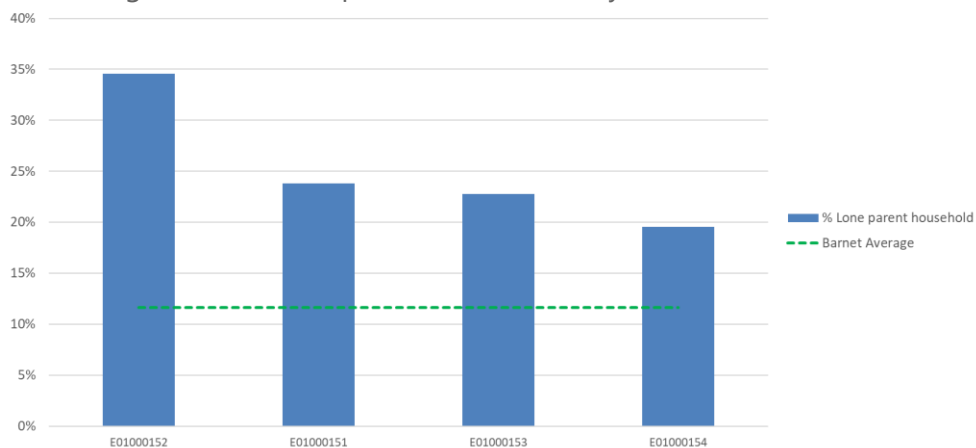


Figure 15: household composition for Barnet Homes tenants and leaseholders. Source: (28)

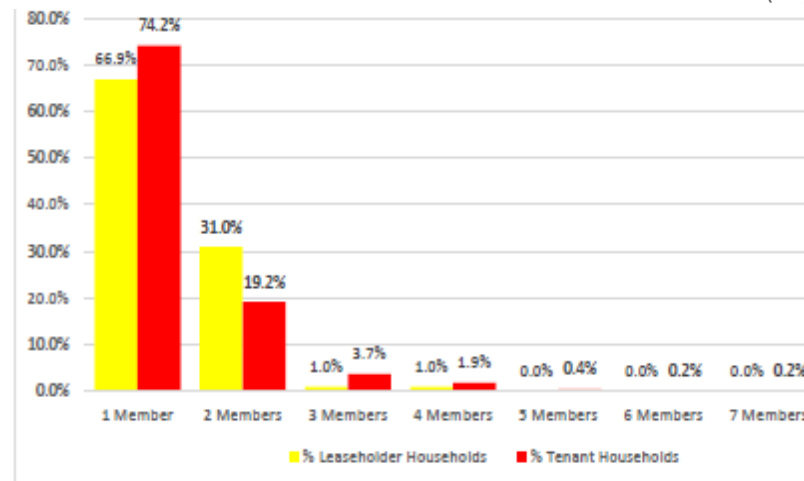


Figure 16 Proposed Housing Size Mix, Phase 1 Regeneration. Source: (21)

Unit Type	Affordable		Private		Total	
	Units	% of Units	Units	% of Units	Units	% of Units
Studio	0	0%	75	7%	75	4%
1 Bed	540	52%	430	41%	970	46%
2 Bed	429	41%	415	40%	844	40%
3 Bed	53	5%	123	12%	176	8%
4 Bed	22	2%	0	0%	22	1%
5 Bed	1	0%	0	0%	1	0%
Totals	1045	100%	1043	100%	2088	100%

Evidence: Affordable Housing

- Living in a warm, energy efficient property can reduce respiratory conditions, improve mental health, and reduce mortality (24).
- The provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health-related outcomes. Provision of secure and affordable housing for those with some chronic medical conditions can increase engagement with healthcare services (24).
- Provision of affordable housing for the homeless has been shown to increase engagement with healthcare services, improve quality of life, mental health outcomes, and increase employment.

Deprivation

Assessment: Deprivation Domains

- Grahame Park residents live with significant deprivation – every single resident lives in the most deprived 20% of neighbourhoods in England by overall deprivation ranking. Within three IoD domains, all residents live within the most deprived third of England: barriers to housing and services, employment, and income. Action to address these domains will be most significant in reducing deprivation.
- Deprivation due to crime, living environment, education, and health is less marked than the above indicators but remain a significant contributor to overall deprivation.

Indices of Deprivation (IoD) 2019

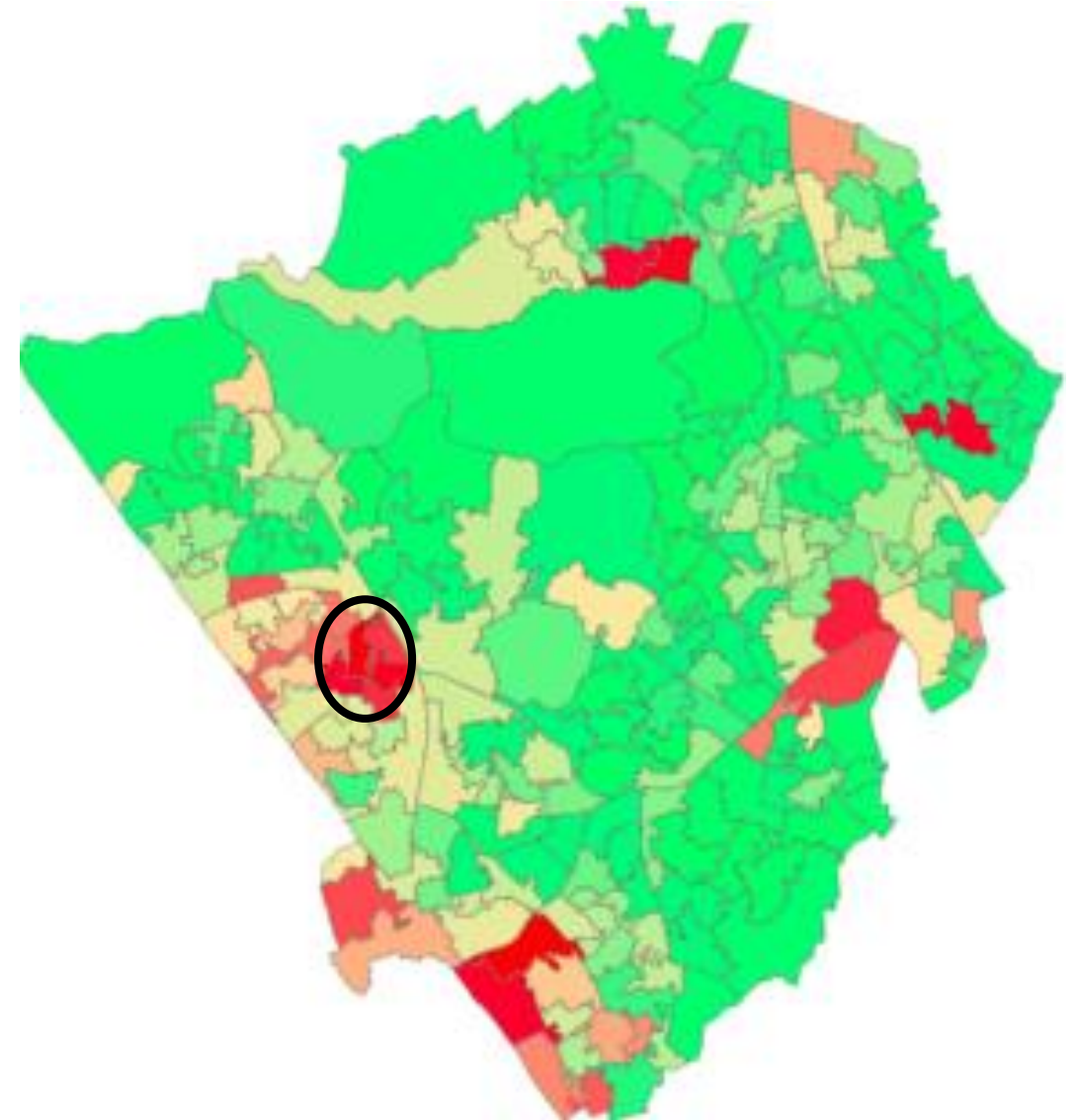
- People may be considered deprived if they lack any kind of resource that has an affect on their living situation.
- The Indices of Deprivation are a collection of 39 indicators, organised into seven domains, which measure access to these resources.
- Domains are combined and weighted to calculate the Index of Multiple Deprivation (IMD), the official measure of relative deprivation in England.
- Most indicators in the IMD 2019 relate to the tax year 2017/18.

The IoD domains 2019 and their relative weightings are:

1. Income Deprivation (22.5%)
2. Employment Deprivation (22.5%)
3. Education, Skills and Training Deprivation (13.5%)
4. Health Deprivation and Disability (13.5%)
5. Crime (9.3%)
6. Barriers to Housing and Services (9.3%)
7. Living Environment Deprivation (9.3%)

Figure 17: Map of Barnet LSOAs with IMD 2019.

Green indicates the more affluent areas within Barnet, while red indicates the more deprived areas.

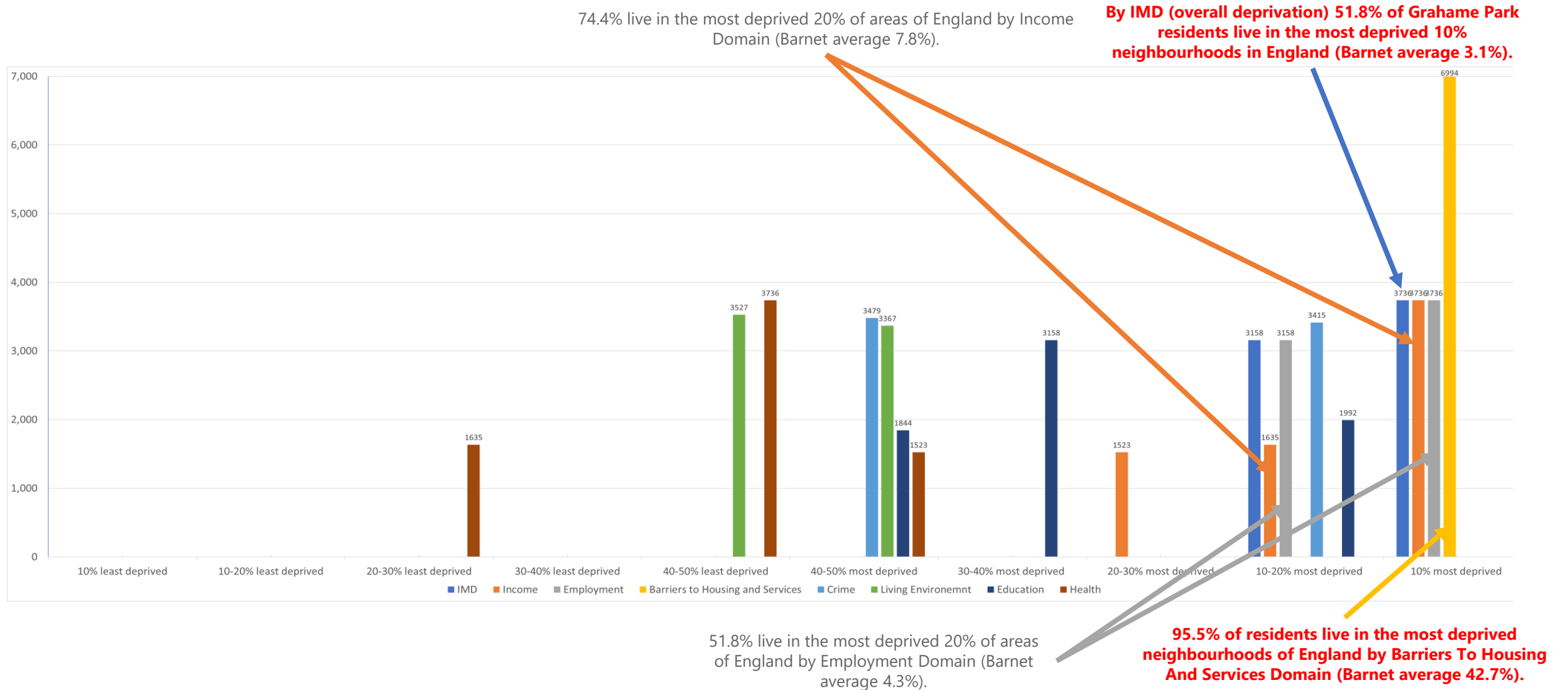


Deprivation

Indices of Deprivation (IoD) 2019

- **All residents of Grahame Park live in the 20% most deprived neighbourhoods in England** according to IMD ranking, with over half (51.8%) living in the top 10% most deprived neighbourhoods of England.
- A significant number of residents live in the most deprived third of England according to IoD domains. These are shown on Figure 18.
 - 47.3% live in the most deprived 20% of areas of England by Crime Domain (Barnet average 9.0%).
 - 26.2% live in the most deprived 20% of areas of England by Education Domain (Barnet average 0.5%)

Figure 18: Grahame Park residents living in England's deprived neighbourhoods, by decile, for each IoD domain



Deprivation

Assessment: Homelessness

- There are a number of rough sleepers on Grahame Park. Anecdotally, the predominant support required for homeless people on Grahame Park is related to;
 - Substance misuse; which from June 2021 is supported by the Change, Grow, Live (CGL) outreach team. A local satellite on Grahame Park is expected pending facilities.
 - Supporting homeless migrants with documentation such as settled status.
 - Employment opportunities (both prevention for people who are at economic risk and providing suitable employment and training for people who are homeless).
 - Dual diagnosis (mental health) and resulting complex needs. A complex needs navigator is expected to join the CGL outreach team in 2021.
 - Variable engagement with services is a significant barrier.
- Partnership working between the rough sleeper team, substance misuse outreach, primary care, and mental health has been strengthened in 2021 following additional funding from Public Health England.

Homelessness on Grahame Park

- From December 2020 to May 2021, there were over 130 instances of night warden patrols engaging with rough sleepers on Grahame Park.
- From October 2020 to May 2021 the Rough Sleeper Team spoke with 38 clients; 22 had access to public funds, 23 accepted temporary accommodation, and 8 declined.
- Anecdotally, Barnet Homes Rough Sleeper Team has observed residents who have been placed in temporary accommodation outside of Grahame Park returning, associated with pre-existing social networks / returning to a community on Grahame Park, and opportunities for substance misuse.
- Change, Grow, Live outreach team provide outreach substance misuse support in partnership with the Rough Sleeper Team. Primary care is accessible via GPs at HAB.

Background: Homelessness in Barnet

- 'Homeless' in this needs assessment refers to rough sleeps and people with a history of rough sleeping who are now in temporary or communal accommodation. It does not capture families living in temporary accommodation provided by Barnet.
- Barnet Homes Rough Sleeper Team are an outreach team that engage with people who are sleeping rough in Barnet and assist into accommodation.
- Homeless Action Barnet (HAB) is a local charity with approximately 115 clients, working with people who are currently homeless or at risk of losing their place to stay. Two GPs offer a satellite service at HAB.
- Together in Barnet is a winter night shelter delivered by the faith community across various locations in Barnet.
- In 2019-20, Barnet had 178 rough sleepers registered on the CHAIN database. Approximately 90% of rough sleepers in Barnet are of working age; however, only 40% are in work or receiving job seekers allowance. This means that the other 60% of rough sleepers are either not eligible for benefits or eligible to work, or not able to work for health and other reasons.
- Data indicates that a large proportion of Barnet rough sleepers are migrants, most commonly from Romania and Poland.

Background: "Everybody In"

- In March 2020, in response to COVID-19, the government announced that all homeless people in the UK should be supported into accommodation. These arrangements ended in Barnet on 10th August 2020. Barnet continued to provide accommodation for those placed during the pandemic and to offer accommodation to verified rough sleepers assessed as being vulnerable. 190 rough sleepers were accommodated through the COVID-19 pandemic.

Deprivation

Assessment: Income and Employment

- *Data on economic activity is reported from Census 2011 and should be interpreted with caution*
 - A significant proportion of Grahame Park residents are economically inactive. Grahame Park residents in employment are less likely to be full-time employees and less likely to work in managerial or professional occupations compared to Barnet averages.
 - The top three sectors of local businesses are construction, business administration, and telecommunications.
- Over one third of children in Grahame Park live in relative low income families.
- Personal debt per head in Grahame Park is £898.70.
- The proportion of workless benefits claimants in Grahame Park is significantly higher than Barnet. The number of claimants increased due to the repercussions of COVID-19 as seen across Barnet. The gap in the proportion of residents seeking Jobseekers Allowance in Grahame Park LOSA compared to the Barnet average narrowed from 108% more people in December 2019 to 56% more people in November 2020, likely reflecting a relatively greater increase in unemployment across the borough.

Economic Activity

- At Census 2011; 2,325 residents were in employment while 1,612 (37.2% of adults aged 16-64) were economically inactive*. The proportion of adults who were full-time employees and self-employed in Grahame Park was lower than Barnet, and the proportion of part-time employees was higher*.
- At Census 2011, 27.9% of people in employment worked in managerial, professional or associate professional occupations. This is significantly lower than Barnet (53.1%). 11.1% of people worked in skilled trades (higher than Barnet – 8.2%)* and 16.6% of people worked in elementary occupations, higher than the Barnet average (7.9%)*.

Employment Sector

- At Census 2011, the largest employment sector was retail (17%), followed by health and social work (15%), then construction (9%)*.
- In 2020, the top three sectors of local businesses were construction (22.6% of local businesses), business administration and support services (12.8%), and post and telecommunications (11.6%) [ONS 2020].

Digital Exclusion / Engagement

- Of 1334 households managed by Barnet Homes, 784 (58.8%) have given an email on the QL system and 550 (41.2%) have not.
- 78% of Grahame Park residents responded to the 2011 Census by paper, and 22% responded online.

**Historical data from Census 2011 is reported to provide a rough indication of the local picture, which is likely to have changed since. An update to Census data is expected in 2022.*

Deprivation

Income

- The average annual household income in Grahame Park is £43,400.

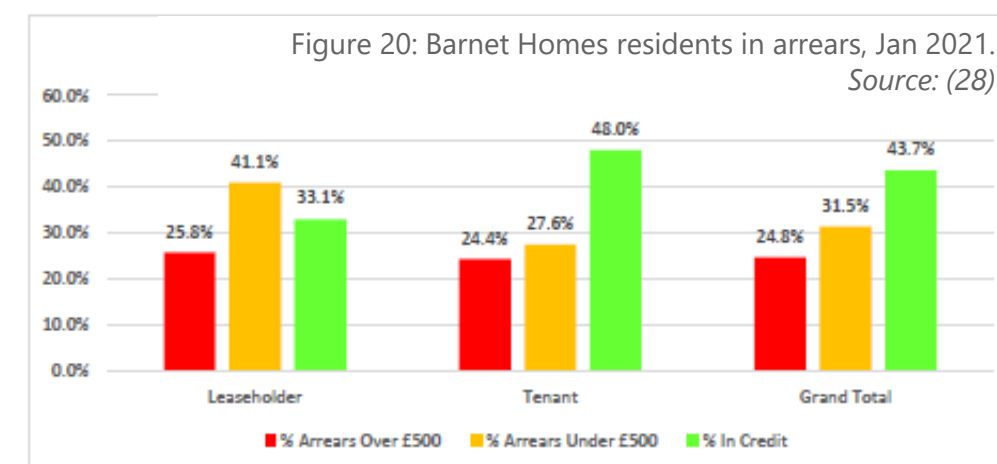
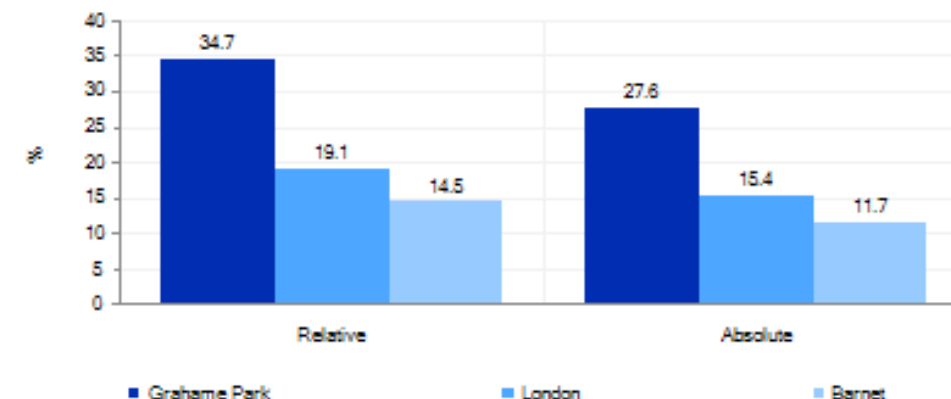
Low income families

- In 2019, there were 813 children in relative low income families (34.7%, compared to 14.5% Barnet average), and 648 children in absolute low income families (27.6% compared to 11.7% Barnet average). 41% of relative low income families are also lone parent families (7).
- 32.6% of people of pensionable age claim pension credits, higher than the 13.8% Barnet average.
- 12.2% of households live in 'Fuel Poverty' [Department for Business, Energy and Industrial Strategy, 2018].

Debt

- 331 Barnet Homes residents (24.8%) are in arrears of over £500.
- Personal debt per head in Grahame Park is £898.70 [UK Finance, June 2020]. This includes unsecured loans, credit for new cars, and other personal loans, but excludes student debt.

Figure 19: Children living in low income families. Source: (7)



Definitions: Low Income

- Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. Absolute low income is a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.
- Pension Credit provides financial help for people aged 60 or over whose income is below a certain level set by law, and is an indicator of pensioners in poverty.

Deprivation

Workless Benefits

- Grahame Park has had an increase in uptake of workless benefits claimants during the COVID-19 pandemic, as seen across Barnet.
- As of May 2021, the proportion of residents claiming workless benefits (Job Seekers and Universal Credit) in Grahame Park remained significantly higher than Barnet average.
 - The proportion of residents aged 18-24 claiming was 14.0% versus Barnet average of 9.0%.
 - The proportion of residents aged aged 50+ claiming was 8.4% in Grahame Park compared to 3.5% Barnet average.
 - The proportion of residents aged 16-64 claiming Universal Credit, 24.7% (1,150 residents), was higher than Barnet (15.3%). 11.5% of those claiming Universal Credit were searching for work, 3.5% working with requirement and 4.0% working with no requirement (7).
- Grahame Park in December 2019 had 108% more residents on Job Seekers Allowance than the Barnet average per LSOA. In November 2020, Graham Park had 56% more people on Job Seekers Allowance than the Barnet average.

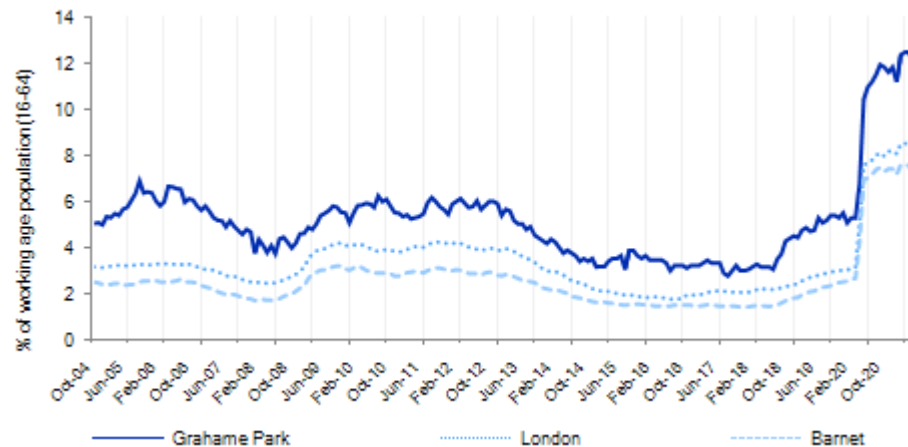


Figure 21: Unemployment benefit (Jobseekers Allowance / Universal Credit) claimants Grahame Park, Barnet and London. Source: (7)

Figure 22: Job Seeker Average per LSOA. Source: NOMIS

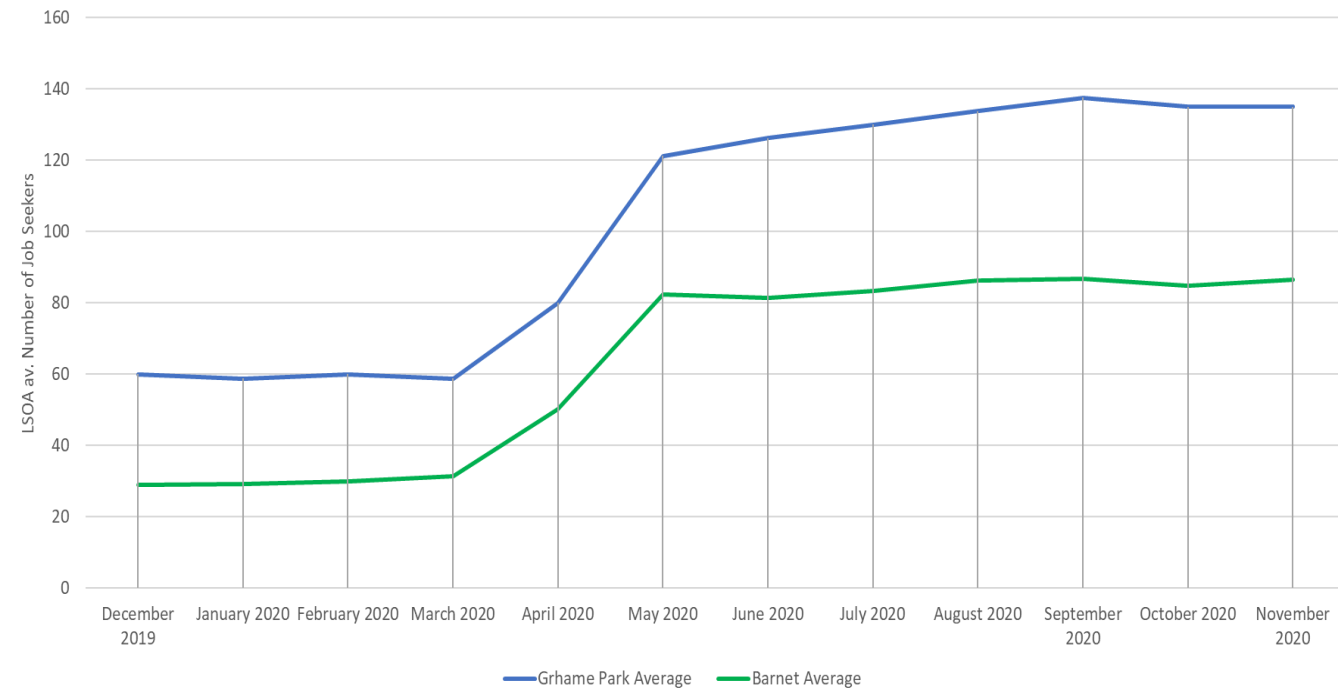
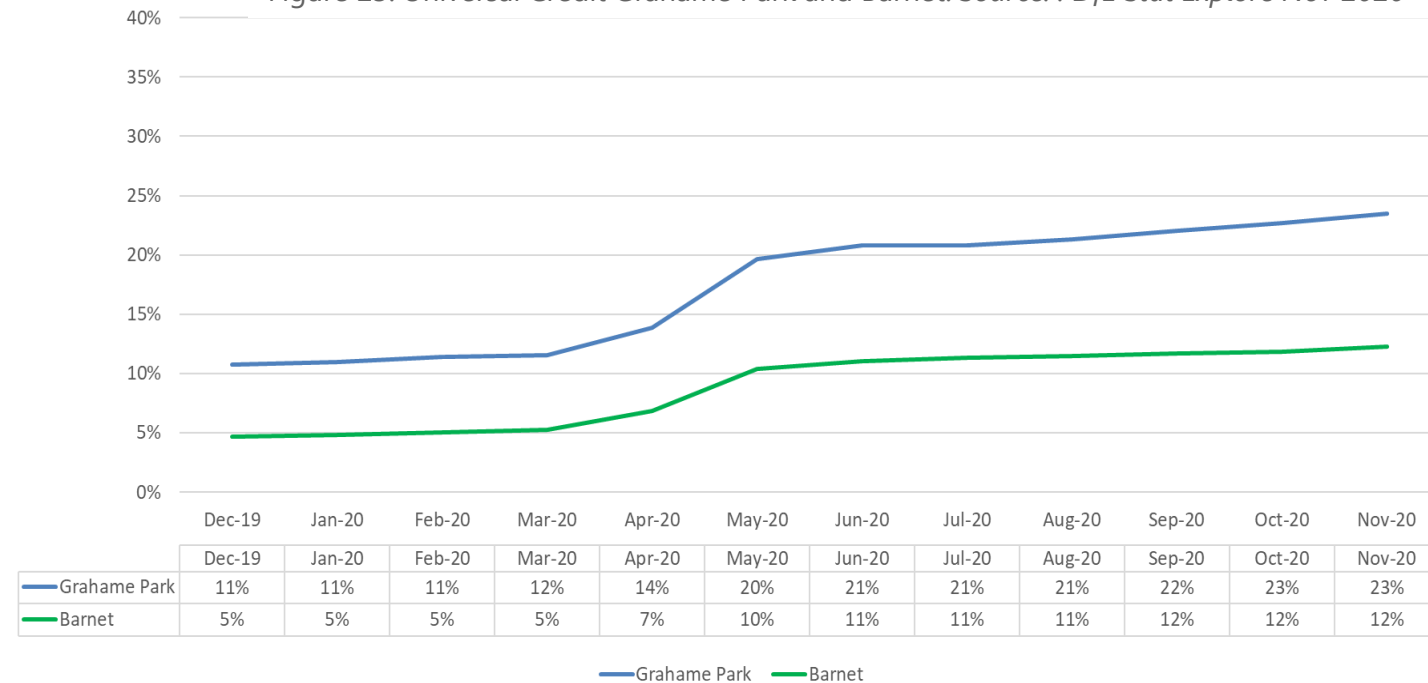


Figure 23: Universal Credit Grahame Park and Barnet. Source: DfE Stat Explore Nov 2020



Deprivation

Assessment: Food Security

- There is evidence that some residents on Grahame Park may experience food insecurity; food banks near to Grahame Park support around 400 beneficiaries per week, and uptake of free school meals is high.
- It is unclear what proportion of eligible students on Grahame Park take up free school meals – additional data is required.
- Healthy Start uptake is lower in Barnet than London. Healthy Start should be promoted to eligible Grahame Park residents.

Foodbank Use

- There are two foodbanks close to Grahame Park; Living Way Ministries, NW9 5XB and Colindale Foodbank, NW9 5QY.
- Living Way Ministries provided food to 3,684* people from February to July 2021, of which 2,426 were adults and 1,258 were under 18 years old. This foodbank supports approximately 250 beneficiaries per week.
- Colindale Foodbank provided food to 3,096* people from December 2020 to July 2021, of which 2,140 were adults and 956 were under 18 years old. This foodbank supports approximately 160-200 beneficiaries per week.

*(this may include repeat use by the same client)

Free School Meals

- Grahame Park's average uptake of Free School Meals is 39% compared to the Barnet average of 15%. Grahame Park and the surround areas have the highest uptake of FSM in the borough with LSOA E01000151 having the highest.

Healthy Start Uptake

- Across the NW9 postal district, there are 414 beneficiaries entitled to Healthy Start. NW9 covers Grahame Park (NW9 5), but also extends south east to NW9 0, 6, 7, 8, 9. In April 2021, Barnet's uptake was 47.9%, lower than London average (53.4%).

Background: Healthy Start

- Healthy Start is a UK means-tested food welfare scheme for pregnant women and young children in low-income families, providing vouchers to purchase fresh fruit and vegetables, milk or infant formula.

Background: Free School Meals

- Universal infant free school meals (UIFSM) provides funding for all government funded schools to offer free school meals to pupils in reception, year 1, and year 2.

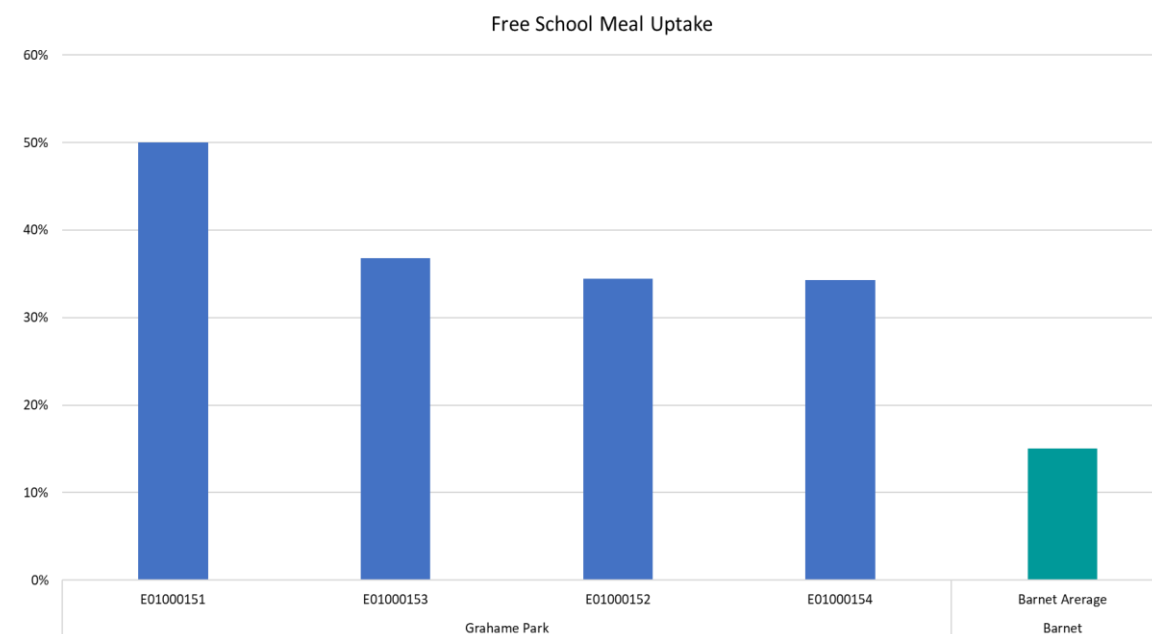


Figure 24: Free School Meal Uptake; Grahame Park LSOAs and Barnet average.
Source: : Education School Census.

Deprivation

Assessment: Crime

- Grahame Park residents experience high rates of crime, which can lead to poor physical health and mental wellbeing.
- Within Grahame Park's LSOAs, drug offences, violence against a person and crimes linked to anti social behaviour are higher than the Barnet average. Theft and vehicle offences are lower which is likely due to the offence being usually committed in high person traffic areas such as high streets and transport hubs.
- Although there is a slight concentration of young people being worked with by the Youth Offending Service, there are areas that have similar or higher concentrations throughout the borough.

Crime

- From March 2020 – Feb 2021, there was a higher rate (per 1,000 population) of recorded crimes in Grahame Park than Barnet for: (22)
 - All crimes (138.0 vs 104.3)
 - Violent crimes (26.6 vs 19.1).
 - Anti-social behaviour incidents (65.1 vs 40.1).
- During this period there was a total of 996 crimes recorded on Grahame Park.

Guidance: The Evening Economy

Providing a range of amenities can help support a prosperous and safe evening economy. Encouraging theatres, cinemas, restaurants, galleries, museums, libraries, shops, and other cultural venues to set up and stay open later can help to diversify the evening economy from solely drinking venues such as pubs and bars.

In addition, provision of secure car parking, public transport facilities and sufficient lighting can help to reduce crime (20).

Figure 25: 24 month count of crime in Grahame Park LSOAs by offence. *The LSOA with the highest count is highlighted in red, and the lowest count highlighted in blue. Source: (13)*

Area	Arson and Criminal Damage	Burglary	Drug Offences	Miscellaneous Crimes Against Society	Possession of Weapons	Public Order Offences	Robbery	Theft	Vehicle Offences	Violence Against the Person
E01000151	32	43	47	7	2	38	17	36	43	151
E01000152	14	27	21	0	4	12	5	14	48	85
E01000153	17	28	23	8	1	9	1	18	55	91
E01000154	13	15	15	5	2	14	6	27	33	99
Barnet Average	19	32	9	4	2	17	11	57	56	68

Deprivation

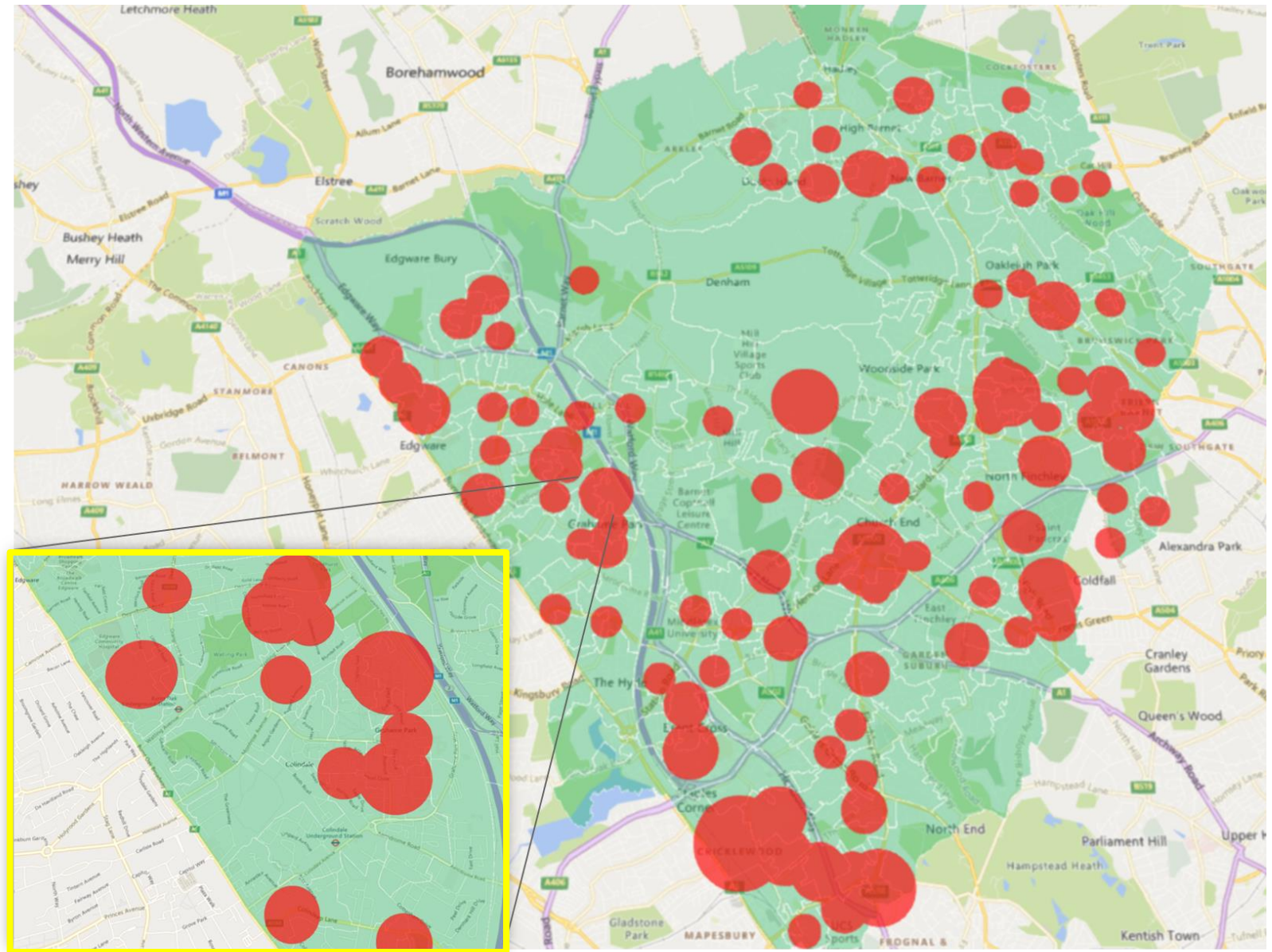
Youth Offending Cohort

- Colindale Ward, which covers an area inclusive of but greater than Grahame Park, is ranked joint 10th for the number of young people with the Youth Offending Service. The map shows the distribution of young people with the Youth Offending Service across Barnet.

Home address ward ranking:

Ward	Number
Golders Green	16
Childs Hill	15
Mill Hill	12
East Finchley	12
Coppetts	12
Woodhouse	12
Edgware	11
Finchley Church End	11
Underhill	10
Colindale	10
East Barnet	7
Hale	7
Oakleigh	6
West Hendon	6
Burnt Oak	6
West Finchley	5
Hendon	5
High Barnet	3
Garden Suburb	2
Brunswick Park	2
Totteridge	1

Figure 26: Heatmap of young people working with youth offending team across Barnet by home address. *Source: Youth Offending Service*



Background: Youth Offending Service

- The youth offending service works with young people between 10-18 who have committed an offence.
- Referral into the service is by a Magistrate or District Judge when the young person is convicted of an offence and given either a community or custodial sentence.

Mortality, Morbidity, and Health Behaviours

Assessment: Mortality

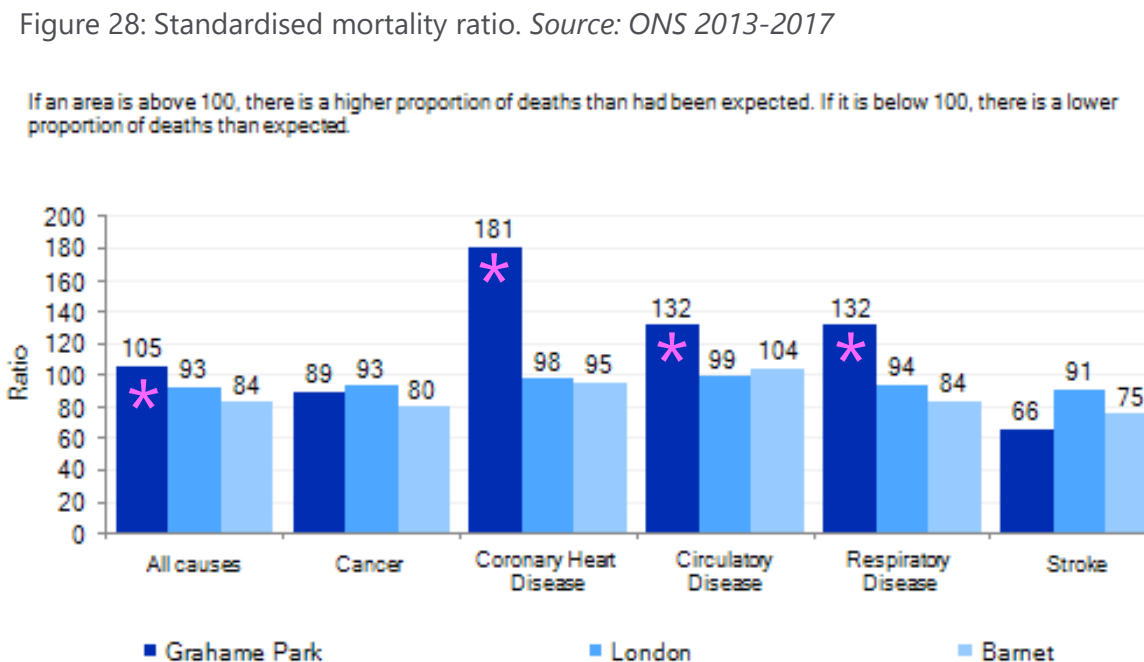
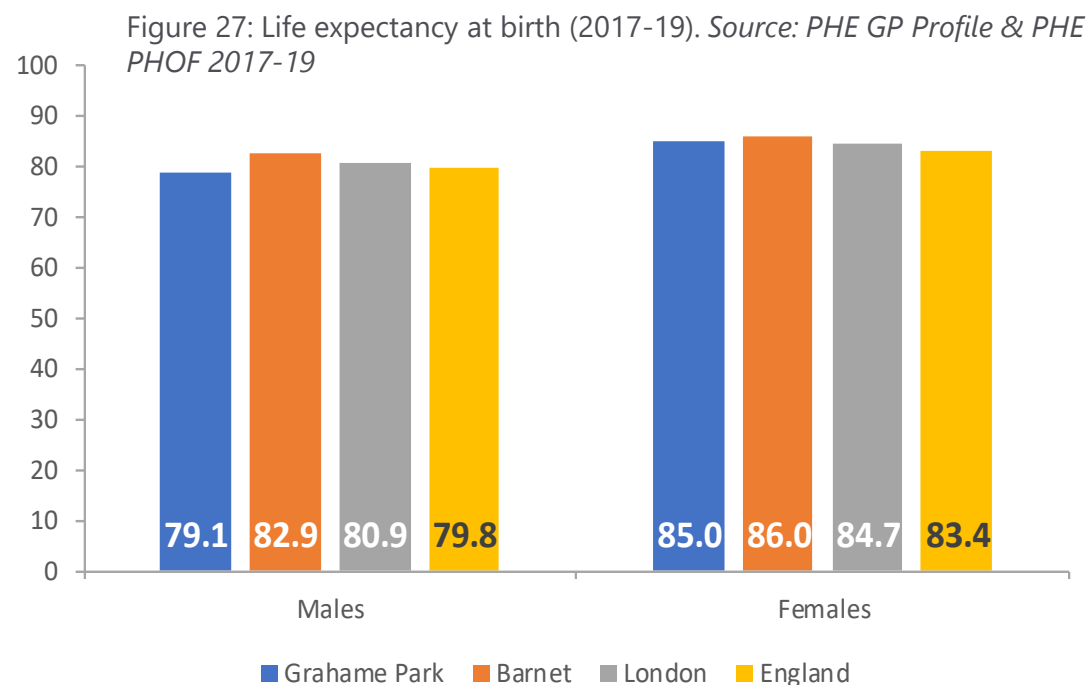
- On average, men on Grahame Park experience 19 years of ill health, while women experience 25 years of ill health.
- More people on Grahame Park die than statistical expectations for the area. The top three causes of excess mortality are coronary heart disease, circulatory disease, and respiratory disease. Actions at the primary, secondary, and tertiary prevention levels that address these causes of excess mortality are a priority to improve the health of Grahame Park residents.

Life expectancy

- The gap between male and female life expectancy in Grahame Park is around 6 years.
- Life expectancy for males (79.1) is lower than the Barnet average (82.9), London average (80.9) and England average (79.8). Life expectancy for females on Grahame Park (85.0) is lower than the Barnet average (86.0) but higher than London (84.7) and England (83.4) averages (figure 27).
- Healthy life expectancy in Grahame Park is 60 for both males and females. This is lower than London (63 and 64) and Barnet (65.7 and 66.3) averages (ONS 2009-2013).

Standardised Mortality Ratio (ONS 2013-2017)

- There is a higher proportion of deaths than expected from all causes for Grahame Park (SMR 105). There is a **significantly higher proportion of deaths than expected from coronary heart disease, circulatory disease, and respiratory disease.**
- There is a lower proportion of deaths from cancer (SMR 89), and from Stroke (SMR 66) than expected and compared to London average.



Mortality, Morbidity, and Health Behaviours

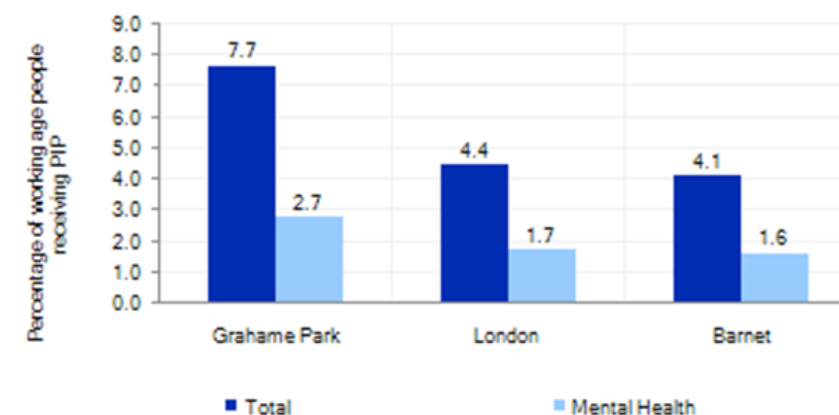
Assessment: Disability

- There is a relatively high prevalence of residents with learning disability. It is therefore particularly important that services, support, and facilities provided in Grahame Park are accessible to all residents, including the wide spectrum of people with learning disabilities..
- Prevalence of mental health needs are high in Grahame Park and are significant cause of disability for Barnet Homes tenants.

Disability & Impairment

- The prevalence of learning difficulties (0.6%) is higher in Grahame Park than the London or England average (QOF indicators 2019/20).
- Grahame Park has a higher percentage of working age population receiving disability benefits compared to the Barnet average;
 - Disability living Allowance claimants 2.2% vs Barnet 1.5% (Aug 2020)
 - Personal Independence Payment (Jan 2021) 7.7% of people vs Barnet 4.1%. PIP with mental health conditions account for 35% of PIP recipients.
 - Households on Universal Credit with limited capacity for work (due to poor physical or mental health) (Nov 2020) 3.1% versus 1.6% Barnet.
- Incapacity benefit claimants August 220, 6.9% (321 people), which is higher than the Barnet average (3.2%).
- Attendance allowance claimants is similar in Grahame Park (11.1%) to Barnet (11.4%).
- 105 Barnet Homes tenants have declared disability; 29.5% concerning mental health, 14.3% mobility impairment, 5.7% long term illness, and 2.9% hearing impairment. NB: 165 tenants declared no disability and the status of 677 is unknown.
- 16.4% of residents aged 16-64 with a limiting long term illness, with 51.3% of adults aged 65+ (self-assessment, Census 2011).

Figure 29: Personal Independence Payment (PIP) recipients.
Source: DWP 01.2021



Background: Financial support for people with a disability

Until April 2013, Disability Living Allowance was payable to children and adults in or out of work who are below the age of 65 and who were disabled and required help with personal care or had walking difficulties. From April 2013 Personal Independence Payments (PIP) replaced Disability Living Allowance for all new claimants. PIP helps with extra costs caused by long-term disability, ill-health or terminal ill-health. Attendance Allowance is provided to people over the state pension age who have a physical or mental disability which means they require someone to help look after them.

Mortality, Morbidity, and Health Behaviours

Assessment: Morbidity

- **More residents on Grahame Park are being admitted to hospital as an emergency than expected.**
- Reducing emergency hospital admissions from coronary heart disease, myocardial infarction, stroke, and COPD through actions that address cardiovascular disease risk factors and determinates should be a priority.
 - Hypertension and Diabetes Mellitus are key risk factors for Coronary Heart Disease (the leading cause of excess mortality on Grahame Park) and are the first and third most prevalent conditions. The low prevalence of other circulatory diseases may be due to the age profile of the population.
 - Reducing levels of obesity is a crucial step in addressing the determinant factors for medical conditions such as hypertension and Diabetes Mellitus that affect relatively more people on Grahame Park than Barnet, and reducing future deaths from cardiovascular disease. A whole systems approach to obesity is needed to reduce levels of obesity for children and adults. This approach should incorporate actions to improve access to healthier food and increase physical activity levels amongst residents.
- Depression is the second most prevalent condition on Grahame Park and prevalence in the area is higher than London average. Support for people with mental health conditions is a priority.

Hospital admissions

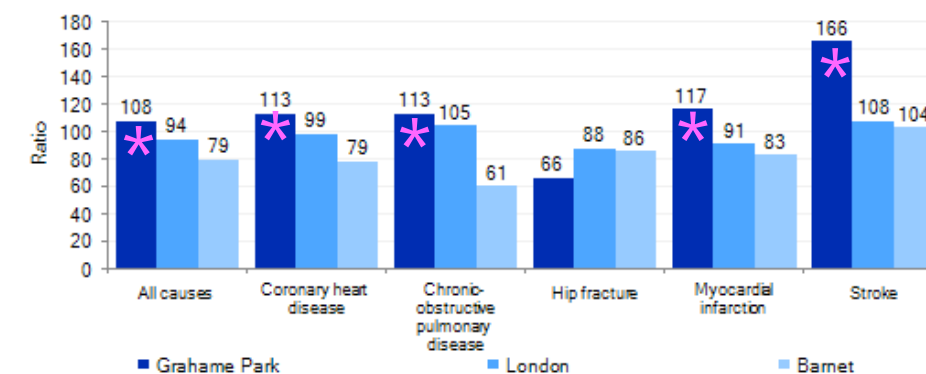
- Emergency Hospital Admissions are higher in Grahame Park than the national average – the Standardised Admission Ratio (SAR) for Grahame Park is 108.1; significantly higher than Barnet (SAR 79) which is lower than the national average (SAR 94).
 - There is higher than expected emergency admissions for Coronary Heart Disease (SR 113), COPD (SR 113), myocardial infarction (SR 117), and stroke (SR 166).
 - There is a lower than expected proportion of admissions for hip fractures (SR 66).
- Elective Hospital Admissions for Grahame Park (total 4,068) were higher than the national average (SAR 112.6) in 2011/12 – 2014/15 (data discontinued).

Levels of prevention

- Primary prevention prevents the problem or disease from occurring, by addressing risk factors for disease.
- Secondary prevention preventing the problem progressing or recurring through early detection and treatment.
- Tertiary prevention prevents the consequences or complications of health conditions.

Figure 30: Emergency Hospital Admissions: Standardised Ratio.
Source: Hospital Episode Statistics, ONS, 2013-14 to 2017-18

If an area is above 100, there is a higher proportion of admissions than had been expected. If it is below 100, there is a lower proportion of admissions than expected.



Mortality, Morbidity, and Health Behaviours

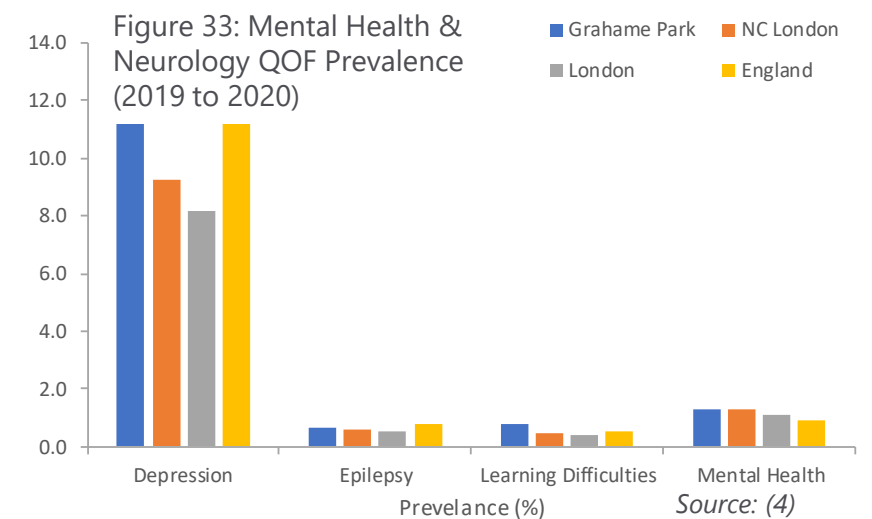
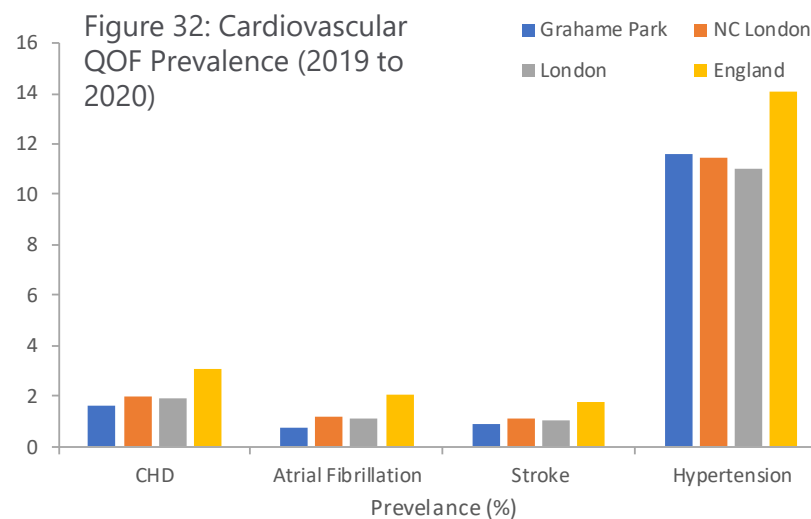
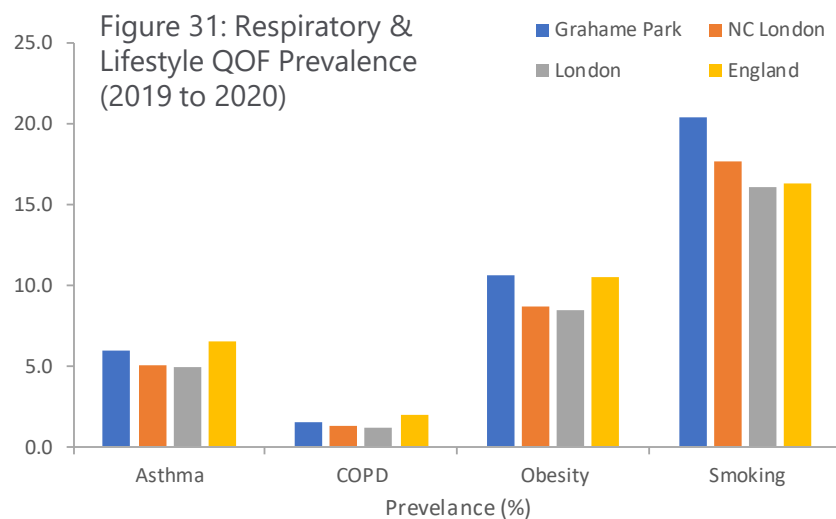
GP Quality and Outcomes Framework (QOF) is a pay-for-performance scheme. It provides practices with funding for completing specific activities that are considered to represent good quality of care, or outcomes that are in line with best clinical evidence.

Primary Care Indicators

The below data represent prevalence of conditions for MSOA Grahame Park, E02000049, for QOF 2019/20.

Source: Quality Outcomes Framework, GP Practice Data 2019-20, NHS Digital.

- The top three most prevalent conditions for Grahame Park residents are:** (all are higher than the London averages, shown in brackets)
 - Hypertension 11.6% (10.9%),**
 - Depression 9.1% (8.1%),**
 - Diabetes Mellitus (age 17+) 8.0% (6.7%).**
- Grahame park has a similar or slightly increased prevalence (compared to London) for the following conditions: heart failure 0.6% (0.5%), peripheral artery disease 0.3% (0.3%), coronary heart disease 1.9% (1.9%), asthma (5.2%) and COPD 1.3% (1.1%).
- The prevalence of some conditions in Grahame Park is lower than (London prevalence): cancer diagnosis since 2003, 2.0% (2.1%), stroke or TIA 1.0% (2.4%), chronic kidney disease 3.0% (1.9%), osteoporosis 1.1% (0.5%), dementia 0.3% (0.5%), rheumatoid arthritis 0.5% (0.6%), AF 0.9% (1.1%), epilepsy 0.6% (0.5%), and psychosis 1.1% (1.5%)



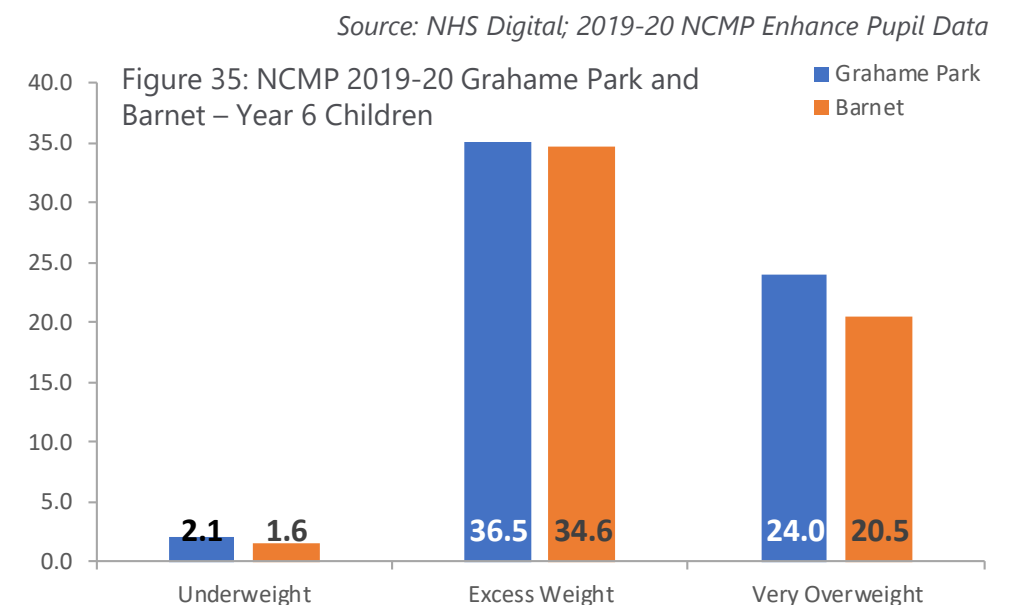
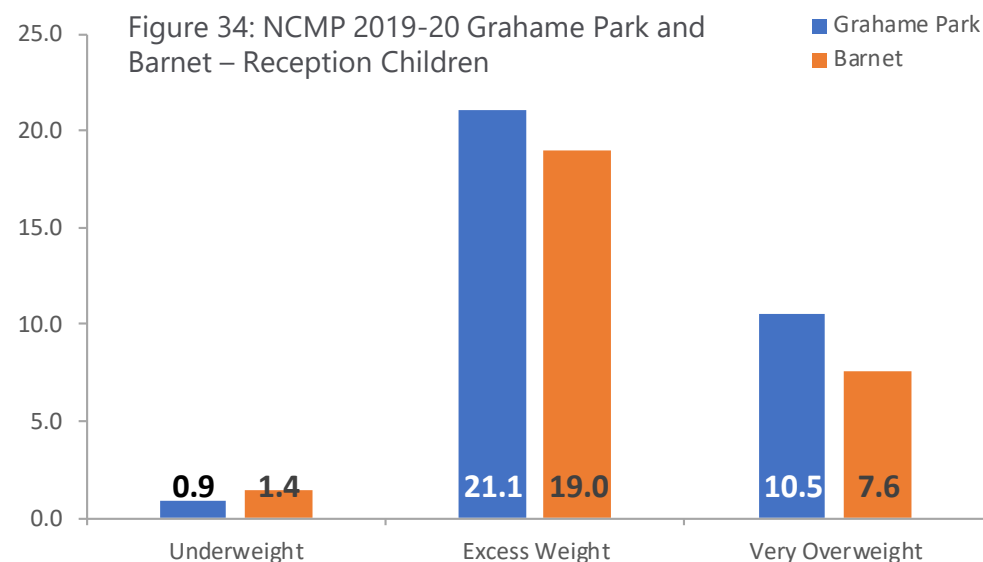
Mortality, Morbidity, and Health Behaviours

Childhood Obesity - National Child Management Programme

- Grahame Park pupils in reception have slightly lower rates of underweight children than the Barnet average. By Year 6, this has reversed, and Grahame Park pupils in Year 6 have slightly higher rates of underweight children than the Barnet average.
- The proportion of Grahame Park children in reception who have excess weight is slightly higher than the Barnet average, but those with very excess weight is greater suggesting children are more likely to be excess in weight.
- The proportion of Grahame Park children in Year 6 who have excess weight follow a similar pattern to that seen in reception children but the difference is less.

Adult Obesity

- Prevalence of obesity (as measured by QOF 19/20) is higher in Grahame Park than London and England comparators.



Background: National Child Measurement Programme (NCMP)

The NCMP measures the height and weight of children in reception (aged 4-5) and in year 6 (aged 10-11) to assess overweight and obesity levels.

Evidence: Obesity

Up to 79% of children who are obese in their teens are likely to remain obese as adults. Obesity increases the risk of many medical conditions: obese people are 3 times more likely to develop colon cancer, more than 2.5 times more likely to develop high blood pressure (a risk factor for cardiovascular disease), and 5 times more likely to develop type 2 diabetes mellitus. On average obesity deprives an individual of 9 years of life (26).

Obesity is caused by many factors including behaviour, environment, genetics and culture. Income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese (26). The main risk factors are the food and drink environment, and physical inactivity levels. Reducing obesity is a Public Health England priority that requires a whole systems approach for meaningful change.

Mortality, Morbidity, and Health Behaviours

Assessment: COVID-19

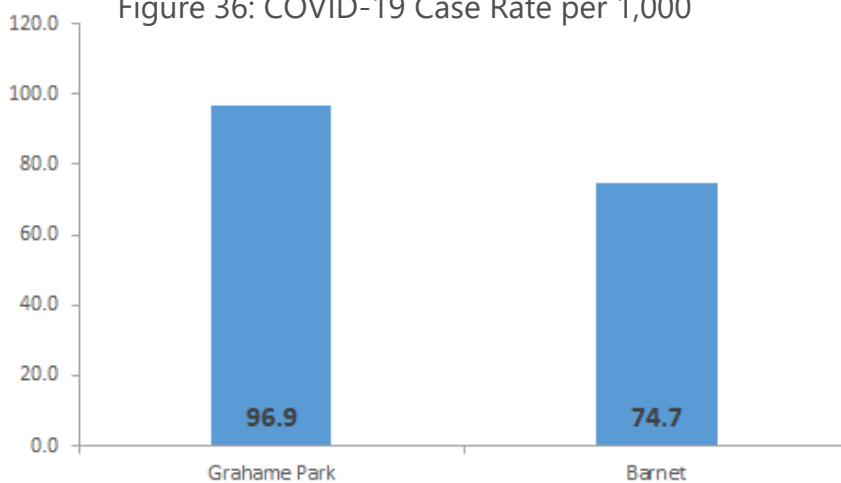
- COVID-19 has highlighted pre-existing health inequities that have presented as an increased risk of racialised communities catching COVID-19 and having more severe disease (hospitalisations).
- Grahame Park has seen a relatively low mortality rate for COVID-19, likely due to its composition of a relatively young population. The psychological impact of COVID-19 on BAME communities on Grahame Park should not be overlooked.

COVID-19

COVID-19 data is reported for cases in the Middle Super Output Area (MSOA); E02000049, which includes one additional LSOA to the four used for the rest of the needs assessment.

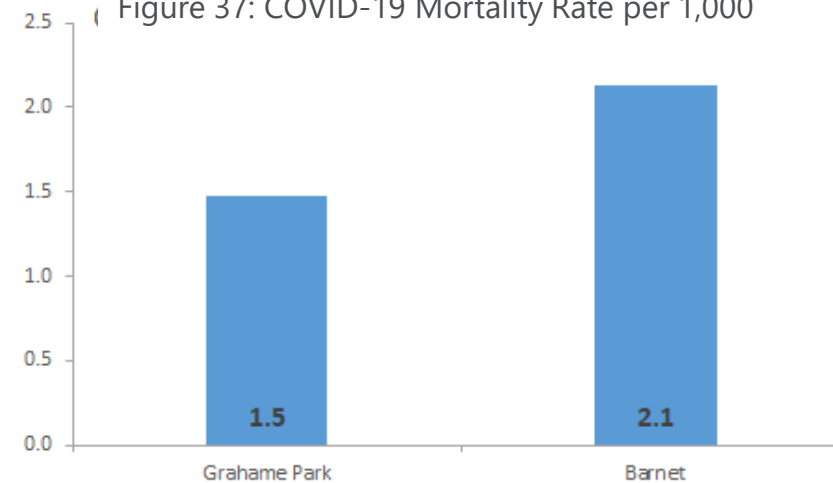
- In the MSOA there have been 918 cases to the end of February 2021. This gives a rate of 97 per 1,000 population which is higher than the Barnet average of around 75 per 1,000 population
- In the MSOA there have been 14 deaths to the end of February 2021, this gives a rate of 1.5 per 1,000 population which is lower than the Barnet average of around 2.1 per 100,000 population.
- In the MSOA there have been 982 people aged 60 and over given a first dose of a COVID-19 vaccine, this gives an uptake percentage in this population of around 88% which is slightly lower than the Barnet average at around 89%.

Figure 36: COVID-19 Case Rate per 1,000



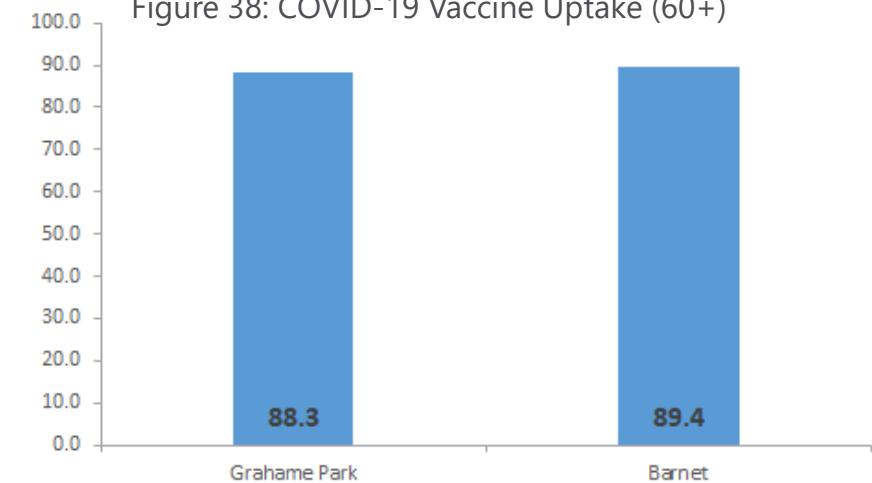
Source: PHE PBI Data set

Figure 37: COVID-19 Mortality Rate per 1,000



Source: ONS COVID Mortality data by MSOA

Figure 38: COVID-19 Vaccine Uptake (60+)



Source: PHE PBI Data set

Mortality, Morbidity, and Health Behaviours

Assessment: Health Behaviours

- Reducing smoking prevalence on Grahame Park should be a priority to improve health.
- Substance misuse is a significant issue of Grahame Park and residents require accessible support from misuse services.
- The food environment on Grahame Park is not conducive to healthy eating and this is borne out on the limited nutrition data. Improving the affordable, healthy food environment would have many benefits for residents.
- A significant minority of residents on Grahame Park are not meeting physical activity guidelines. Encouraging activity in those currently inactive is an important aspect of reducing premature morbidity and mortality.

Smoking

- Prevalence of smoking (as measured by Everglade Medical Practice QOF 2019/20) is higher in Grahame Park (19.1%) than London (14.9%) comparators.

Substance Misuse

- Less people in Grahame Park (7.5%) binge drink (consume at least twice the daily recommended amount of alcohol in a single drinking session) than in London (14.3%) and Barnet (12.0%).
- An estimate of substance misuse prevalence for Grahame Park is unknown. Barnet has an estimated prevalence of alcohol dependent adults of 1.03 per 100 adult population (25). Barnet’s estimated rate of opiate and/or crack cocaine use is 6.25 per 1,000 population aged 15-64 (27).

Healthy Eating

- *This data is more than 10 years old and must be interpreted with caution.* Consumption of 5 or more fruit and vegetables a day is lower in Grahame Park (34.1% of total population) than London (36.4%) and Barnet averages (42.0%).

Physical Activity

- Adults in Grahame Park are less physically active than London and Barnet averages.
- 27% of adults in Grahame Park undertook less than 30 minutes of physical activity in the past month.

Figure 39: Consumption of 5 or more fruit/vegetables per day, binge drinking and smoking. Source: Health Survey for England 2006-2008.

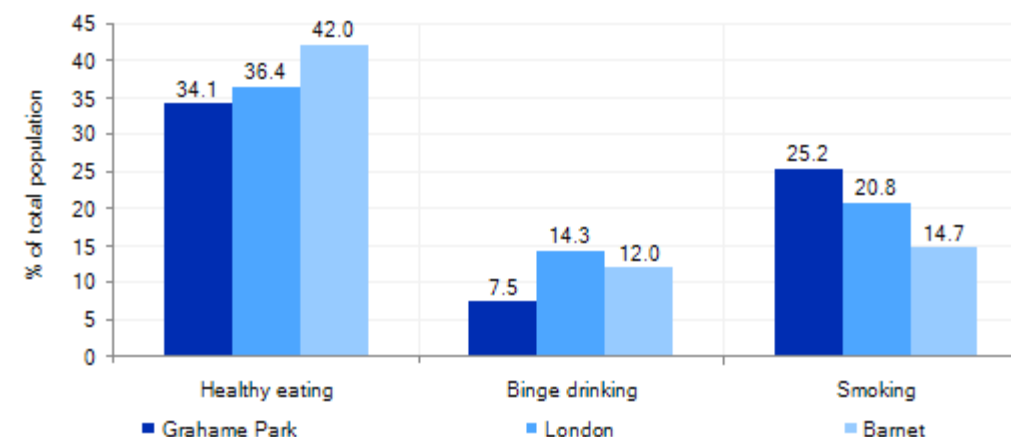
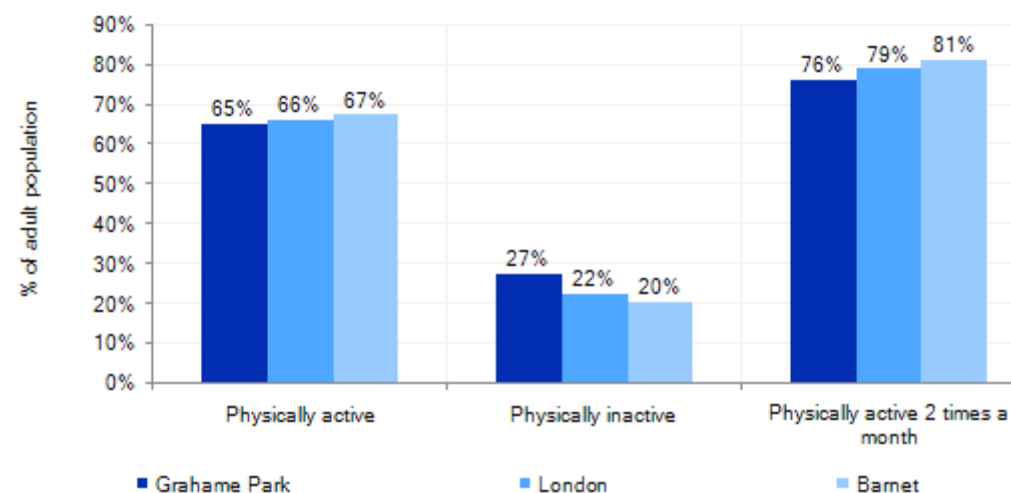


Figure 40: Physical activity among adults. Source: Sport England Active Lives Survey 2020.



Section 3 – Services

Section three of this needs assessment covers the third aim:

3. Provide a high-level summary of services available to support the health and wellbeing of people in Grahame Park and how local residents engage with these services.

Education, Training, and Employment

Identified Needs: Education and Training

- There is a need to support more young people raised in Grahame Park to enter higher education.
- There is a need to provide affordable adult learning and skills training for Grahame Park residents, on Grahame Park.

Identified Needs: Employment Support

- Employment support programmes for Grahame Park residents need to be maintained during planned regeneration, and preferably expanded.
- There is a need for an increase in debt support.

Health and Social Care Services

Identified Needs: Primary Care

- There is a need to increase the uptake of NHS Health Checks for eligible residents.

Identified Needs: Smoking Cessation Services

- There is a need for consistent provision and wide availability of smoking cessation services located on Grahame Park.
- Given the high prevalence of smoking, harm reduction strategies such as e-cigarettes could be employed for residents.

Identified Needs: Substance Misuse Services

- There is increased demand for substance misuse services on Grahame Park, which needs to be met with continued provision of accessible services.
- There is a need to support families in which a parent misuses substances.

Identified Needs: Sexual Health Services

- There is a need to reinstate provision of sexual health services on Grahame Park.

Community Support

Identified Need: Community Development

- There is a strong programme for community development already taking place on Grahame Park, which is supported by local partners and was built using Grahame Park's Neighbourhood Change Framework. There is a need to support the community development programme and provide services and support that align with priorities identified by the community.

Identified Need: Health and Wellbeing

- Community groups that encourage physical activity should be supported.
- There is a need to increase support that encourages physical activity in Grahame Parks open spaces.

Identified Need: Food

- There is a need for improving residents access to a healthy food environment.

Identified Need: Children and Young People

- Qualified mental health support and counselling is needed – this is not currently available on Grahame Park.
- Further engagement with young people is needed to define the community provision that is most wanted by young residents.

Education, Training, and Employment

Community Education and Training Support

BARNET & SOUTHGATE COLLEGE (B&SC)

- Business Skills / Customer Service Level 2 qualification for work in a customer service or business setting (includes work experience placement 3 hours a week).
- Level 1 Food Hygiene; One day course with qualification. Delivered by Barnet & Southgate College.
- ESOL (English For Speakers Of Other Languages)
- Everyday Maths (Adults), Improve Your Reading & Writing (Adults)
- Introduction Into The Hairdressing Industry Hairdressing - Introduction To Cutting, Hand & Foot Care In The Beauty Therapy Industry, Facial Skin Care In The Beauty Therapy Industry, Introduction Into Afro-Caribbean Hair, Hairdressing - Introduction To Cutting & Styling Hair, Hairdressing - Introduction To Colouring

COLINDALE COMMUNITIES TRUST (CCT)

- Award In Education & Training; Level 3 Award in teaching adults in the community aimed at people who have industry and sector experience.
- Brush Up Your IT (word and Excel basics)
- Improvers Excel

CCT and B&SC

- Boost Your Confidence
- Art Courses (Beginners)
- Hand Sewing
- Jewellery Making
- Getting Online; Learn the basics of using the internet through your mobile device

FLIGHTWAY

- Pottery Classes

LIVING WAY MINISTRIES

- Sowing Stitches; Community Tailoring Business School, offers daily tailoring training, work placements, experience and business skills for any age from 8 and above.

FINE TUTORS

- Supplementary Education; English, maths and science tuition for children from 5 years to GCSE.

TUTORS UNITED: TUTORING YOUNG RESIDENTS PROGRAMME

- Social enterprise delivering free, weekly tutoring in English and Maths to small groups of pupils in years 4, 5 and 6.

OYA (Organisation of Young Africans)

- English, maths and science support from qualified teachers, book club, African history club –dance, drama, singing. For young people aged 9-16.

Education, Training, and Employment

Assessment: Employment Support

- Employment support on Grahame Park is predominantly run by community groups. It will be important to ensure these groups are able to remain on Grahame Park during planned regeneration.
- Ensuring there is a wide variety of programmes to support residents into or to progress in the labour market will be an important part of increasing economic security.
- There is an opportunity to increase debt support services.

Employment Support

DWP

- Work Coaches offering support and guidance for a range of DWP and Jobcentre Plus programmes and services related to employment.

BOOST

- Funded by Barnet Council, this partnership with Barnet Homes, JobCentre Plus, Barnet & Southgate College and a number of local community organisations, helps unemployed residents find work, provides housing support, benefits advice and training opportunities. 39 Barnet Homes tenants are members of BOOST (Jan 21).

PURE INSIGHTS

- Support through 1:1 counselling sessions for Grahame Park residents to provide wellbeing support and setting employment goals.

YOUTH ENGAGEMENT SOLUTIONS (YES)

- 1:1 employment support, business start up training and 1:1 support for young people aged 18 - 30.

SHARED ENTERPRISE

- 1:1 support, training and mentoring for starting a business.
- CLUB; Weekly clubs for networking, sharing information, guidance and support to start a business.
- ENTERPRISE WINTER FESTIVAL; market stalls, speakers, games and workshops on starting or growing a business.

BRIGHT FUTURES / BARNET MENCAP

- Provides support for people with learning disabilities; community opportunities, life planning, employment and training & awareness raising.

SANGAM & SILKSTREAM CHILDREN'S CENTRE (Silkstream Children's Centre, HA8 0DA – not on Grahame Park)

- Welfare & Debt Advice Service

THE LOOP

- Crafters & Makers Cafe
- Loop Service; collect, repair and sell pre-loved furniture. Volunteering, training and employment opportunities for the community.

NOTTING HILL GENESIS

- Job Club at One Stop Shop and Community Centre.
- Able, Capable & Employed (ACE) - one to one support and advice to Barnet residents to prepare them for suitable job.

Health and Social Care Services

Assessment: Primary Care

- There are primary health care services accessible to Grahame Park residents.
- There is good uptake of NHS Health Checks at The Everglade Medical Practice. The eligible population for NHS Health Checks is lower in Grahame Park than Barnet, indicating that a higher proportion of residents are living with long term conditions that make them ineligible for the Health Check. This is consistent with national trends for lower eligibility in areas of higher deprivation.

Walk-In Urgent Treatment Centres

The closest urgent treatment centres to Grahame Park are:

- Edgware Community Hospital, HA8 0AD [closed for COVID]. Travel time by public transport from Grahame Park concourse is approximately 20 minutes.
- Barnet Hospital, EN5 3DJ. Travel time by public transport from Grahame Park concourse is approximately 45 minutes.
- Finchley Memorial Hospital, N12 0JE. Travel time by public transport from Grahame Park concourse is approximately 50 minutes.

Primary Care - Provision

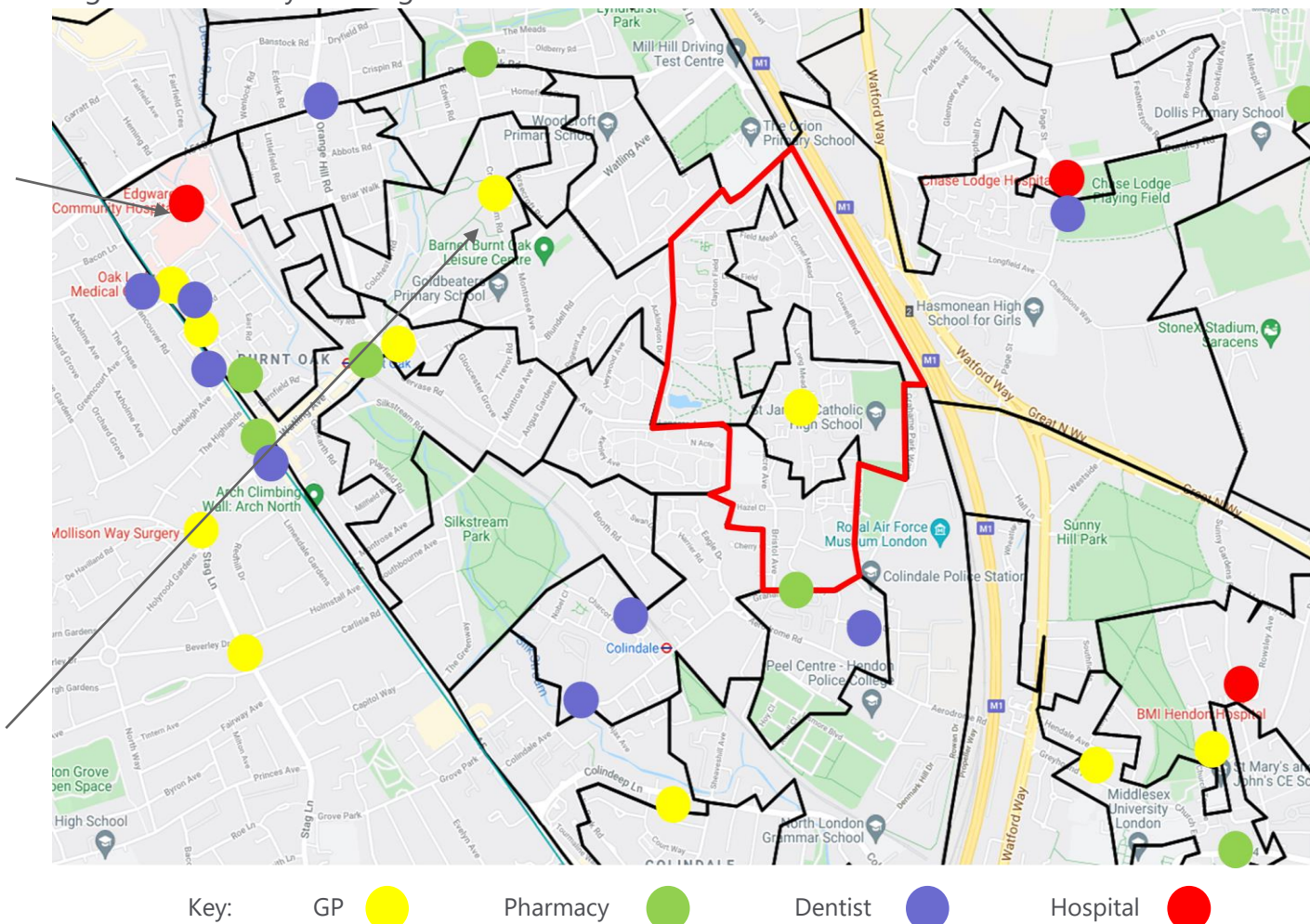
- The Everglade Medical Practice (list size Jan 2019 = 8,267) is situated on the Grahame Park concourse and provides the following services: diabetic clinic, smoking cessation [intermittent advisor capacity], child immunisations, let's talk IAPT in Barnet. Sexual health including LARC, health visitor, postnatal checks, family planning, lifestyle clinic (weight reduction / gain, diet, exercise), travel vaccines.
- Parkview Surgery (list size Jan 2019 = 16,207) is located outside of Grahame Park but is within walking distance for residents of the northern area.

Primary Care – Engagement

NHS Health Check

- 95% have been invited and 52% received an NHS Health Check, significantly higher than the Barnet average (58% invited, 26% received).
- The eligible population for NHS Health Checks (aged 40 to 74 without a long-term health condition) in Grahame Park is 59% as compared to 67% across Barnet.

Figure 42: Primary care organisations near Grahame Park.



Background: NHS Health Checks

The NHS Health Check is a national programme for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible patients are invited by their GP practice for a Check every five years.

DATA N.B. This section presents aggregated EMIS data, supplied by NHS North East London Commissioning Support Unit, reflecting performance in the rolling 5 year programme up to the end of 2019-20. The Everglade Practice is used as a proxy for Grahame Park.

Health and Social Care Services

Assessment: Smoking Cessation Services

- There is a significantly higher rate of smoking cessation interventions on Grahame Park compared to Barnet as a whole. This is likely because of the higher prevalence of smoking on Grahame Park.
- There is a significantly lower quit rate and higher proportion of service users lost to follow-up on Grahame Park compared to the Barnet average. This is consistent with the national picture for areas of higher deprivation. This could be explained by a cohort that is more complex, with longer smoking histories, heavy dependency, and multiple co-morbidities. Alternatives such as e-cigarettes may have a role for these clients. The high numbers of users lost to follow up could also be explained by a decrease in service accessibility – affected clients were later followed up by Public Health but outside the reporting period for this data.

Smoking Cessation – Provision

- Smoking cessation services are commissioned at Everglade Medical Practice and Parkview Surgery Edgware, and available at McParland Pharmacy. The service at Everglade Practice was disrupted during 2021 due to staffing.
- Providers can refer to the Barnet Specialist Stop Smoking Advisor.

Smoking Cessation – Engagement

- The majority (67%) of people using the service in this period accessed it from The Everglade practice.
- Residents have a higher rate of smoking cessation interventions compared to Barnet average (figure 43).
- Grahame Park residents have a lower quit rate (26% successful, 26% not quit) compared to Barnet (47% successful, 28% not quit).
- Grahame Park residents are more likely to be lost to follow up (48%) compared to Barnet average (22%).

Smoking cessation interventions per 10,000 population, 2019-20

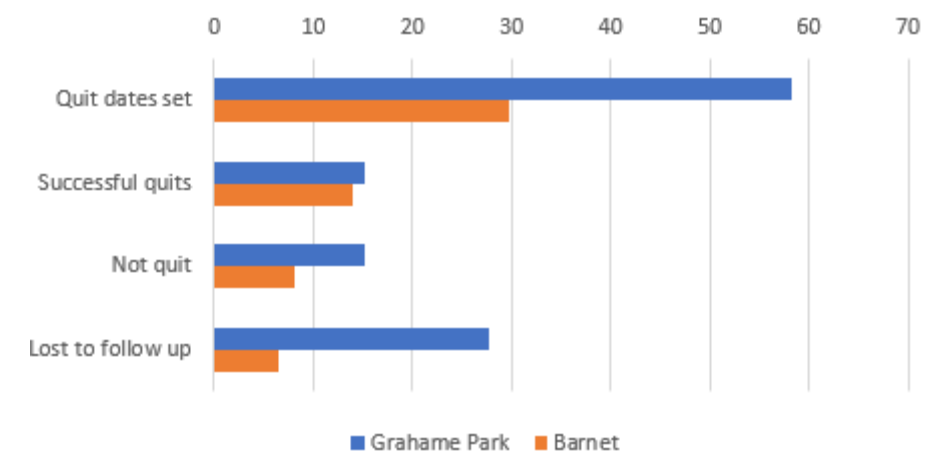


Figure 43: Smoking cessation service outcomes on Grahame Park, 2019-20

Evidence: Smoking

- In England, smoking is the single biggest risk factor for both the number of years of life lost to disease and the number of years lived with disability as a result of disease.
- Smoking is a major cause of health inequalities - smoking attributable death rates are three times higher in the most deprived areas than the least deprived areas (18).
- The National Tobacco Control Plan sets a target to reduce smoking prevalence amongst adults to 12% or less.
- Tobacco dependency is a chronic relapsing condition and many smokers make multiple attempts before successfully quitting.
- Stop smoking services, nicotine replacement therapy, and e-cigarettes can increase the chance of quitting successfully (16).

N.B Presented are 2019-20 data from Quit Manager (smoking cessation case management system). Grahame Park residents have been identified by postcode. Population data is presented from ONS 2019 mid-year estimates.

Health and Social Care Services

Assessment: Substance Misuse Services

- There is a relatively high demand for substance misuse treatment in Grahame Park. Supporting residents with substance misuse is likely to help improve their mental health outcomes.
- Increasing accessibility or provision of substance misuse services, such as locating services within Grahame Park, may help to further increase the proportions of referrals that progress to treatment starts.

Substance Misuse – Provision

- Drug and Alcohol misuse support for adults and young people is provided by Change Grow Live (CGL) at Edgware Community Hospital, HA8 0AD.
- From June 2021, CGL Community & Outreach Team have provided Community Outreach Services and Satellite Hubs: HUB/Somewhere Safe To Stay (17-21 Friern Barnet Road) and Homeless Action in Barnet (36B Woodhouse Road, N12 0RG).

Substance Misuse– Engagement

NB: Due to small counts for young persons data, adults and young persons figures have been combined.

- Grahame Park has a higher rate of substance misuse activity compared Barnet as a whole, with 58 referrals per 10,000 population (vs. 33 per 10,000 across Barnet) (figure 44).
- Grahame Park is home to 1.8% of Barnet's population. Service users from Grahame Park represent 3.2% of referrals.
- 73% of referrals progressed to treatment starts, compared to 68% across Barnet.
- Grahame Park has twice the rate of unplanned exits (14 per 10,000) than Barnet as a whole, and exits also represent a higher proportion of all exits (40%) than across Barnet (31%).
- 49% of residents receiving treatment from the adult service are parents (7% not known).

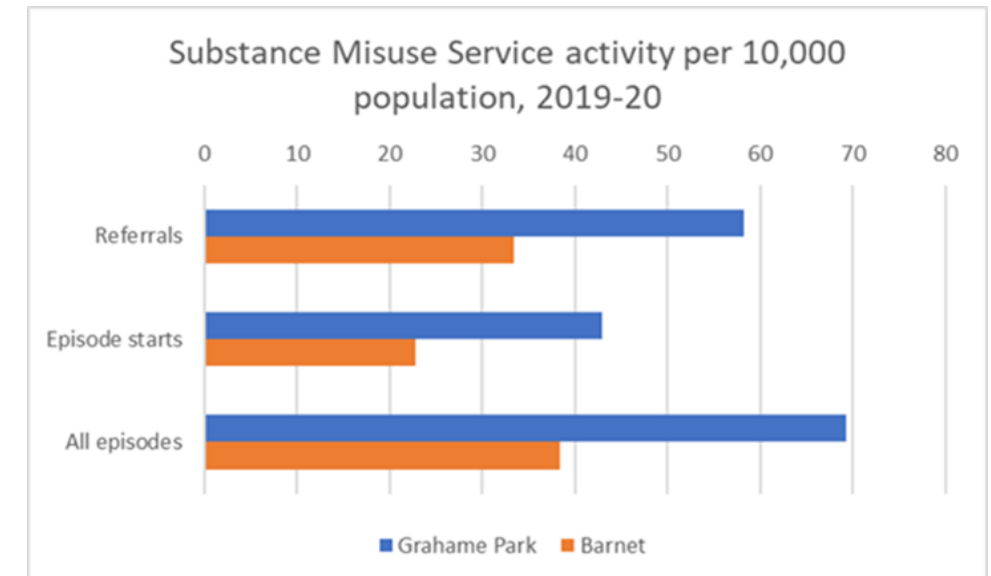


Figure 44: Substance misuse service activity for Grahame Park residents 2019-20

Referrals to Change Grow Live can be made via <https://www.changegrowlive.org/advice-info/professionals-refer-someone>

N.B Presented are 2019-20 episode level data from Web Biomic (substance misuse case management system). Grahame Park residents have been identified by postcode. Population data is presented from ONS 2019 mid-year estimates.

Health and Social Care Services

Assessment: Sexual Health Services

- The fall in Sexual Health service use from January 2020 is likely due to the effects of the COVID-19 pandemic on access (Grahame Park clinic closed) and requirements for testing (less sexual activity due to social isolation). Some residents may have moved to online testing during this period, however high levels of digital exclusion in Grahame Park present a barrier to accessing online testing.
- In November 2020, the testing and intervention rate were similar, suggesting that many of the residents tested went on to have an intervention - this may be because fewer asymptomatic people were attending for testing.

Sexual Health - Provision

- Sexual Health Services are provided by Central And North West London NHS Foundation Trust. The closest sexual health clinic is located in Edgware Community Hospital.
- [Sexual Health London](#), (Preventx) is a free NHS online service, providing home self-sampling STI testing and free regular or emergency contraception.

Sexual Health – Engagement

- Grahame Park residents are accessing CNWL services at a higher rate than Barnet. Grahame Park LSOAs are in the top 20 for sexual health service use in 2019-20, ranking 1st (E01000154), 5th (E01000153), 13th (E01000151) and 20th (E010001542). The proportional use of sexual health services by age group is similar in Grahame Park to Barnet as a whole.
- Sexual Health service use fell from January 2020, increasing since but not to levels prior to January 2020.

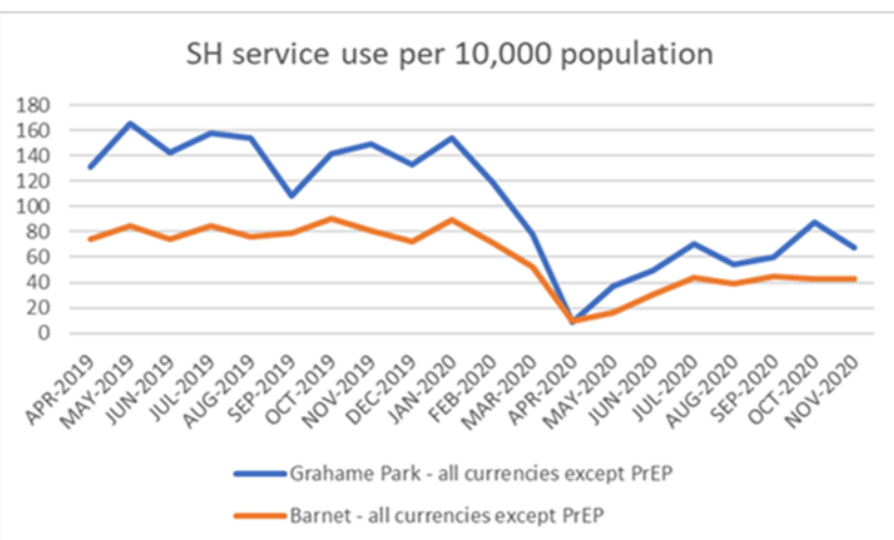


Figure 45: Sexual health service use per 10,000 population.

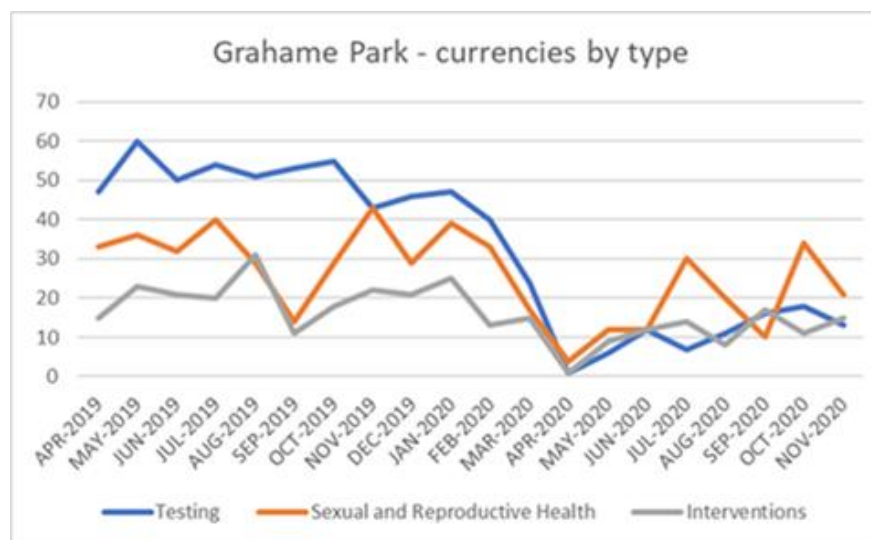


Figure 46: Sexual health service use by activity type.

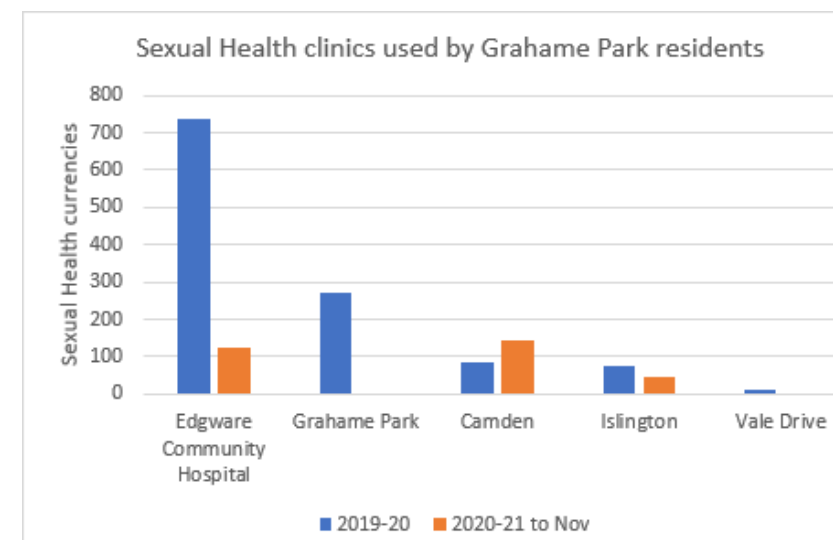


Figure 46: Sexual health clinic use by residents

Background: Sexual Health Data

A “currency” in this Sexual Health data is any distinct piece of patient activity, like receiving advice, having a test or receiving treatment. Testing includes all tests carried out by a sexual health service. Sexual and reproductive health includes consultations, advice, and contraception (including emergency contraception, LARC, IUD and IUS). Interventions include all other activities for example treatment for STIs, vaccinations, and counselling. Provision of PrEP began in November 2020 and has been excluded.

N.B Presented are data from Pathway Analytics online database (CNWL) and Preventx (SHL). Grahame Park residents have been identified by postcode. Population data is presented from ONS 2019 mid-year estimates.

Health and Social Care Services

Assessment: Social Prescribing

- Social prescribing case data is consistent with deprivation data (p22-30); with residents of Grahame Park predominantly seeking social support, support for housing, and support with employment/income.

Social Prescribing

Referrals

- During the period, 415 social prescribing referrals were made. The top five reasons were social support (34%), other (22%), housing information (18%), benefit support (12%) COVID-19 (8%).
- 'Other' referrals covered a wide range. Common referral themes include mental health, physical activity / mobility, welfare support, housing support, and transport.
- 6% of referrals were coded as 'mental health'.

Prescriptions (direct onward referrals made by social prescriber)

- The top five interventions prescribed were Citizens Advice Barnet (18%), Barnet Adult Social Care (16%), Outreach Barnet Floating Support (11%), IAPT (5%), and Barnet Refugee Service (5%).
- A total of 55 prescriptions were referred, ranging across 25 community groups.

Signposting (provided with contact details)

- The top five community groups signposted were Barnet Homes (13%), Citizens Advice Bureau (9%), Barnet Adult Social Care (9%), PIP New Claims (7%), and Barnet and Southgate College (6%).
- A total of 54 signposting was provided, ranging across 31 community groups.

Background: Primary Care Networks

- Primary Care Networks are groups of GP practices that work together and with community, mental health, social care, pharmacy, hospital and voluntary services in their area to provide coordinated, integrated, and proactive care.
- PCN1W includes The Everglade Medical Practice (Figure XX number 7), Watling Medical Centre (8), Parkview Surgery (9) and Deans Lane Medical Centre (10), and covers a total population of 35,287. PCN1W encompasses most residents on Grahame Park, but will also include many residents outside Grahame Park. A small number of residents may attend a GP practice within PCN 1D, these residents are not represented in this data.

Background: Social Prescribing

- Social Prescribing Link Workers accept GP referrals for people who might benefit from being connected with community based activities to help them with non-clinical issues.
- Social prescribing schemes may lead to a reduction in the use of NHS services and GP attendance, and there is emerging evidence for a range of positive health and wellbeing outcomes.

Figure 47: Barnet Primary Care Networks
PCN1W (dark green) and PCN1D (light green)



N.B Presented are data from Social Prescribing Case data for PCN1W from April 2020 to July 2021.

Community Support

Assessment: Community Development and Community Support Groups

- There is very high level of engagement and commitment of local partners, with a comprehensive workplan for community development.
- There is a wide range of community programmes supporting indoor physical activity, wellbeing, and activities for children and young people. There are fewer community activities supporting healthy eating.

Grahame Park Neighbourhood Change

The Grahame Park Strategy Group, a strategic multi-agency partnership, worked with residents to develop a framework for improving community and economic development, facilitating partnership working, targeting resources to where they are most needed, and attracting further investment into the neighbourhood called The Neighbourhood Change model. Figure 48 shows the four strategic priorities and outcomes agreed in 2017.

Economic Inclusion

- Enterprise & Employment Hub (April 2021)
- Economic Inclusion Strategy
- Enterprise Programme (Youth Enterprise Solutions)
- Pre-employment support
- In Work Progression
- Young Careers Programme (mentoring transitioned online)
- Volunteering Programme
- Digital Inclusion (project with WAD operating in Library)

Health and Wellbeing

- Arts & Culture
- Counselling for young people and adults
- Debt, fuel and food poverty
- Healthier lifestyles (programme launched 2021)
- Physical activity (programme launched 2021)
- Drug and alcohol support (awaiting Satellite Hub location)
- Packed lunches for young people through FUSE Youth Project.

Influencing Public Space

- The Old Library (refurbishment complete)
- Outdoor Gym (funding secured, due 2021)
- Community Garden (due 2021)
- Access to public space
- Hoarding Strategy (workshops complete)
- Regeneration consultation

Community Safety

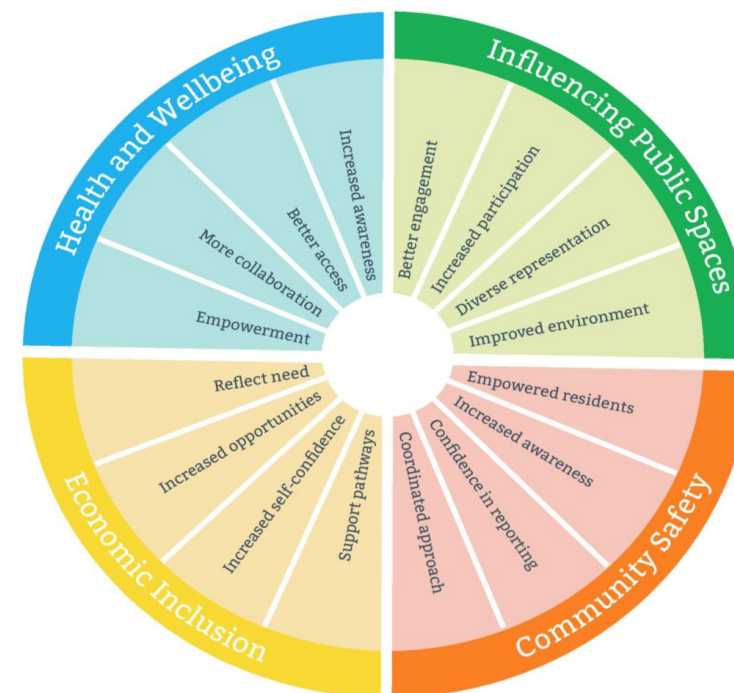
- Diversionary activities (funded during COVID-19)
- Schools engagement
- Community safety solutions
- Youth consultation (in progress)



Health and Wellbeing
An increase in community led holistic approaches to improve health, social and economic wellbeing.



Economic Inclusion
Increase enterprise, employment, education and training opportunities by having more robust inclusive and coordinated platforms that enhance and empower community aspirations.



Influencing Public Spaces
Ensuring opportunities for diverse communities to engage and influence public spaces and community facilities and services.



Community Safety
Collaborative approaches between the community and agencies in sharing responsibility to identify and deliver community safety solutions.



Figure 48: Grahame Park Neighbourhood Change Social Impact Framework

Background: Neighbourhood Change Evaluation (2019) - Barriers to Change

- A significant barrier to engaging residents' in improving the neighbourhood was the fact that there is a large number of residents in Grahame Park who are in temporary housing and expect to be moving out of the area.
- Physical deterioration of the areas continued, with loss of local services and businesses due to lack of investment.
- Variable engagement with the Neighbourhood Change model from statutory partners.

Community Support

Provider	Physical Activity	Food and Nutrition	Wellbeing	Early Years and Children & Young People
Colindale Communities Trust	<ul style="list-style-type: none"> Walking group 		<ul style="list-style-type: none"> Wellbeing drop-in with various social activities e.g. Bingo and guest speakers. One to one counselling sessions. Men's Group 	
Bread n Butter		<ul style="list-style-type: none"> Healthy eating Cooking on a budget Cultural food day cooking Diet and nutrition 		
Barnet Sure Start (Barnet Council) at Silkstream Children's Centre, HA8 ODA (not on Grahame Park)			<ul style="list-style-type: none"> Ava; support group for women who have experienced domestic abuse. Talking teens; for parents/carers of children aged 11+ 	<ul style="list-style-type: none"> Baby group; for parent and babies ages 0 -18 months. Little walkers; healthy walks for families with children in buggies and / or children up to 5 years old in Montrose and Silkstream parks. Let's get active; physical experience outside and soft play for 1-5 year olds. Little babblers; for families with babies aged 12 months or under. Stay & play; for families with children aged 0-5 years. Stay & play at Greentops; for families with children aged 0-5 years.
Home Start (Barnet, Brent, Enfield & Harrow)				<ul style="list-style-type: none"> Home from home family group; stay and play sessions for families with children from birth to five years old.
Living Way Ministries		<ul style="list-style-type: none"> Food sharing: distributes >15kg of fresh food products all attendees. 	<ul style="list-style-type: none"> Parenting program 	<ul style="list-style-type: none"> Zone 7 youth club; games, arts, music, school work support, and tailored personal sessions.
Barnet & Southgate College	<ul style="list-style-type: none"> Introduction to yoga 		<ul style="list-style-type: none"> Being healthy head to toe; workshops to learn how to keep your mind, body, skin and hair healthy. 	<ul style="list-style-type: none"> 0-19 hub (referral)
Friends Of Heybourne Park & Barnet Environment Support Team			<ul style="list-style-type: none"> Grahame park community gardening 	
Groundwork London, Notting Hill Genesis, Barnet Homes			<ul style="list-style-type: none"> Grahame park concourse garden 	
Saint Augustine's Church			<ul style="list-style-type: none"> Art for wellness / Art from the heart 	
Grahame Park Independent Living Group	<ul style="list-style-type: none"> Keep fit class for the over 50's, talks & social activities 			
The Jain Centre	<ul style="list-style-type: none"> Jain network; healthy living including yoga and meditation 	<ul style="list-style-type: none"> Free community lunch (for 30-40) 		
Active Within	<ul style="list-style-type: none"> Active within: online fitness class 			
Better (GLL) Burnt Oak Leisure Centre <i>approx. 15 min walk from The Concourse.</i>	<ul style="list-style-type: none"> Healthwise – 12 week physical activity on referral programme. Tier 2 adult weight management for people with a BMI 30-40. Sports courses including football, gymnastics, ballet, tennis. Disability Sports Coach delivers sessions for people with disabilities. 55+ sessions e.g. walking, football, badminton, table tennis, fitness. 65+ joint mobility classes at The Old Library. 			<ul style="list-style-type: none"> Ballet classes for children ages 3-4 years Under 5 activities including toddlers' world soft play. XPLORE: weight management 4-13 years with a BMI C91st- C98th. After school clubs for children aged 4-13 years. Give it your MAX: funded school tennis programmes targeting schools with a % of children accessing free school meals.
F.U.S.E				<ul style="list-style-type: none"> Friday night youth club (age 8-16). F.U.S.E: junior leader programme (age 16-25); accredited qualifications in youth related topics, 1:1 mentorship, support to gain employment or to move into further education. F.U.S.E: school holidays youth activities (age 8-16).
THE 4FRONT PROJECT (13 – 25 YEARS)				<ul style="list-style-type: none"> Youth-led membership programme which aims to increase the safety and resilience of young people from Grahame Park.
YOUTH REALITIES (Unitas Youth Zone, HA8 ODT – not on Grahame Park)				<ul style="list-style-type: none"> Deepin dance; A beginner's style dance class for young women aged 12-25. Good for girls; mental health & wellbeing programme for girls aged 9-14 from Barnet. It uses sport and creative arts to explore, learn and increase confidence, wellbeing and happiness.
ART AGAINST KNIVES				Held at the pulse community flat, NW9 5XW – not on Grahame park)

Priorities

This section addresses the final two aims:

4. Identify the priority health needs of people in Grahame Park.
5. Propose actions that could address these priority needs, reduce inequalities, and improve the health and wellbeing of people who live, learn, work, and play in Grahame Park.

Principles to determine priority health needs

Priority needs in this section were selected by assessing all identified needs in this document against the five criteria below. Scoring of each identified need against these criteria can be found in the appendix; [prioritising place](#), [prioritising people](#), and [prioritising services](#).

1. The identified health need or determinant is significant because of the size of the population it affects, or the severity of the impact on an individual.
2. Addressing the health need or determinant should reduce inequalities and result in improvements in health, wellbeing, quality of life, or community for people in Grahame Park.
3. The identified health need or determinant can be meaningfully changed with available resources.
4. Addressing the health need or determinant is consistent with the vision, priorities, and commitments of The Barnet Joint Health and Wellbeing Strategy 2021-25 and Barnet Corporate Plan 2021-2025 priorities.
5. The actions required in addressing the health need or determinant is acceptable and wanted by the residents of Grahame Park.

Addressing priority health needs

Cultivating an environment that fosters community wellbeing and supports people to fulfil their potential to lead happy, healthy, thriving lives, will take the continued support and joint working of partners, already undertaking significant work to improve the lives of residents.

Future action on Grahame Park should have engagement, co-production, and co-delivery at their heart. Actions should be led by and responsive to the voice of the local community, building upon Grahame Park's existing community assets where possible, developing new assets, and ensuring they are sustainable over the long-term. Possible responses to some of the priority needs have been proposed where they align with current plans for community development.

London Borough of Barnet Health Development Priorities 2021-2025

The Barnet Joint Health and Wellbeing Strategy 2021-25

Our Vision for health in Barnet

A healthy borough results in a healthy and happy population. It is where the environment around us supports and promotes our health and wellbeing. In a healthy borough, there is broad access to a good education, good quality housing and secure employment. A healthy borough supports access to open green spaces and active travel. High quality health and social care is available for anyone when they need it. A healthy borough reaches out to, supports and protects the most vulnerable, generating opportunities to thrive. With healthier and happier residents, communities are strengthened to support each other, and the local culture and economy flourishes.

Key Areas and Priorities

1. Creating a healthier place and resilient communities
 - Integrate healthier places in all policies.
 - Create a healthier environment.
 - Strengthen community capacity and secure investment to deliver healthier places.
2. Starting, living and ageing well
 - Improve children's life chances.
 - Promote mental health and wellbeing.
 - Get everyone moving.
 - Support a healthier workforce.
 - Prevent long term conditions.
3. Ensuring delivery of coordinated holistic care, when we need it.
 - Support digital transformation of services.
 - Enable carers health and wellbeing.
 - Deliver population health integrated care.

The Barnet Corporate Plan 2021-25

Priority 1: Clean, safe and well run

- Improving Customer Service.
- Better environmental services and a cleaner borough.
- Address issues of anti-social behaviour such as frauds, fly-tipping, noise nuisance and parking.
- Robust financial management.
- Unlocking and optimising the potential of Parks and Open Spaces.

Priority 2: Family Friendly

- Family and Belonging – Families and children can be together and be part of a community that encourages resilience.
- Safe and Secure – Children and young people are safe protected from harm.
- Education and learning – Children and young people can learn about the world around them.
- Health and wellbeing – Children are supported to achieve a healthy start in life, enjoy a healthy lifestyle and to build resilience.
- Life Chances – Children and young people are able to succeed.

Priority 3: Healthy

- Bringing health care together.
- Supporting residents to maintain their strengths and independence.
- Great facilities and opportunities to be physically active.
- Focusing on mental health and wellbeing.
- Tackling domestic abuse and gender based violence.
- Addressing homelessness and the longer-term impacts of COVID-19.

Priority 4: Thriving

- Helping residents - especially young people - into work.
- Implement our growth strategy.
- Building a park town for Barnet at Brent Cross Town.
- Creating an efficient, convenient and reliable transport network.
- Make Barnet a sustainable borough.

Residents' Voice

NB: Colindale Communities Trust is conducting the Grahame Park Community Survey throughout August 2021. Carried out by resident researchers, the survey will explore resident's experience of living on the estate, their current needs, and vision for the future. This section of the needs assessment will be updated with the results of the survey once released.

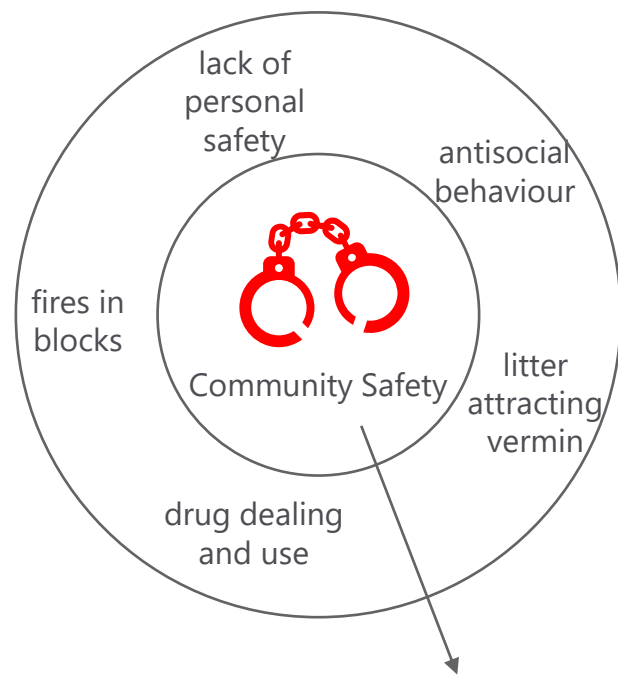
Tenants Participation Survey – 1999 (9).

This survey identified issues in Grahame Park which are recognisable today, including;

- Poor physical environment and poor image
- Unsafe access routes
- Overcrowding and inappropriate occupancy for large families
- Poorly placed and poorly integrated local facilities
- And poor levels of shopping choice

Neighbourhood Change Evaluation Residents Survey Responses (2019)

Concerns raised by residents:



Increased police presence and the installation of CCTV were the desired responses.

Changes residents wanted to see:



Slow progress with improving the physical environment had created uncertainty, and residents reported frustration at a lack of repairs on the estate.

Addressing priority health needs

Theme	Intention	Possible Actions	Need Addressed	Domain
		There is a need to increase the health-supporting amenities available to Grahame Park residents.		Amenities
Fuelling community asset development through the efficient and focussed use of council resources.	Improve place, increase opportunities for employment and entrepreneurship.	<ul style="list-style-type: none"> Create more opportunities for the local community, voluntary groups and emerging enterprises to utilise empty space on the Concourse or elsewhere in the local area, by providing innovating and flexible arrangements to unit use. 	There is a need, while awaiting regeneration, to utilise vacant spaces on the central concourse for the benefit of the local community.	Amenities
Ensuring local residents benefit from the regeneration of their neighbourhood	Provide sufficient community amenities for the size and density of the local population	<ul style="list-style-type: none"> Share an amenity replacement plan with Grahame Park Colindale Communities Trust Consortium Members prior to demolition of the concourse. 	There is a need to mitigate any harmful impacts of phase 1 regeneration by ensuring the replacement of local amenities, these should be health focussed.	Amenities
	Provide amenities vital for good health.	<ul style="list-style-type: none"> Ensure on-site and outreach health services are sustainable and can cope with projected future need. Key health services should ideally be located so they are accessible across northern, central and southern character areas. Services that should ideally be located on Grahame Park include a health centre, children's centre, community centre, dentist, pharmacy, sexual health service, smoking cessation service and substance misuse service. The existing housing stock should be maintained at a level that supports optimal health and wellbeing until demolition and regeneration is complete. 	There is a need to significantly increase available amenities including community, food, cultural and healthcare spaces.	Amenities
Creating an environment that enables healthy lifestyles.	Improve access to affordable fresh food.	There is a need for improving residents access to a healthy food environment		Food
		<ul style="list-style-type: none"> Community garden Provide community allotment space for Grahame Park residents. 	There is a significant need to improve the food environment to provide access to a wider choice of healthy, affordable food.	Food Environment
		<ul style="list-style-type: none"> Health eating educational support Consider incentives for healthy food shops to locate on Grahame Park. 	There is a need to support residents' nutrition.	Health Behaviours
		<ul style="list-style-type: none"> Breastfeeding Promote Healthy Start Support foodbanks 	There is a need to improve food security for residents on Grahame Park; from meeting acute food needs to improving the overall whole-system food environment.	Food Security
Creating an environment that enables healthy lifestyles.	Services are accessible to everyone on Grahame Park.	There is a need to address structural racism and disproportionality across all programmes.		Demographic profile
		<ul style="list-style-type: none"> Work with all service providers on Grahame Park and users to ensure support is accessible. 	Services, support, and facilities provided on Grahame Park must be accessible to people with learning disabilities.	Disability
		<ul style="list-style-type: none"> Work with partners to ensure healthcare and support services have translation support and translated written materials for the predominantly languages on Grahame Park. 	Providing interpreters in healthcare services and translated health information is necessary to support equitable access to health for all residents of Grahame Park.	Demographic Profile
		<ul style="list-style-type: none"> Engage with local faith organisations to produce culturally competent health materials e.g. nutrition, activity. Engage local residents to be health champions and produce hyperlocal health communications. 	Services, support, or information should be culturally competent and considerate of the customs of the predominant religions on Grahame Park.	Demographic Profile
		<ul style="list-style-type: none"> Gather further data on Grahame Park's main languages. Work with partner organisations to gather further data on asylum seeking and refugee population on Grahame Park further data on Grahame Park's asylum seeker population to identify any specific needs of these groups. 	There is a need to improve insight and intelligence on Grahame Park's migrant communities, including languages spoken and immigration (e.g. asylum seeker and settled status).	Demographic Profile

Addressing priority health needs

Theme	Intention	Possible Actions	Need Addressed	Domain
Targeted interventions to tackle the biggest causes of deprivation and ill health		There is need to prioritise actions that address the top three domains contributing to overall deprivation; barriers to housing and services, employment, and income domains.		Deprivation
	Improve income and employment security.	<ul style="list-style-type: none"> Provide debt support advice on Grahame Park. 	Increasing economic security, including debt support, is a priority determinant to address for residents in Grahame Park.	Income and Employment
		<ul style="list-style-type: none"> With partners, provide online and in person adult learning and training on Grahame Park e.g. skill training, computer training. Ensure continued provision of existing employment support programmes on Grahame Park. 	There is a need to provide affordable adult learning and skills training for Grahame Park residents, on Grahame Park.	Education and Training
		<ul style="list-style-type: none"> Increase free available employment support programmes on Grahame Park to provide e.g. Advice on how people can move into growing sectors, CV and interview coaching, assessment of employment support needs, skills training, computer training. 	Employment support programmes for Grahame Park residents need to be maintained during planned regeneration, and preferably expanded.	Employment Support
		<ul style="list-style-type: none"> Help to spark the creation of new community assets, for example, with a community entrepreneurs fund, entrepreneurs space, or local incubator programme. 	Action is needed to reduce income inequality with support for residents into, and to progress in, the labour market.	Income and Employment
	Reduce crime and improve community safety.	<ul style="list-style-type: none"> Mentoring and diversion schemes for young people Work with family services on youth violence Cross partner workstream on 'designing out' drug and violent crime 	There is a need to provide suitable employment and training options for people who are already homeless.	Deprivation
		Action is needed to reduce crime and improve community safety. This should focus on drugs, anti-social behaviour and crimes against the person as priority areas.		Crime
		There is a need to address structural racism and disproportionality across all programmes.		Demographic Profile
		There is a need to prioritise reducing inequalities for Grahame Park's children and young people.		Demographic Profile
	Increase educational attainment	<ul style="list-style-type: none"> Mentorship programmes. Encourage local businesses to provide apprenticeships and work experience to the local community. 	There is a need to support more young people raised in Grahame Park to enter higher education	Education and Training
Increase emotional resilience and mental wellbeing	<ul style="list-style-type: none"> Resilient schools programme and mental health first aiders in all schools near Grahame Park. Provision of mental health support on Grahame Park. 	Qualified mental health support and counselling is needed – this is not currently available on Grahame Park.	Children and Young People	
Co-produce support for maximum benefit of local young people.	<ul style="list-style-type: none"> Engage with CYP to co-produce community support programme. 	Further engagement with young people is needed to define the community provision that is most wanted by young residents.	Children and Young People	
Reduce inequalities	<ul style="list-style-type: none"> Provide access to affordable child care on Grahame Park. Provision of support through Parenting Hub / Nursery / Children's Centres. 	There is a need to consider additional support requirements of lone parent households.	Households	

Addressing priority health needs

Theme	Intention	Possible Actions	Need Addressed	Domain
		Actions that increase healthy life expectancy are urgently needed.		Mortality / Morbidity
Building a health-conscious community.	Increase local knowledge of health support systems.	<ul style="list-style-type: none"> MECC Healthy Early Years London / Healthy Schools London. Raise awareness of health intervention programmes; national diabetes prevention programme, cancer awareness and screening. Prevention and Wellbeing Coordinators Oral Health promotion team to hold events on Grahame Park estate. Social prescribing programme. 	<p>Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.</p> <p>Action to ameliorate cardiovascular risk factors is needed as a priority.</p>	Mortality Morbidity
Targeted interventions to tackle the biggest causes of deprivation and ill health	Reduce prevalence of obesity.	<ul style="list-style-type: none"> Co-produce a whole system obesity reduction plan for Grahame Park . 	There is a need for a whole system approach to reduce levels of obesity on Grahame Park.	Morbidity
Creating an environment that enables healthy lifestyles.	Increase use of open spaces to increase physical activity	<ul style="list-style-type: none"> Develop outdoor play areas for children. Develop outdoor sports facilities for adults. Support the growth of existing outdoor community assets; greenspace, community gym, community garden, community groups Work with residents and local community groups to produce resident-led fitness groups on Grahame Park's open spaces. 	<p>The enhancement of green spaces is needed to encourage wider use and to promote physical activity.</p> <p>There is a need to increase levels of physical activities for all residents.</p> <p>There is a need to increase support that encourages physical activity in Grahame Parks open spaces.</p> <p>Community groups that encourage physical activity should be supported.</p>	Greenspace Health Behaviours Health and Wellbeing Support
Creating an environment that enables healthy lifestyles.	Increase physical activity	<ul style="list-style-type: none"> Provide safe cycle lanes and walking routes, separated from traffic, throughout Grahame Park. 	Grahame Park's active transport infrastructure needs improving.	Transport
Targeted interventions to tackle the biggest causes of deprivation and ill health		<ul style="list-style-type: none"> Provide and promote low level mental health services Mitigating the negative impacts on mental wellbeing (uncertainty and change) of an extensive regeneration programme. Engaging with residents who are living with unsecured tenancy Aim for all schools near Grahame Park to take part in Reliant schools. 	Prevalence of mental health needs are high on Grahame Park and are significant cause of disability. Action is needed to support residents with poor mental health.	Morbidity
Ensuring local residents benefit from the regeneration of their neighbourhood	Increase use of greenspace; mental health and wellbeing	<ul style="list-style-type: none"> Ensuring green spaces are accessible for all, such as by providing sitting places in large open spaces for those unable to walk long distances. Improving night time safety on greenspaces with good quality lighting. Supporting community gardening projects. 	The enhancement of green spaces is needed to encourage wider use and to promote physical activity.	Greenspace
Targeted interventions to tackle the biggest causes of deprivation and ill health	Reduce smoking prevalence	There is a need to reduce smoking and substance misuse.		Health Behaviours
		<ul style="list-style-type: none"> Ensure continued provision of smoking cessation services on Grahame Park 	There is a need for consistent provision and wide availability of smoking cessation services located on Grahame Park.	Smoking Cessation Services
		<ul style="list-style-type: none"> Pilot on Grahame Park of using harm reduction e.g. e-cigarettes for smoking reduction. 	Given the high prevalence of smoking, harm reduction strategies such as e-cigarettes could be employed for residents.	Smoking Cessation Services
	Reduce substance misuse	<ul style="list-style-type: none"> Locate a satellite substance misuse outreach clinic on Grahame Park. 	There is increased demand for substance misuse services on Grahame Park, which needs to be met with continued provision of accessible services.	Substance Misuse Services
		<ul style="list-style-type: none"> Provide outreach services on Grahame Park for substance misuse. 	There is a need to continue to provide outreach services to homeless populations, and support partnership working between housing, substance misuse, mental health and primary care outreach.	Deprivation
Increase sexual health service uptake.	<ul style="list-style-type: none"> Re-start sexual health service provision on Grahame Park. 	There is a need to reinstate provision of sexual health services on Grahame Park.	Sexual Health Services	
Creating an environment that enables healthy lifestyles.	Use resources to support in areas that will have maximum benefit.	<ul style="list-style-type: none"> LBB to work with neighbourhood change programme and identify gaps in support. 	There is a need to support the Neighbourhood Change community development programme and provide services and support that align with priorities identified by the community.	Community Development

Appendix: Summary of priority health needs and determinants

Identified Need	Explore the Data	Identified Need	Explore the Data
The quality of greenspaces needs to be maintained so they continue to be used by residents.	Place: Greenspace	There is a need to prioritise reducing inequalities for Grahame Park's children and young people.	People: Demographic Profile
The enhancement of green spaces is needed to encourage wider use and to promote physical activity.		There is a need to address structural racism and disproportionality across all programmes.	
Connectivity needs to be improved between Grahame Park and surrounding areas.	Place: Neighbourhood Design	There is a need to improve insight and intelligence on Grahame Park's migrant communities, including languages spoken and immigration (e.g. asylum seeker and settled status).	
Grahame Park's movement framework needs to be improved.		Providing interpreters in healthcare services and translated health information is necessary to support equitable access to health for all residents of Grahame Park.	
Grahame Park's active transport infrastructure needs improving.	Place: Transport	Services, support, or information should be culturally competent and considerate of the customs of the predominant religions on Grahame Park.	People: Households
There is a need to support green travel.		There is a need to ensure residents with non-secure tenancies feel part of the local community and are engaged with community development.	
There is a need to mitigate any harmful impacts of phase 1 regeneration by ensuring the replacement of local amenities, these should be health focussed.	Place: Amenities	There is a need to consider additional support requirements of lone parent households.	
There is a need, while awaiting regeneration, to utilise vacant spaces on the central concourse for the benefit of the local community.		Action is needed to decrease overcrowding.	
There is a need to significantly increase available amenities including community, food, cultural and healthcare spaces.	Place: Food Environment	There is need to prioritise actions that address the top three domains contributing to overall deprivation; Barriers to housing and services, employment, and income domains.	People: Deprivation
There is a significant need to improve the food environment to provide access to a wider choice of healthy, affordable food.		There is a need to provide suitable employment and training options for people who are homeless.	
There is a need to support more young people raised in Grahame Park to enter higher education	Services: Education and Training	There is a need to continue to provide outreach services to homeless populations, and support partnership working between housing, substance misuse, mental health and primary care outreach.	People: Income and Employment
There is a need to provide affordable adult learning and skills training for Grahame Park residents, on Grahame Park.		Increasing economic security, including debt support, is a priority determinant to address for residents in Grahame Park.	
Employment support programmes for Grahame Park residents need to be maintained during planned regeneration, and preferably expanded.	Services: Employment Support	Action is needed to support residents into and progress in the labour market to reduce income inequality.	
There is a need for an increase in debt support		There is a need to improve food security for residents on Grahame Park, through provision for acute food needs as well as a whole system approach to improving the food environment.	
There is a need to increase the uptake of NHS Health Checks for eligible residents.	Services: Primary Care	Action is needed to reduce crime and improve community safety. This should focus on drugs, anti-social behaviour and crimes against the person as priority areas.	People: Food Security
There is a need for consistent provision and wide availability of smoking cessation services located on Grahame Park.		Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.	
Given the high prevalence of smoking, harm reduction strategies such as e-cigarettes could be employed for residents.	Services: Smoking Cessation Services	Actions that increase healthy life expectancy are urgently needed.	People: Crime
There is increased demand for substance misuse services on Grahame Park, which needs to be met with continued provision of accessible services.		Prevalence of mental health needs are high on Grahame Park and are significant cause of disability. Action is needed to support residents with poor mental health.	
There is a need to support families in which a parent misuses substances.	Services: Substance Misuse Services	Services, support, and facilities provided on Grahame Park must be accessible to people with learning disabilities.	People: Mortality
There is a need to reinstate provision of sexual health services on Grahame Park.		Action to ameliorate cardiovascular risk factors is needed as a priority.	
There is a strong programme for community development already taking place on Grahame Park, which is supported by local partners and was built using Grahame Park's Neighbourhood Change Framework. There is a need to support the community development programme and provide services and support that align with priorities identified by the community.	Services: Sexual Health Services	There is a need for a whole system approach to reduce levels of obesity on Grahame Park.	People: Disability
Community groups that encourage physical activity should be supported.		There is a need to reduce smoking and substance misuse.	
There is a need to increase support that encourages physical activity in Grahame Parks open spaces.	Services: Community Development	There is a need to increase levels of physical activities for all residents.	People: Health Behaviours
There is a need for improving residents access to a healthy food environment, which could be supported with additional community programmes focussed on supporting residents' nutrition.		There is a need to support residents' nutrition.	
Qualified mental health support and counselling is needed – this is not currently available on Grahame Park.	Services: Health and Wellbeing		
Further engagement with young people is needed to define the community provision that is most wanted by young residents.			
	Services: Food		
	Services: Children and Young People		

Appendix: Prioritising Place

		Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
Greenspace	The quality of greenspaces needs to be maintained so they continue to be used by residents.	X	X		X	X
	The enhancement of green spaces is needed to encourage wider use and to promote physical activity.	X	X	X	X	X
Neighbourhood Design	Connectivity needs to be improved between Grahame Park and surrounding areas.	X	X	*	X	X
	Grahame Park's movement framework needs to be improved.	X	X	*	X	X
Transport	Grahame Park's active transport infrastructure needs improving.	X	X	X*	X	X
	There is a need to support green travel.	X	X	*	X	
Amenities	There is a need to mitigate any harmful impacts of phase 1 regeneration by ensuring the replacement of local amenities, these should be health focussed.	X	X	X	X	X
	There is a need, while awaiting regeneration, to utilise vacant spaces on the central concourse for the benefit of the local community.	X	X	X	X	X
	There is a need to significantly increase available amenities including community, food, cultural and healthcare spaces.	X	X	X	X	X
Food Environment	There is a significant need to improve the food environment to provide access to a wider choice of healthy, affordable food.	X	X	X	X	X

Priority setting criteria:

1. The identified health need or determinant is significant because it of the size of the population it affects, or the severity of the impact on an individual.
2. Addressing the health need or determinant should reduce inequalities and result in improvements in health, wellbeing, quality of life, or community for people in Grahame Park.
3. The identified health need or determinant can be meaningfully changed with available resources.
4. Addressing the health need or determinant is consistent with the vision, priorities, and commitments of The Barnet Joint Health and Wellbeing Strategy 2021-25 and Barnet Corporate Plan 2021-2025 priorities.
5. The actions required in addressing the health need or determinant is acceptable and wanted by the residents of Grahame Park.

*These needs may be met following planned regeneration.

Appendix: Prioritising People

		Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
Demographic Profile	There is a need to prioritise reducing inequalities for Grahame Park's children and young people.	X	X	X	X	X
	There is a need to address structural racism and disproportionality across all programmes.	X	X	X	X	X
	There is a need to improve insight and intelligence on Grahame Park's migrant communities, including languages spoken and immigration (e.g. asylum seeker and settled status).	X	X	X	X	X
	Providing interpreters in healthcare services and translated health information is necessary to support equitable access to health for all residents of Grahame Park.	X	X	X	X	X
	Services, support, or information should be culturally competent and considerate of the customs of the predominant religions on Grahame Park.	X	X	X	X	X
Households	There is a need to ensure residents with non-secure tenancies feel part of the local community and are engaged with community development.	X	X	?	X	X
	There is a need to consider additional support requirements of lone parent households.	X	X	x	X	X?
	Action is needed to decrease overcrowding.	X	X	?	X	X
Deprivation	There is need to prioritise actions that address the top three domains contributing to overall deprivation; Barriers to housing and services, employment, and income domains.	X	X	X	X	X
	There is a need to provide suitable employment and training options for people who are already homeless.	X	X	X	X	X
	There is a need to continue to provide outreach services to homeless populations, and support partnership working between housing, substance misuse, mental health and primary care outreach.	X	X	X	X	X
Income and Employment	Increasing economic security, including debt support, is a priority determinant to address for residents in Grahame Park.	X	X	X	X	X
	Action is needed to support residents into and progress in the labour market to reduce income inequality.	X	X	X	X	X
Food Security	There is a need to improve food security for residents on Grahame Park, through provision for acute food needs as well as a whole system approach to improving the food environment.	X	X	X	X	X
Crime	Action is needed to reduce crime and improve community safety. This should focus on drugs, anti-social behaviour and crimes against the person as priority areas.	X	X	X	X	X
Mortality	Actions at the primary, secondary, and tertiary prevention levels that address the top three causes of excess mortality are a priority to improve the health of Grahame Park residents.	X	X	X	X	X
	Actions that increase healthy life expectancy are urgently needed.	X	X	X	X	X
Disability	Prevalence of mental health needs are high on Grahame Park and are significant cause of disability. Action is needed to support residents with poor mental health.	X	X	X	X	X
	Services, support, and facilities provided on Grahame Park must be accessible to people with learning disabilities.	X	X	X	X	X
Morbidity	Action to ameliorate cardiovascular risk factors is needed as a priority.	X	X	X	X	X
	There is a need for a whole system approach to reduce levels of obesity on Grahame Park.	X	X	X	X	X
Health Behaviours	There is a need to reduce smoking and substance misuse.	X	X	X	X	X
	There is a need to increase levels of physical activities for all residents.	X	X	X	X	X
	There is a need to support residents' nutrition.	X	X	X	X	X

Priority setting criteria:

1. The identified health need or determinant is significant because of the size of the population it affects, or the severity of the impact on an individual.
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3. The identified health need or determinant can be meaningfully changed with available resources.
4. Addressing the health need or determinant is consistent with the vision, priorities, and commitments of The Barnet Joint Health and Wellbeing Strategy 2021-25 and Barnet Corporate Plan 2021-2025 priorities.
5. The actions required in addressing the health need or determinant is acceptable and wanted by the residents of Grahame Park.

Appendix: Prioritising Services

		Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5
Education and Training	There is a need to support more young people raised in Grahame Park to enter higher education	X	X	X	X	X
	There is a need to provide affordable adult learning and skills training for Grahame Park residents, on Grahame Park.	X	X	X	X	X
Employment Support	Employment support programmes for Grahame Park residents need to be maintained during planned regeneration, and preferably expanded.	X	X	X	X	X
	There is a need for an increase in debt support	X	X	?	X	X
Primary Care	There is a need to increase the uptake of NHS Health Checks for eligible residents.	?	?	?	X	?
Smoking Cessation Services	There is a need for consistent provision and wide availability of smoking cessation services located on Grahame Park.	X	X	X	X	X
	Given the high prevalence of smoking, harm reduction strategies such as e-cigarettes could be employed for residents.	X	X	X	X	X
Substance Misuse Services	There is increased demand for substance misuse services on Grahame Park, which needs to be met with continued provision of accessible services.	X	X	X	X	X
	There is a need to support families in which a parent misuses substances.	X	X	?	X	?
Sexual Health Services	There is a need to reinstate provision of sexual health services on Grahame Park.	X	X	X	X	X
Community Development	There is a strong programme for community development already taking place on Grahame Park, which is supported by local partners and was built using Grahame Park's Neighbourhood Change Framework. There is a need to support the community development programme and provide services and support that align with priorities identified by the community.	X	X	X	X	X
Health and Wellbeing	Community groups that encourage physical activity should be supported.	X	X	X	X	X
	There is a need to increase support that encourages physical activity in Grahame Parks open spaces.	X	X	X	X	X
Food	There is a need for improving residents access to a healthy food environment, which could be supported with additional community programmes focussed on supporting residents' nutrition.	X	X	X	X	x
Children and Young People	Qualified mental health support and counselling is needed – this is not currently available on Grahame Park.	X	X	X	X	X
	Further engagement with young people is needed to define the community provision that is most wanted by young residents.	X	X	X	X	X

Priority setting criteria:

1. The identified health need or determinant is significant because of the size of the population it affects, or the severity of the impact on an individual.
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5. The actions required in addressing the health need or determinant is acceptable and wanted by the residents of Grahame Park.

Appendix: Language, Abbreviations, and Stakeholders

LSOA	Lower Super Output Area - a geographical area within a ward. Barnet has 211 and usually have a minimum population of 1,000 and a mean of 1,500.
MSOA	Middle Super Output Area is a geographical area slightly smaller in size to a ward. Barnet has 41 and usually have a minimum population of 5,000 and a mean of 7,200.
IMD	Indices of Multiple Deprivation (IMD) are a measure of relative deprivation used to rank neighbourhoods across the UK.

Stakeholders in this health needs assessment

- Barnet council - Growth, Regen, NHG, Comms, Public Health
- Colindale Communities Trust (runs the Grahame Park Strategy Group)
- NHS – operates the local health centre
- Barnet Homes – social housing landlords
- Notting Hill Genesis – regeneration developer

Colindale Communities Trust Consortium Members (April 2021)

- Maxability (pottery for able and disabled)
- Inclusion Barnet (VCSE support)
- Art Against Knives (young women NW9 Nails with support)
- OYA (organisation for young Africans)
- The Loop Recycling (furniture, training)
- Home Start Barnet (parent & toddler group)
- Shared Enterprise (local enterprise support)
- Grahame Park Independent Living Group (55+ activities)
- FUSE Youth Project (8-16 yrs)
- Barnet & Southgate College (Adult Community Learning via CCT))
- RAF Museum
- Youth Realities (young women domestic violence and abuse)
- The 4Front Project (young BAME men)
- Bread n Butter (healthy eating/cooking)
- Saint Augustine Church (Church of England)
- Jain Centre (Jain worshippers NOT living in local area)
- Living Way Ministries (evangelism ministry + range of activities for all ages)
- Home Group (local social housing, Douglas Bader Estate))
- Notting Hill Genesis (local social housing and regeneration for estate)
- LBB Prevention & Wellbeing

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