

Executive Summary

This summary should be read in conjunction with the 'Recommendations' to give an overview of the whole report.

It is recognised that whilst global life expectancy is rising, healthy life expectancy lags behind – there is a societal need to improve how we can age well. The World Health Organisation defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” Functional ability includes meeting basic needs, learning, growing, decision-making, mobility, relationships, and societal contribution. The Barnet Ageing Well Needs Assessment 2023/24 aligns with this perspective.

'Ageing Well' goes beyond health, incorporating factors like the environments people live in, housing, employment, and social connections. The needs assessment reviews data from the last 5 years' and 2021 Census and presents analysis of demographics, health outcomes, and disparities seen. It focuses on aspects of ageing well, such as health protection (vaccinations, cancer screening), healthcare services and the broader determinants of health. Special attention is given to population groups with poorer health outcomes or additional support needs.

The goal of this health needs assessment is to develop an understanding of Barnet's population's health needs as they age, review services and support that is available currently, and make evidence-based recommendations for healthy ageing. While the scope covers diverse topics, areas not detailed are noted for future work. Detailed findings are presented in the full assessment, forming the basis for recommendations, and support for the implementation of national policies for ageing well in Barnet.

Demographic Profile

In 2021, adults aged 65 and over made up 14.4% of Barnet's population (Figure 1), marking an 18% increase since 2011. While this proportion is below the national average, Barnet ranks sixth among London boroughs for the percentage of people aged 65+. Projections suggest that by 2043, one in five adults in Barnet will be 65 and over, with a declining proportion of younger age groups.

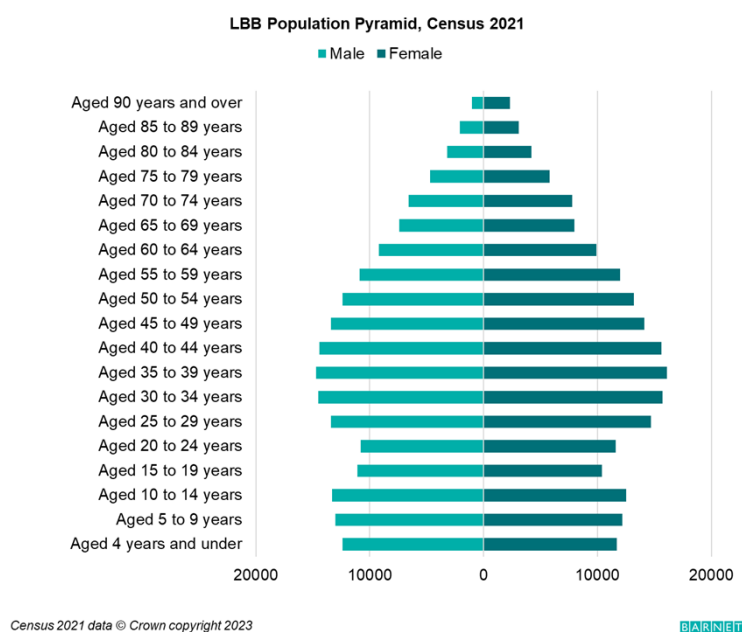


Figure 1 Barnet Population Pyramid, Census 2021

Life expectancy in Barnet exceeds the national average, with females at 85.5 years and males at 80.4 years. Despite overall improvements, the COVID-19 pandemic caused a temporary dip in life expectancy from 2018-2020. Healthy life expectancy estimates indicate that both males and females can expect to spend at least a fifth of their lives in poor health, with variations across locations and with a socioeconomic gradient.

Deprivation levels, measured by the Index of Multiple Deprivation, vary within Barnet. The IMD defines deprivation to encompass a wider range of an individual's living conditions. Higher levels of deprivation are associated with poorer health outcomes, higher levels of disability and an increase of risk-behaviours which further impact health. While the borough's overall deprivation is lower than the national average, specific areas like Colindale North, Cricklewood, Burnt Oak, West Hendon, and Underhill rank among the top 20% deprived areas in England (Figure 2). Income deprivation affecting older people is concentrated in Burnt Oak, Colindale, West Hendon, and East Finchley.

Barnet is a diverse borough, with 42.3% of the population from non-white ethnic groups, including 30% of those aged 65 and over. Language diversity is notable, with over 88 languages spoken, though English remains the primary language for 77.1% of residents aged 3 and over. The top 5 languages after English were Romanian, Persian or Farsi, Polish, Gujarati, and Portuguese. Most older adults (82.7%) in Barnet reported English as their main language in 2021. The most common reported faith for those aged 65+ in Barnet is 'Christian' (42.4%), followed by 'Jewish' (21.0%) and 'No Religion' (13.6%).

Health Promotion

In later life, health is influenced by behaviours impacted by social, environmental, and economic factors. In Barnet, there is evidence that mortality in 2019 was significantly influenced by behavioural risk factors such as tobacco use, dietary risks, alcohol use, and low physical activity.

Smoking contributes to mortality disparities in England, especially in areas of higher socioeconomic deprivation. It is associated with chronic respiratory disease and loss of functional ability in older age. As of 2023, the prevalence of smoking in Barnet's adult population was 10.5%, equating to about 31,000 people. Data from 2020 to 2023 shows a decreasing trend in the number of people accessing smoking cessation services, with a shift towards accessing them through a wider range of providers, such as pharmacies. The majority of those accessing smoking cessation services are aged 45-64, although national data suggests that the 25-34 age group has the highest smoking rates.

Alcohol use and its impacts on health and wellbeing of populations is well-documented and has been identified as a causal factor in many medical conditions. Susceptibility to the negative effects of alcohol use increases with age, including malnutrition, liver disease and falls. Alcohol-related

Barnet Index of Multiple Deprivation 2019 Score

By ward

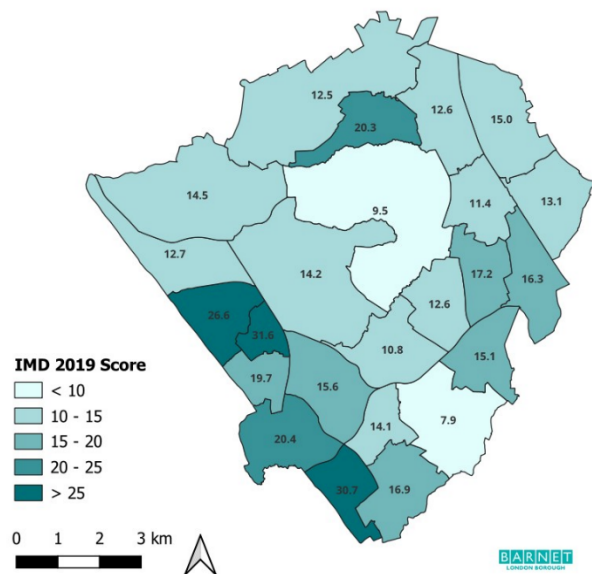
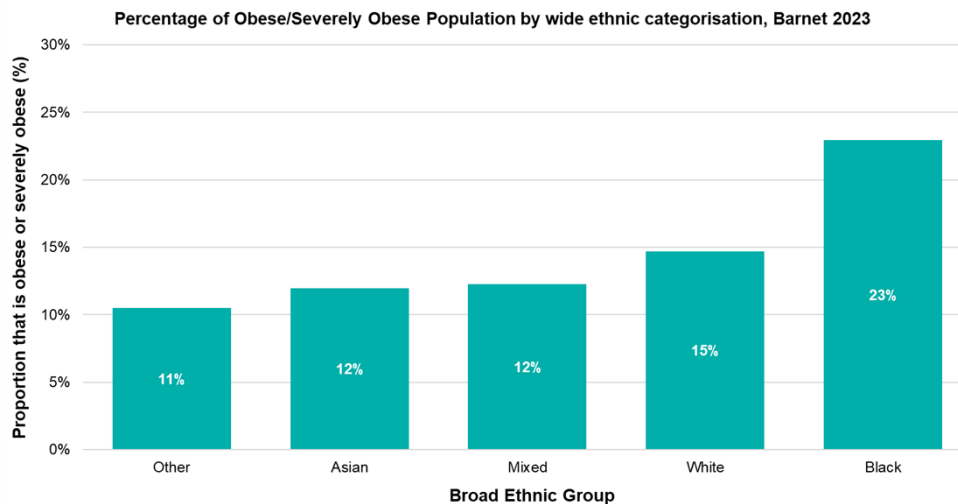


Figure 2 IMD 2019 score by ward represented on heatmap. Darker shades represent higher levels of deprivation. (I&I, LBB)

admissions for those aged 40+ are lower in Barnet compared to national and regional averages. In Barnet, males have a higher admission rate than females, especially those aged over 65. Data shows an increasing trend of adults aged 50+ receiving treatment for alcohol and opiate misuse from 2019/20 to 2021/22. The unmet need for alcohol dependency treatment in Barnet was estimated to be between 71-84%, compared to 76-84% across England. There is an underrepresentation of people aged 65+ in substance misuse treatment as well as females accessing substance misuse services.

Physical inactivity (<30 cumulative minutes/week) Increases chronic disease risk for conditions such as type 2 diabetes and cardiovascular disease. Factors such as physical or mental disability, frailty and co-existing medical conditions can affect a person's activity levels. In Barnet, 22.1% of adults are inactive, comparable to London and England rates.

Obesity, another risk factor for chronic diseases and mental health issues, has increased nationally over the past three decades. In Barnet, 57.5% of adults were overweight or obese in 2021/22, with 15.9% categorised as obese. Obesity rates vary among ethnic groups in Barnet (Figure 3). The highest percentage of obesity in adults was seen in 'Black' ethnic groups (22.94%) and lowest in 'Other' ethnic groups (10.52%) in 2023.



Source: North Central London Integrated Care System, Health Intent. 2023

Figure 3 Percentage of obese, severely obese Barnet Population by Broad ethnic group, Barnet 2023. NCL Health Intent

A balanced and nutritious diet is protective of health, however there is limited data on adults who follow a healthy diet in Barnet. Data from the *Active Lives Survey* showed that 57% of the population aged 16+ in Barnet meet the WHO's '5-a-day' recommendation. Age UK Barnet Survey data from 2023 shows that people from older age groups are less likely to report that they meet this recommendation. Consuming the recommended levels of fruit and vegetables can reduce and delay the risk of conditions such as hypertension, chronic heart disease and stroke in later life. Healthy diets also contribute to a healthy weight, as well as bone health and lower risk of frailty in later life. Malnutrition is another important factor to consider for older adults. Nationally, reports suggest that 1 in 10 people over the age of 65 are malnourished or at risk of malnutrition. It is both cause and consequence of ill health, increasing risk of hospital admission, and long-term health conditions for otherwise independent and healthy people. Risk factors for malnutrition in older adults include other health conditions (particularly dementia and chronic respiratory disease), physical and sensory impairments and social factors. Consideration should be given to how people access food too.

National policies such as regulation and reformulation of high in fat, sugar and salt foods impact the quality of food we can access. At a local level the built environment and the concentration of hot food takeaway can impact the cumulative effect on diet. Food insecurity can also imply a nutritionally inadequate diet, in Barnet there has been an increase in the total number of people accessing foodbanks from 2021 compared to 2023 (increase of 46,000 users).

Health Protection

Healthcare-seeking behaviours and access to healthcare play a crucial role in successful ageing, and vaccine coverage disparities are highlighted in this assessment. Influenza, pneumococcal, and shingles vaccines are part of routine immunisation schedules for older adults. Uptake and coverage across Barnet, London and England are explored in detail in the full report. Trends showed a reduction in vaccination uptake across these programmes during the first wave of the COVID-19 pandemic (2019/20). Although there has been some improvement since then, Barnet falls short of national targets for the immunisation programmes. COVID-19 vaccination is also explored for adults aged 18+. Data highlights a significant disparity in uptake of the two doses of the vaccine between April 2020- January 2023 between the most and least deprived areas of Barnet (Figure 4). From those who have not received a COVID-19 vaccination, a greater proportion is seen in younger age groups in Barnet, compared to older age groups.

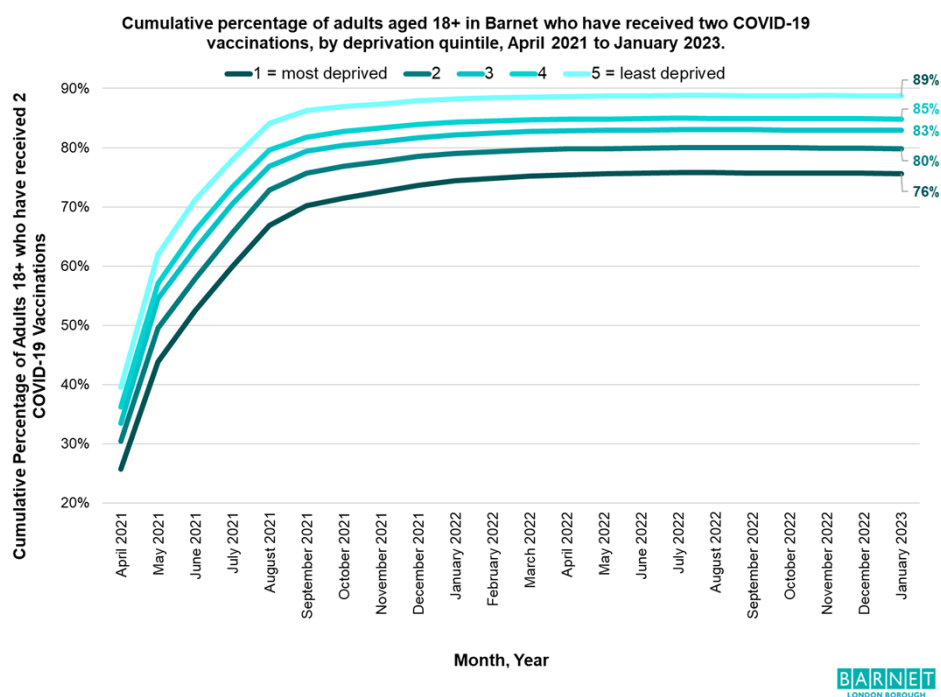


Figure 4 Cumulative percentage of adults aged 18+ in Barnet who have received two COVID-19 vaccinations, by deprivation quintile, April 2021 to January 2023.

Screening programmes help in the early detection of disease and promote Barnet’s population to age well. The UK has national screening initiatives for breast, cervical, and bowel cancer, as well as targeted lung health checks for those at a higher risk of lung cancer. Additionally, there's a national screening for abdominal aortic aneurysm (AAA) to address associated mortality risks. The full report explores each program's uptake trends among eligible populations, except for targeted lung health checks, which is a newer initiative and data is not available for Barnet currently.

The decrease in screening coverage during the COVID-19 pandemic is noticeable, emphasizing the need for ongoing monitoring to assess long-term effects. There is also a pre-pandemic decline in cervical cancer screening coverage for those aged 50-64, and even lower coverage for younger age groups eligible for screening. Bowel cancer screening coverage has consistently increased since 2011, unaffected by the pandemic. Ongoing monitoring is crucial to assess the long-term effects of the pandemic on screening, early diagnosis and cancer incidence.

Healthcare and Social Care

Physical and mental ill-health are not an inevitable part of ageing. However, by 2035, it's estimated that two-thirds of adults over 65 will have multiple conditions, leading to complex care needs including long-term and mental health conditions.

For mortality in Barnet, circulatory diseases accounted for 25.5% of deaths from 2016-2020, exceeding national and London averages (Figure 5). The full report presents information about avoidable mortality, revealing disparities across ethnic groups in North Central London.

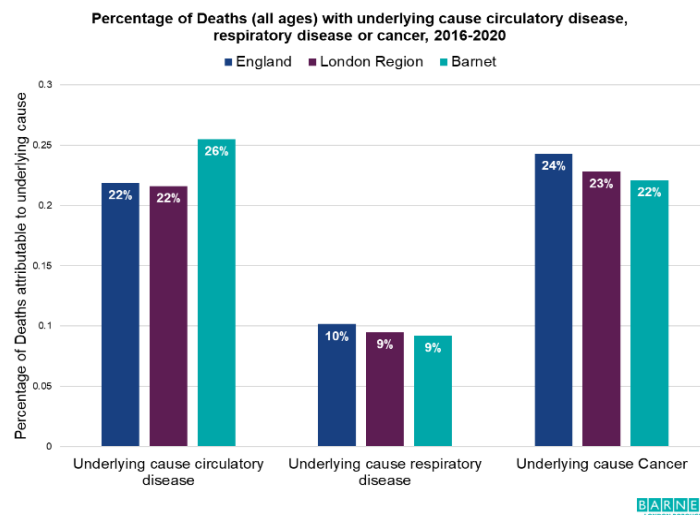


Figure 5 Distribution of cause of mortality for circulatory disease, respiratory disease or cancer in Barnet, London and England

In 2022/23, Barnet residents aged 50+ had 64,885 hospital admissions, marking an increase from 54,890 in 2020/21. The most frequent diagnoses on admission were cataracts and bronchopneumonia when the data excluded planned hospital admissions for regular appointments (Figure 6). Data around hospital admissions and the geographical distribution of this helps identify areas for workforce planning to accommodate an older patient population and the delivery of multidisciplinary care.

Number of Barnet patients admitted to hospital, split by top 10 diagnosis recorded on discharge

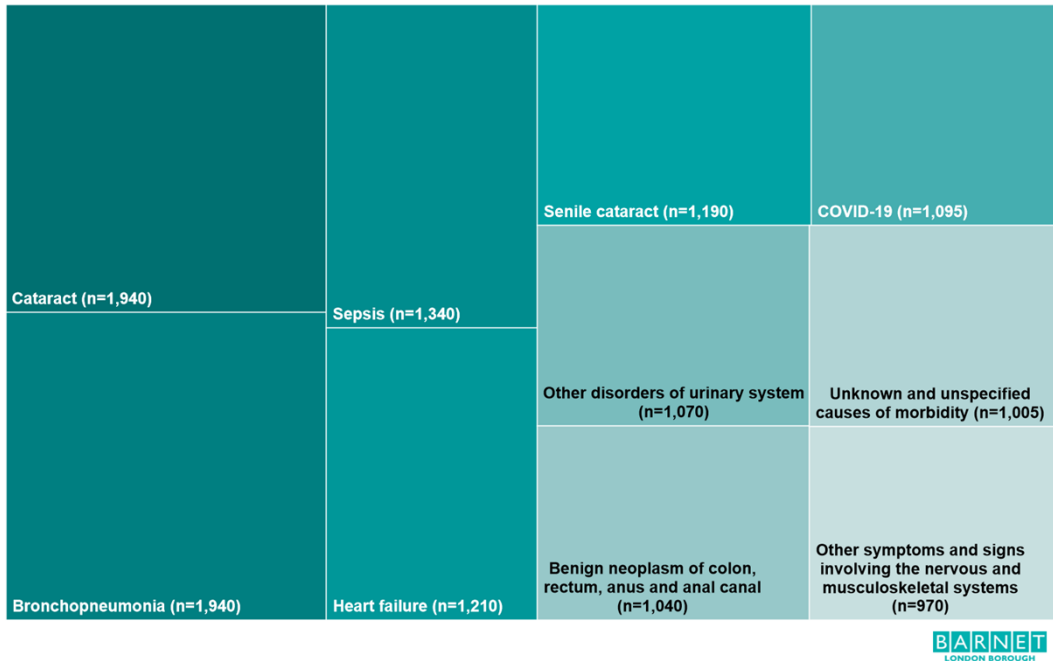


Figure 6 Tree map showing the numbers of admissions to hospitals for Barnet residents, split by top 10 diagnoses on discharge for 2022/23.

Cardiovascular Disease

About 85% of cardiovascular disease (CVD) is preventable through lifestyle adjustments such as diet and exercise, as well as tobacco and alcohol use reduction (this primary prevention is discussed in the health promotion section). The healthcare system has an important role in early diagnosis and management of clinical risk factors for cardiovascular disease, such as hypertension and raised cholesterol. While the prevalence of CVD-related conditions is lower than the national average, it's higher than the NCL average (Table 1).

QOF Prevalence of CVD for all ages 2021/22, split by condition			
	Barnet	NCL	England
Hypertension	11.40%	10.39%	14.00%
Coronary heart disease	2.40%	1.82%	3.00%
Stroke	1.30%	1.06%	1.80%
Atrial Fibrillation	2.10%	1.13%	2.60%

Table 1 QOF prevalence for CVD in Barnet, NCL and England for 2021/22

The NHS Health Check programme aims to mitigate CVD risk through regular health checks and lifestyle advice. Despite a higher number of invitations in Barnet compared to London, the uptake is lower than the national average. A community health screening program run by GPDQ Ltd in Barnet, aims at supporting underserved population groups. In the first year of delivery, attendees were predominantly from areas of high deprivation such as Colindale and High Barnet.

Heart failure admissions for those aged 50+ in Barnet underscore the importance of early diagnosis, as nationally 80% of cases are diagnosed in hospital despite identifiable early symptoms in the community.

Diabetes

Diabetes is closely linked to cardiovascular disease (CVD) and overall multimorbidity. Type 2 diabetes, affecting 90% of individuals with diabetes, is linked to CVD risk factors, ethnicity, obesity, and socioeconomic inequalities. In Barnet, there is a rising prevalence of diabetes, with 6.7% of adults aged 17 and older diagnosed. The National Diabetes Prevention Programme aims to identify and assist individuals at risk of developing Type 2 Diabetes Mellitus (DM) through a 9-month lifestyle change programme. In Barnet, less than half of those who attended the initial assessment reached the first milestone of the programme across all Primary Care Networks (PCNs).

Respiratory Disease

Chronic Respiratory Disease (CRD) is prevalent in the UK, affecting 1 in 5 people and disproportionately impacting those in deprived areas. It was the 6th leading cause of preventable mortality in North Central London from 2016 to 2020. Behavioural risks of smoking and obesity contribute to diseases like COPD and asthma respectively. The prevalence of COPD in Barnet was 1% in 2021/22.

Mental Health

There is a higher prevalence of mental health conditions among specific groups of older individuals, such as those in care homes, older carers, and those experiencing life transitions or multimorbidity. These symptoms are less likely to be detected or treated in older people due to barriers like perceived inevitability of poor mental health with age or fear of burdening others. Common conditions include depression and anxiety, and the prevalence of depression has been increasing in Barnet since 2013/14.

Frailty

Frailty is characterised by the gradual loss of body system reserves. It increases the risk of adverse outcomes in older adults, such as physical and mental health decline after minor health events. Although often overlapping with multimorbidity, frailty is distinct, with only a fifth of older adults with multimorbidity being frail. Frailty prevalence is higher and onset earlier in deprived areas. Across Barnet, PCN 2 had the highest number of people aged 65+ determined to be frail using the Hospital Frailty Risk Score.

Musculoskeletal Health, Falls and Falls Prevention

Musculoskeletal (MSK) conditions, impacting bones, joints, muscles, and the spine, can lead to long-term pain and disability. Risk factors include physical inactivity, obesity, vitamin D or calcium-deficient diets, smoking, and genetic factors. MSK conditions limit individuals' ability to work and participate in social activities, with only 59.4% of working-age people with an MSK condition being employed. Prevention, early detection, and treatment are crucial for maintaining health and independence. Osteoporosis, a condition causing bone fragility and increased fracture risk, is more prevalent with age and particularly in post-menopausal women. In 2022/23, the prevalence of osteoporosis in individuals aged 50+ in Barnet was high, ranking in the highest quintile across England. The high prevalence of osteoporosis in Barnet underscores the need for primary and secondary prevention.

In Barnet, the number of emergency admissions for hip fractures among individuals aged 65 and older was 467 per 100,000 of the population. This rate was notably lower than the national average in England (551/100,000) and comparable to the rate observed in London (493/100,000). Barnet has significantly higher rates of admission for hip fractures among individuals aged 80 and over, compared to those aged 65-79 years old (Figure 7).

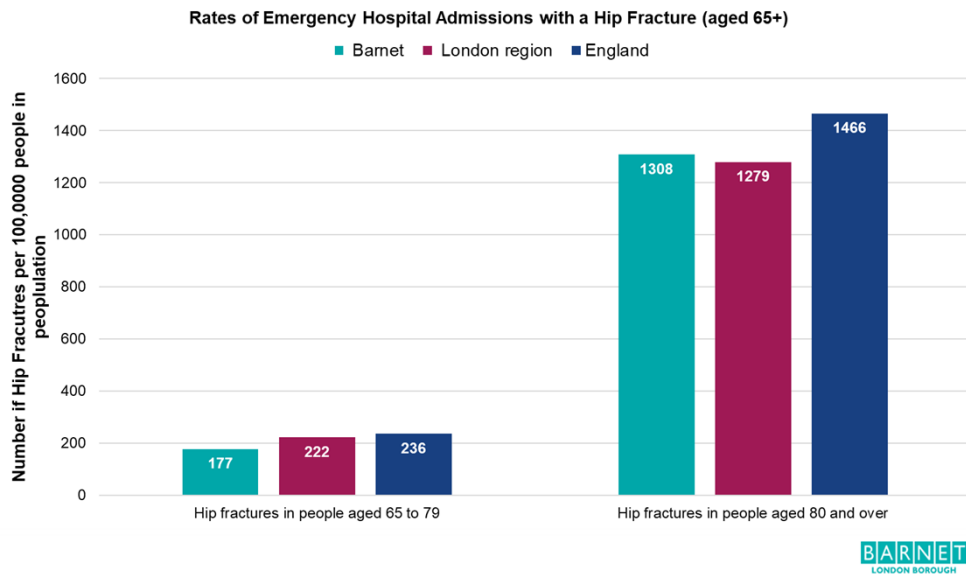


Figure 7 Emergency hospital admissions for fractured neck of femur in persons aged 65+, directly standardised rate per 100,000 for Barnet, London, and England 2021/22

Falls are a major health concern, often leading to long-term care needs for older adults. Data from Barnet suggests a decline in falls presenting to A&E during 2020/21, potentially due to reduced incidents amid the COVID-19 pandemic. Areas like High Barnet, Underhill, Totteridge, and Finchley in Barnet PCN3 show a notably higher fall rate. The multifactorial causes of falls emphasise the need for a comprehensive, multidisciplinary approach to falls prevention. Evidence supports exercise interventions for primary prevention, with specific recommendations for secondary prevention after hip fracture. Falls prevention services should be meaningful, accessible, and include communications to raise awareness and mitigate risks in Barnet.

Oral Health

An ageing population poses changes in oral health needs, with factors like increased sugar intake and reduced salivary fluid heightening disease risk. Poor oral health is prevalent, especially among those in care homes or living with dementia who face challenges in accessing dental services. Nationally, disparities exist in dental decay, tooth loss, oral cancer, and self-rated oral health, with less impact in fluoridated areas. Promoting good oral health is essential for healthy ageing, with early support and inclusion of oral health in comprehensive assessments being key for vulnerable groups. Local-level data on oral health outcomes will also help identify specific needs for older adults in Barnet.

Older adults with social care needs

Social care is crucial for individuals with additional needs, addressing longer life expectancy and complex health conditions. Barnet has the highest number of registered care home places for individuals aged 65 and over across NCL. The rate of permanent admissions to care homes has been increasing, with the 2021/22 rate of 543 admissions per 100,000 of the population aged 65+ being significantly higher than the London average. This data, however, excludes self-funded residents, indicating total admission rates would be higher. Future projections suggest an increase in care home residents, especially among those aged 85 and over. Initiatives like the One Care Home Team and Digital Care Home Programme support enhanced and proactive care in these settings. Market

statements in Barnet identify areas for improvement, emphasizing the need for complex care, remodelled residential care, and enhanced workforce training.

Reablement, focusing on post-hospital discharge support, is higher in Barnet (6%) than London and England, but the percentage of individuals remaining at home 91 days after discharge is lower (77.4%). To enhance reablement, factors such as accessibility, cultural needs, and training for complex care are important. Assistive technology, such as fall sensors, can support independent living. Barnet offers various services, which should be complemented with early identification of need for this technology and barrier exploration before crises occur.

Unpaid carers, often older adults, play a vital role in social care support. Self-reported data from the 2021 Census suggested 10% of adults aged 65+ in Barnet were unpaid carers, but actual figures could be higher. Carers often face poorer health outcomes, which could be mitigated by individualised support measures, such as thorough assessments and breaks from caring, aligning with the NHS Long Term Plan. Preventive measures against ill health and support for carers' health should be prioritised, emphasising early identification and engagement in protective health behaviours.

Wider Determinants of Ageing Well

It is important to consider the wider social, economic, and environmental factors that affect health and wellbeing, such as employment, housing and open space. Age UK Barnet is leading on the Age-Friendly Community Initiative in Barnet, which focusses on aspects of the physical and social environment that influence ageing.

Economic Determinants

The ageing population is vulnerable to economic fluctuations, impacting their health and wellbeing, and increasing demand for services and pensions. This impact can be lessened if older individuals maintain good health and remain economically active.

In the UK, the proportion of adults of pension age has increased significantly from 2018/19 to 2019/20, and 1 in 5 of these people live in relative poverty. Gender inequalities in financial security in later life persist, with family circumstances and working patterns affecting women more than men.

The COVID-19 pandemic saw a reduction in employment among older people, who were more likely to be made redundant and less likely to be reemployed than younger workers. And employment rates among those nearing retirement dropped to their lowest since 2016 in Barnet in 2020/21 (Figure 8).

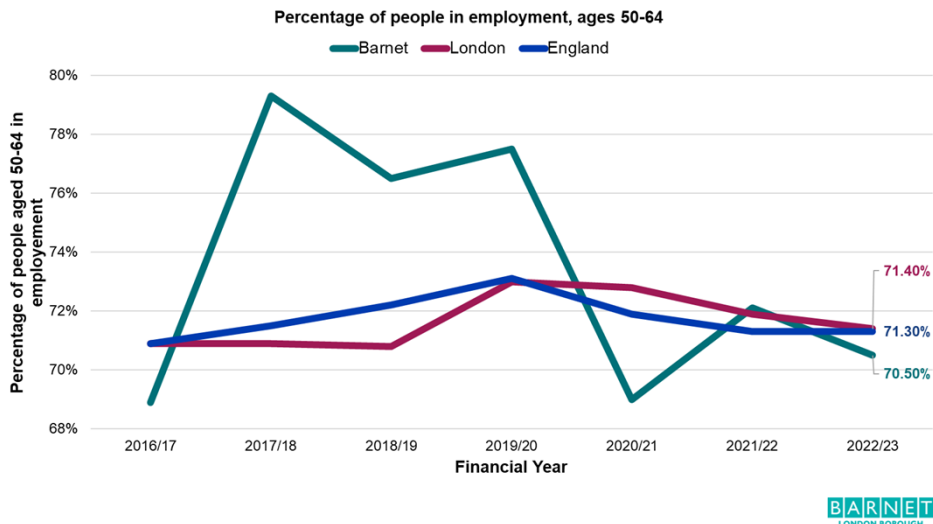


Figure 8 Percentage of people aged 50-64 who are in employment (either as an employee, self-employed, in government employment and training programmes or an unpaid family worker). Reported for Barnet, London and England

Poor health is a primary reason for unemployment among the 50-64 age group, especially for those in economic deprivation. Access to quality and flexible work, and support in maintaining or returning to such work, is crucial for those aged 50 and over. Financial planning support for later life can help identify needs and access support before reaching crisis points, particularly for those in higher deprivation areas, rented accommodation, or poor health.

Social Determinants

Social interactions are crucial for overall health and wellbeing, especially for older adults who often experience increased social isolation due to factors such as retirement, bereavement, loss of mobility or sensory impairment. Social isolation and loneliness, whilst different, can both lead to physical and mental health issues, including dementia, heart disease, and depression, and are linked to premature mortality.

Data from the 2021 Census revealed that 22% of Barnet's population aged 50+ lived alone. Age UK's loneliness heat map estimates that the highest risk of loneliness amongst those aged over 65 in Barnet are concentrated in areas towards the West and East of the borough (Figure 9). To reduce inequalities in older age, it's crucial to consider the needs of those most at risk of social isolation when planning communities and designing local services.

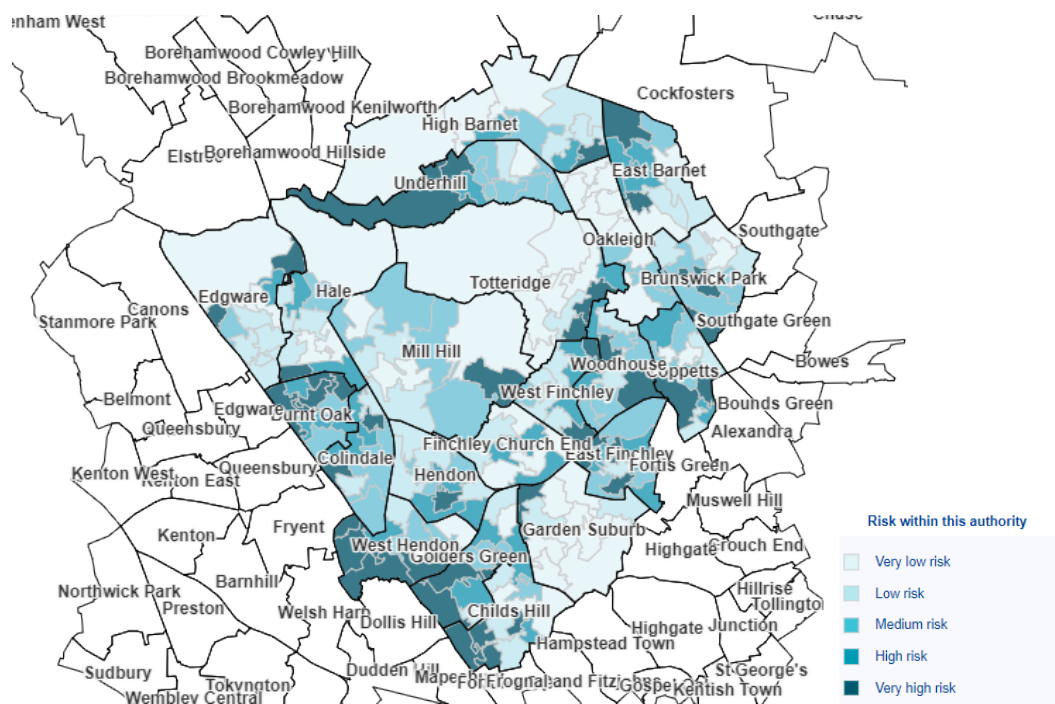


Figure 9 Age UK Risk of Loneliness in England 2016 for people aged 65+ in Barnet. Darker shades indicated higher risk of loneliness.

The Age-friendly Communities model offers a community-led approach to increase the resilience of such initiatives. Barnet’s social prescribing model focuses on reducing social isolation and promoting self-management of health by linking individuals to local community services. It employs a holistic approach, co-creating action plans with patients based on their specific needs.

Environmental Determinants

The indoor environment significantly impacts aging well, with many older individuals in England residing in homes that result in poorer health outcomes. Issues include cold homes increasing cardiovascular risks, overheating, damp, and mould impacting respiratory health, and unsafe homes leading to falls and injuries. Poor housing quality disproportionately affects those in deprivation and private rentals. Homeowners aged 65+ in Barnet reported better health than those in rented accommodation (Figure 10). National reports suggest that there is a greater concentration of older adult renters in areas of deprivation, and more likely to live in poor-quality homes, which could contribute to poorer health experiences.

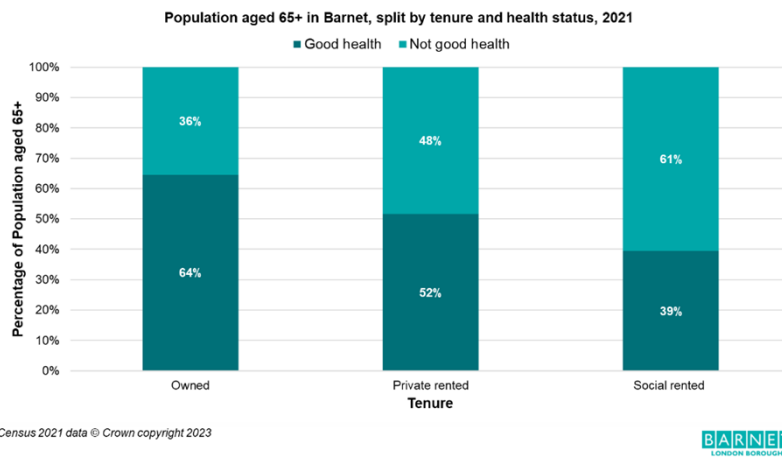


Figure 10 Population aged 65+ in Barnet, split by tenure type and whether they are reporting 'good' or 'not good' health, Census 2021

Air pollution, climate change, and adverse weather impact vulnerable groups, especially older adults. Specific note is made within the full needs assessment of the effect of adverse weather on vulnerable population groups, which includes older adults. These factors increase the demand for social and health care, potentially disrupting support networks. Sustainability considerations for health and social care systems – the system’s ability to function during extreme weather, for example - are vital to support Barnet’s population to age well.

Barnet is known for its green spaces, but it is important that these spaces, public spaces, and other amenities such as toilets and rest spaces are accessible to people across the life course. Less than 50% of respondents to an Age UK Barnet survey aged above 65 reported that there were enough suitable places to rest and public toilets when out and about. Addressing barriers in access to these spaces will help promote active travel, reduce social isolation, and contribute to healthy ageing.

Older Adults with Additional Support Needs

Dementia

Dementia is the leading cause of cognitive decline in older adults, and its prevalence is expected to rise with the aging population. Common types include Alzheimer’s disease, vascular dementia, and dementia with Lewy bodies. Young-onset dementia occurs before age 65. Barnet had the 6th highest prevalence of dementia among those aged 65+ compared to other London boroughs in 2020. The estimated dementia diagnosis rate was 65.7% in 2022, highlighting areas where there can be improved recognition and early diagnosis for Barnet’s residents.

The Lancet Commission identified 12 modifiable risk factors for dementia which could prevent or delay up to 40% of dementia (Figure 11). A focus on behaviour change in prevention is recommended to help mitigate the risk, including smoking cessation, weight management, diabetes prevention, avoiding excessive alcohol and treating hearing impairments. Work on dementia prevention is supported by existing health promotion measures, and efforts to support these will have positive effects across multiple domains of health, beyond dementia. The 2019 Barnet Dementia Needs Assessment and 2023-2025 Dementia strategy outlines recommendations and actions to support high-quality care for people with dementia and their carers.

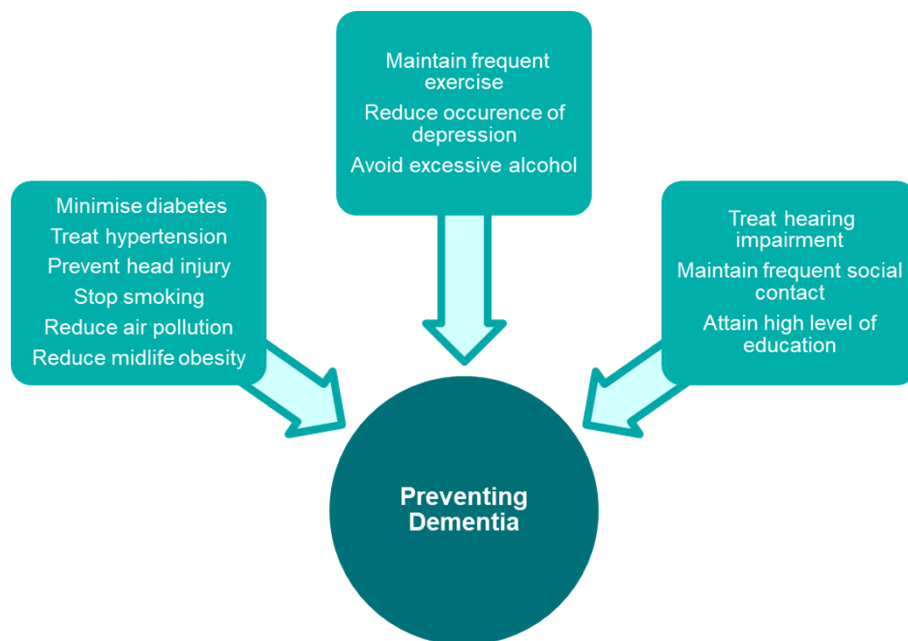


Figure 11 Recommendations for the prevention of dementia, adapted from the 2020 Lancet Commission

People with Learning Disabilities

Learning disabilities, varying from mild to severe, impact individuals' intellectual ability and social functioning throughout their lives. Aging with these disabilities poses challenges, including premature aging and an elevated risk of Alzheimer's dementia. People with learning disabilities (PWLD) face health inequalities in access to services and with the wider determinants of health, which negatively affect their ability to age well. The Learning Disability and Mortality Review (LeDeR) aims to improve healthcare for PWLD and has reported a decrease in avoidable mortality for PWLD. However, it also identified areas for improvement, including the management of non-communicable diseases and the impact of heatwaves. The report also found an increased risk of premature mortality among PWLD from ethnic minority groups and those living in deprived neighbourhoods.

Annual health checks for PWLD are crucial for proactive medical care and addressing unmet health needs. In 2018/19, 55% of PWLD in Barnet had an annual health check. To address the needs of an ageing PWLD population in Barnet, joint strategies across health, social care and other council services are needed.

People with Sensory and Physical Impairments

The likelihood of experiencing disability is greater with age, however it is also important to consider how people living with disabilities can be supported proactively to live and age well in Barnet. Without the right support in place, people are more likely to suffer across more domains than their health, this includes employment, social isolation, housing, and physical barriers in the outdoor environment. Active and healthy ageing should acknowledge the value and connection in the lives of those with disabilities. This needs assessment focusses on individuals with sensory (auditory or visual) and physical disabilities.

Hearing and visual impairments significantly impact health and well-being, leading to issues like unemployment, social isolation, depression, and mental health concerns. Sensory impairment increases the risk of specific health conditions, with hearing impairment identified as a risk factor for

dementia. In 2022, an estimated 11,400 people experienced sight loss in Barnet, while 4,544 individuals over 70 had severe or profound hearing loss in 2020.

Barnet residents reported the degree to which their day-to-day activities were limited (or activities of daily living; ADLs), according to if they were disabled under the disability act in Census 2021. The highest number of people reporting significant limitation to ADLs was between the ages of 55-64 for both males and females (Figure 12).

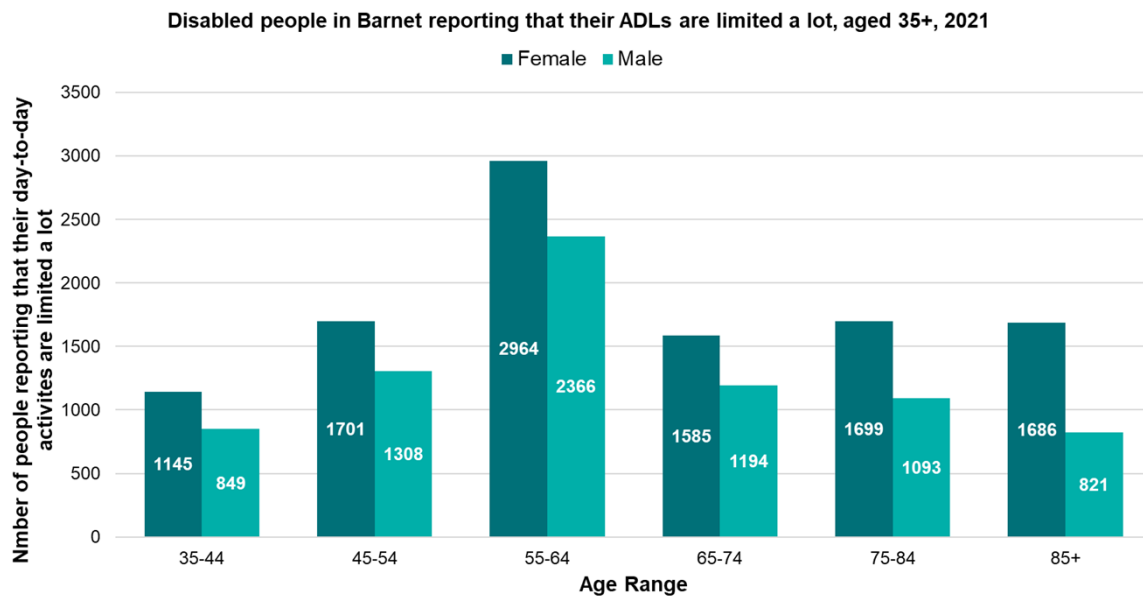


Figure 12 People with disabilities (under the Equality Act) who report that their day-to-day activities are limited a lot. Split by age range and sex, Census 2021

An ethnographic research study in May 2023 highlighted the challenges faced by disabled residents in Barnet, including discrimination, social exclusion, and communication barriers. Recommendations from the study emphasize recognizing intersectional identities, making information more accessible, bridging community organizations, and extending community engagement activities.

Facilitating equipment and home adaptations for disabled people can be made through means-tested Disabled Facilities Grants. The outdoor environment is not consistently accessible for disabled individuals, posing challenges like uneven pavements and a lack of accessible public spaces. Addressing these issues requires a comprehensive understanding and support for day-to-day activities, promoting inclusivity and accessibility in Barnet.

Severe Mental Illness

Severe mental illness (SMI), encompassing conditions like schizophrenia and bipolar disorder, significantly impairs individuals' functional and occupational activities. SMI is linked with higher premature mortality rates and a 10-20 year reduction in life expectancy compared to the general population, largely due to physical health conditions and elevated suicide risk.

In Barnet, the premature mortality rates for adults with SMI were notably lower than the rates in London and England overall. However, for the fourth quartile of 2021/22 only 30% of people with SMI in Barnet were recorded as having an annual health check. This was the lowest across NCL, and

significantly lower than what was seen in London and England (Figure 13). This highlights the missed opportunities for holistic review of physical and mental healthcare in the community, which contribute to poorer health outcomes seen in people with SMI.

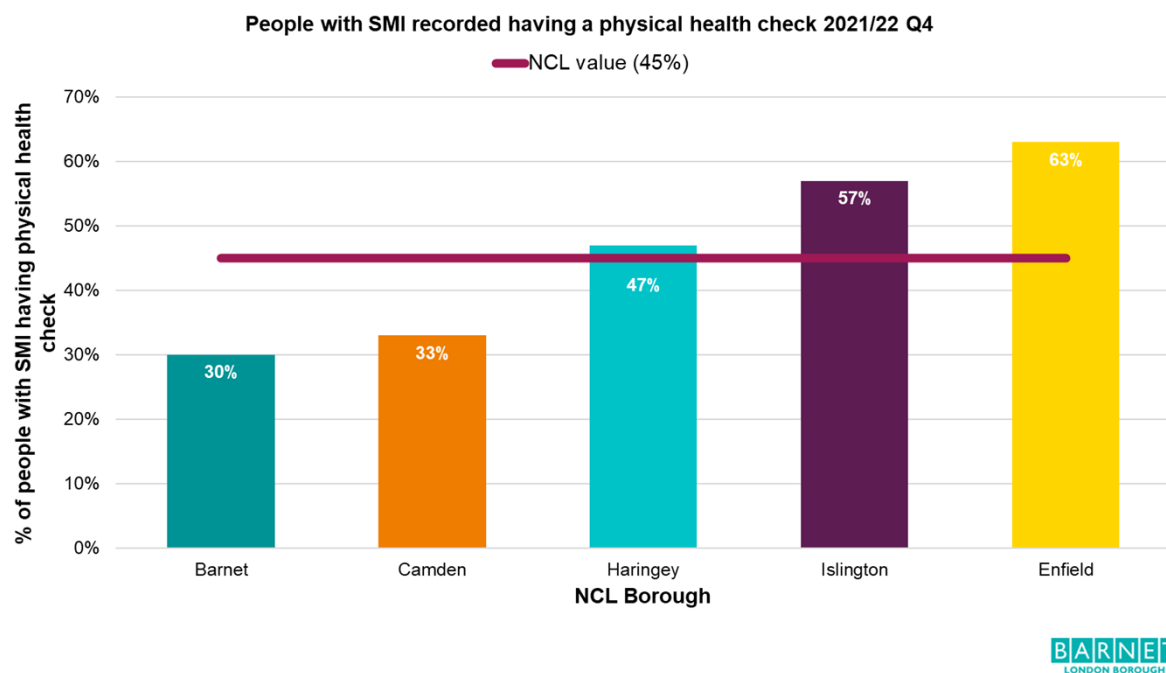


Figure 13 Percentage of people with SMI who received a physical health check in 2021/22 across NCL boroughs, Quartile 4 2021/22

Inclusion Health Groups

Inclusion health refers to socially excluded individuals who, due to various risks, suffer poor health outcomes and lower life expectancy. Not all inclusion health groups are explored within this needs assessment, however it is recognised that this is an area which has also been addressed in the NCL Inclusion Health Needs Assessment, 2023.

Homelessness extends beyond rough sleeping and includes those without secure or adequate housing. Older homelessness, classified as those aged 55+, is of particular concern due to the accelerated ageing and health conditions associated with long-term homelessness. In Barnet, during 2021/22, the rate of households owed prevention or relief duty under the Homelessness Reduction Act, where the main applicant was aged 55+, was higher than the national average but lower than the London average. The needs assessment also explores the effect of adverse weather for people experiencing homelessness and specific needs for this population. Specific needs identified include addressing complex health needs, access during crises, and health promotion where there may be more acute health needs.

The data on vulnerable migrant populations is limited at a local level. Current information on asylum seekers in contingency accommodation in Barnet is available with broad age ranges. Older asylum seekers (aged 65+) comprise only 1% of this group. The Barnet Migrant Health Needs Assessment was carried out in 2022, resulting in an Asylum Seeker Health Action Plan which incorporates elements of prevention and accessibility of services to this population. This Plan includes comprehensive healthcare checks, cancer screening services and a welcome pack to improve access to healthcare services.

Guidance from the Office for Health Improvement and Disparities recommends actions for frontline workers, managers and senior or strategic leaders to address inclusion health challenges and enhance well-being. Utilising evidence-based initiatives such as this is crucial for meeting the needs of inclusion health groups to ensure all Barnet residents can live and age well.

Health literacy, the ability to access, understand, and use health and social care information, impacts health behaviours such as diet, smoking, and physical activity. Local data on health literacy is limited, but national data from 2015 showed only 43% of the working population could use everyday health information, increasing to 61% when numeracy was involved. Groups at higher risk of low health literacy include older adults, people from areas of higher deprivation, ethnic minority groups, migrants, and disabled people. To address health inequalities, targeted strategies to understand and improve health literacy among vulnerable groups are necessary.

Recommendations

Key recommendations for Ageing Well in Barnet

1. Enhance access and provision of Health Promotion and Prevention Services
2. Develop appropriate campaigns, information and advice to promote ageing well
3. Strengthen Health Protection Programmes
4. Encourage Proactive and Integrated Health and Social Care
5. Enhance Falls Prevention and Frailty Support
6. Promote Social Inclusion and Connectivity
7. Create environments that promote ageing well
8. Promote ageing well for people who have additional needs
9. Support ongoing work to understand and address the needs of Barnet’s population to Age Well

Recommendations

1. Approach to recommendations	Who for?
Across the recommendations below, ensure the concepts of co-production are used, with groups representative of Barnet’s diverse population and its vulnerable population groups. This will increase engagement and support equitable access to measures supporting ageing well across the life course.	All partners
2. Enhance access and provision of health promotion and prevention services	
Recommendation	Who for?
Review provision of health promotion and prevention services associated with disease clusters or conditions identified contributing to highest levels of morbidity and mortality across Barnet.	Public Health NCL ICB Health and social care
Ensure that health promotion and prevention services are accessible to and meeting the needs of older adults in Barnet including Stop Smoking, Drug and Alcohol services and physical activity opportunities. <ul style="list-style-type: none"> - Access to services could be maximised through provision of well-located, and low-cost or no-cost options. - Support efforts to improve screening for health risk behaviours across community, health and social care setting 	Public Health Commissioned Services NCL ICB Health and social care VCSE partners

Provide staff training to support risk behaviour change and include ageing well targets in existing health and social care work.	Public Health NCL ICB Health and social care Wider council
3. Develop appropriate campaigns, information, and advice to promote ageing well	
Recommendation	Who for?
Develop sustainable public health messaging for primary prevention for residents across the life course. <ul style="list-style-type: none"> - Target behaviours associated with highest morbidity and mortality burden in Barnet and NCL. - Improve the cultural competence of campaigns to complement Barnet's diverse ageing population. 	Public Health, Communications team NCL ICB VCSE partner
Improve the provision of information and advice for Barnet residents to enable proactive identification of older adults before reaching financial or housing crisis points. Support them to access the breadth of services already available in Barnet.	Wider council Health and social care VCSE partners
4. Strengthen health protection programmes	
Recommendation	Who for?
Support and develop ongoing vaccination promotion campaigns to increase uptake across Barnet. <ul style="list-style-type: none"> - There should be focus on areas of highest deprivation, and communities where lowest uptake is seen. 	Public Health Healthcare VCSE
Monitor trends in cancer screening uptake following the COVID-19 pandemic. Support delivery of actions to increase uptake and reduce inequalities in uptake, including through work by the NCL Cancer Alliance	Public Health NCL ICB Healthcare
5. Promote proactive and integrated health and social care	
Recommendation	Who for?
Identify areas for workforce development in primary care and hospital settings which older Barnet residents access. <ul style="list-style-type: none"> - This should promote ageing well through primary and secondary prevention where a population may be living with multiple long-term conditions or having increased complex or additional support needs 	Public Health NCL ICB Health and social care
Support early diagnosis and optimal management of conditions identified contributing to higher levels of morbidity and mortality across Barnet, such as cardiovascular disease and diabetes.	Public Health NCL ICB Healthcare
Strengthen understanding of barriers to accessing secondary prevention services such as NHS Health Checks and Community Health Screening, which promote health later in life through disease prevention and early intervention. <ul style="list-style-type: none"> - Once barriers are identified, develop campaigns to increase uptake in underserved population groups. 	Public Health and Communications Healthcare NCL ICB
Develop a better understanding of poor diet, malnutrition, and dehydration in older adults in Barnet in community and healthcare settings.	Public Health with insights and intelligence NCL ICB Health and social care
Support the delivery of Barnet's Carers and Young Carers Strategy, with scope to support older adult carers to be identified earlier, proactive identification of the health needs of carers and opportunities for breaks from caring.	Public Health Health and social care Wider Council NCL ICB

	VCSE partners
Promote and support the development of carer awareness, disability awareness and cultural competence in health and care service delivery and planning as an ongoing endeavour	Public Health Health and social care Wider Council VCSE partners
Place greater emphasis on preventive strategies for older people at risk, or in the early stages of mental ill health. - This includes workforce development and training for proactive and early identification of mental ill health in later life.	Public Health NCL ICB Healthcare
Provide information and tailored advice and services for older adults who need to access mental health support. - This should consider additional challenges faced in later life, using accessible language, addressing stigma and attitudinal barriers.	Public Health Healthcare VCSE partners
Local government strategies for ageing well should recognise and align with, where appropriate local hospital trust and wider NHS strategies. For example, in supporting research inclusive of older adults for both medical and social care.	Public Health NCL ICB Health and social care Academics
6. Enhance Falls Prevention and Frailty Support	
Recommendation	Who for?
Recognise the existing work around frailty support within Barnet and expand provision across Barnet. - Encourage use by healthcare providers, supporting multidisciplinary work.	Health and social care NCL ICB
Adopt a strategic and joined up approach to falls prevention across Barnet and NCL, utilising the strong evidence based behind primary and secondary prevention.	Public Health Health and social care NCL ICB VCSE partners
7. Promote Social Inclusion and Connectivity	
Recommendation	Who for?
Consider the role of public and private employers as part of Age-Friendly Barnet to recognise the needs of older workers and promote flexible working.	Wider council including housing partners. VCSE partners
Map current provision of volunteering opportunities, including those which cater to Barnet's diverse population. - This could include a review of evidence for intergenerational activities and its role in reducing social isolation, as well as utilising the skills and experience of older adults in Barnet.	Social care Wider council VCSE partners
Continue to support the work of voluntary and community organisations in Barnet and encourage cross-collaboration between organisations which reach underserved population groups.	Wider council VCSE partners
Improve understanding of the distribution and trends in social isolation across Barnet's population and geography. This will support a coordinated plan to enable social connectivity in at-risk groups	Public Health with Insights and intelligence Wider council VCSE partners
Promote digital inclusion, with focus on older adults, and those at higher risk of exclusion.	Wider council Health and social care

- Include opportunities to raise awareness of and increase acceptability of the use of digital and remote health and social care provision.	
8. Create environments that promote ageing well	
Recommendation	Who for?
Consider the role of housing, diversification of stock and adaptation in promoting health and independence in later life. <ul style="list-style-type: none"> - This should take account of health inequalities, income deprivation in the older population and additional implications of the projected increase in older adults who live alone and in rented accommodation. 	Wider council Social Care Public Health
Embed an age-friendly approach to Barnet's transport network, public facilities, and active transport routes.	Wider council Public health VCSE partners
Implement frameworks for inclusive planning, to consider the needs of older adults and other vulnerable population groups when identifying system partners' roles in climate change action.	Wider council VCSE partners
Ensure inclusion of accessible and age-friendly environments with regeneration and urban planning across Barnet.	Wider council VCSE partners
9. Promote ageing well for people who have additional needs	
Continue delivery of Barnet's Dementia Strategy to promote ageing well at all stages of life. Include a focus on dementia prevention strategies for where there is an evidence base. For example, smoking cessation, physical activity, addressing hearing impairment and weight management.	Public Health Health and social care NCL ICB VCSE
Consider the implementation of holistic outreach clinics for particularly vulnerable population groups identified in this health needs assessment. <ul style="list-style-type: none"> - Explore approaches to implement joined-up care pathways - Improve uptake where annual health checks are delivered for those at highest risk of poorer health outcomes, an embed opportunities for health promotion and prevention in these - Further work is recommended to explore the needs other inclusion health groups in Barnet 	Public Health Health and social care NCL ICB VCSE
Engage with residents with specific additional needs and their carers to understand their care or supported housing needs and preferences. <ul style="list-style-type: none"> - Areas of focus include location, amenity, acceptability, and affordability 	Housing Social Care VCSE
Understand health literacy levels of adults in Barnet, to ensure health and wellbeing information is accessible across the life course and delivered in culturally competent ways, through the most effective channels. This includes population groups with additional support needs.	Public health with Insights and Intelligence team Health and social care NCL ICB VCSE
Ensure strategies for ageing well around healthcare, social care and the wider determinants of health are inclusive of population groups with additional support needs identified in this needs assessment	All partners
10. Support ongoing work to understand and address the needs of Barnet's population to Age Well	
Recommendation	Who for?

<p>Consider ongoing areas of work to develop Ageing Well in Barnet further, including the needs of other vulnerable population groups not explored in this Health Needs Assessment, and anticipatory care for End-of-Life Care.</p>	<p>Public Health NCL ICB Health and social care</p>
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