

Mind The Health Gap in Barnet!



Director of Public Health Annual Report 2022/23



Caring for people, our places and the planet

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BARNET
LONDON BOROUGH



Foreword



Cllr Alison Moore

Chair of the Health and Wellbeing Board

Tackling inequalities in our community is a key strand in Barnet's new Corporate Plan, 'Caring for people, our places and the planet; Our Plan for Barnet 2023-2026. I therefore particularly welcome this year's Public Health report.

In the Report we start to describe the health inequalities experienced by our residents, some of which were highlighted by the Covid 19 pandemic and its impacts, emphasising that many health inequalities are preventable, and thus can represent fundamental inequities and injustices in our community.

It is important to recognise that it is only through working together across the Council, NHS and wider partnerships, and alongside our communities that we can begin to fully understand and tackle real causes and impacts of health inequalities.

It is our ambition and vision to ensure that everyone who lives, works and studies in Barnet has a good chance to enjoy a long and healthy life, regardless of their background, race, gender, age, economic or migration status.

As Chair of the Health and Wellbeing Board, I am keen to ensure that we focus on tangible interventions that are based on the evidence for what works, resonates with our residents and are delivered in true partnership across the local system and beyond.



Dr Tamara Djuretic

Director of Public Health and Prevention

As Director of Public Health, it is my responsibility to highlight health inequalities in Barnet and propose a way forward to reduce unfair differences in health, by working collaboratively and influencing strategically across the system at the local, regional and national level.

This report describes health inequalities that still persist in Barnet, includes some examples of good work already taking place across the system and recommends further actions for consideration.

Barnet is a growing, diverse and economically thriving borough where people, on average, enjoy good health and wellbeing. We know however that not everyone lives in the same economic, social and environmental circumstances. Some communities have more opportunities than others to enjoy long, healthy and happy lives.

The COVID-19 pandemic has highlighted further disparities in our society. We have also seen new and innovative ways of delivering services and engaging with communities which should be maintained. We made some way in reducing the health inequalities gap for men in Barnet but there is a lot more to do and we are committed to continue our journey to healthier Barnet for all!

1. Barnet's population – who lives in Barnet?

Our borough's population has increased by 9.2% over the last 10 years to a total of 389,300 residents and is now the second most populous borough in London.

Barnet's population composition has changed over the last decade, and it differs to London overall – Barnet has a rapidly increasing and large population of children and young people and older adults, with a reducing proportion of younger adults aged 20-35 (Figure 1).

Barnet's population of under 19 years of age has increased fastest (by 40%) over the last 10 years and it now makes up a quarter of the overall local population. People over 65 years of age make 14% of the total population.

Figure 1: Barnet 2021 Population Pyramid



Source: Office for National Statistics licensed under the Open Government Licence v3
Census 2021 data © Crown copyright 2022





Barnet is proud to be a diverse borough with over 90 languages spoken; 44% of residents were born overseas and 42% are from non-White ethnic background (19.3% Asian, 7.9% Black, 9.8% other ethnic groups and 5.4% Mixed or Multiple ethnic groups).¹

Barnet has a multi-faith composition; Christianity is most prevalent religion (41%) followed by Judaism (15%), Islam (13%), Hinduism (6%) and Buddhism (1%). Our LGBTQ+ residents make up 3% of the total population.

Barnet is the 10th least deprived borough in London however there are areas within Barnet that have high levels of deprivation - around 12,000 people in Barnet live in the 20% most deprived parts of England. Overall, Outer London has become more deprived than Inner London when measuring households deprived in at least one dimension (53% compared to 50%).

On average, people live longer in Barnet (82 years for males and 85 for females) compared to the London and England average but there are stark differences in life expectancy within the borough. This inequality is described in more detail in this report.

2. What are health inequalities?

Health inequalities are differences in the status of people's health but the term can also be used to describe differences in the care that people receive and the opportunities to lead healthy lives.²

Health inequalities can include differences in health status (e.g. life expectancy³ and healthy life expectancy⁴), access to and quality of care received, behavioural risks to health (e.g. smoking and alcohol use) or wider determinants of health (e.g. employment).

Health inequalities between different population groups can be described as differences by socio-economic factors, geography, or by protected characteristics such as sex, ethnicity, or disability, and by under-served groups. People can also experience multiple factors that widen health inequalities and that is often called 'intersectionality'.

¹ Source: Census 2021

² King's Fund: What are Health Inequalities? June 2022

³ Life Expectancy (LE) - The average number of years a person would expect to live based on current mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

⁴ Healthy Life Expectancy (HLE) - A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

3. What factors impact our health and health inequalities?

Our health is shaped by a complex interaction of many different factors. These include access to healthcare services that has been estimated to shape around 15% of the population’s health outcomes, social and environmental factors (e.g. housing, education, transport, relationships) estimated to influence 45% of the outcomes and behavioural factors (e.g. diet, smoking and alcohol consumption) estimated to contribute to 40% of the overall population health outcomes.⁵

When these factors are unequally distributed across the population, they result in health inequalities. Most of these factors are modifiable and therefore health inequalities can be reduced.

Figure 2: What impacts our health?

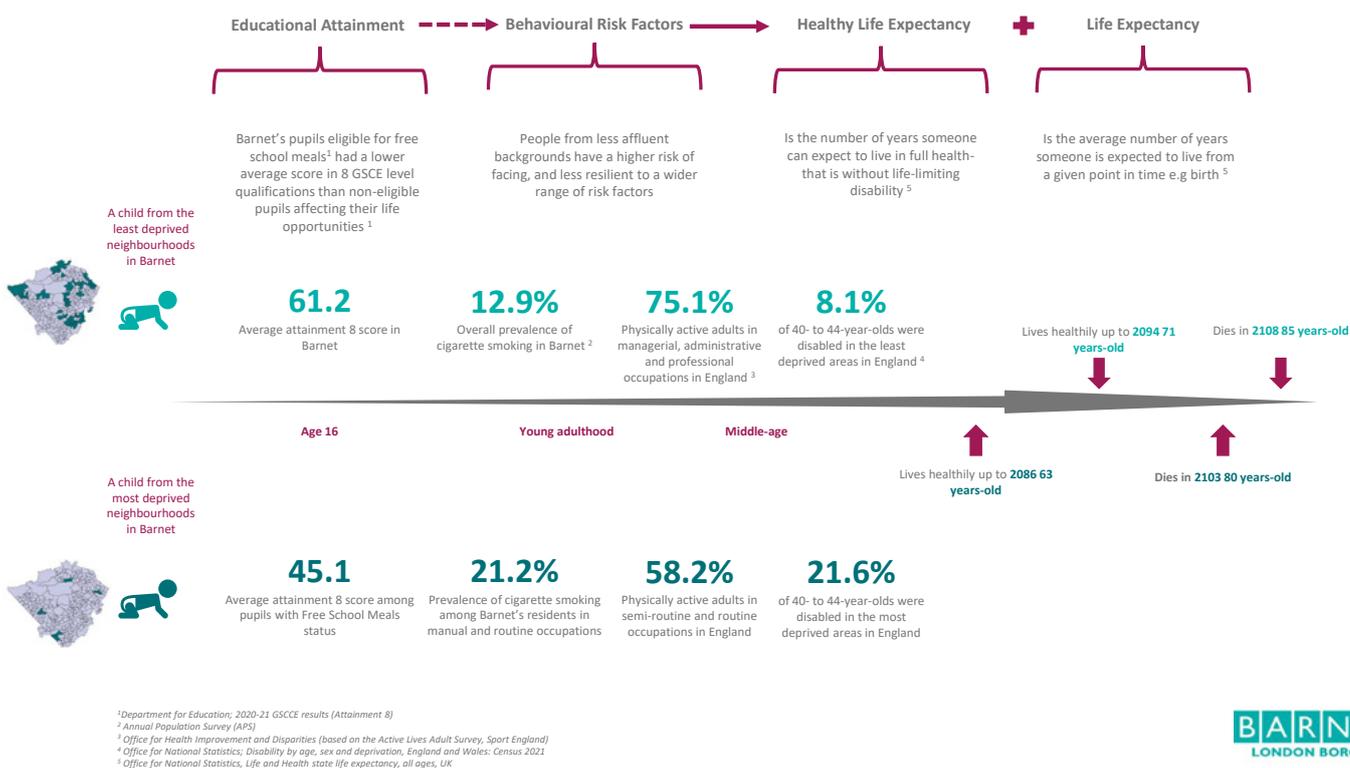


Adapted from: The Health Foundation (What Makes Us Healthy?)

Multiple factors can interact to influence people’s health. The example, Figure 3 shows how children who are eligible for free school meals have, on average, lower attainment 8 scores, which can affect their life opportunities. In general, there are higher levels of smoking in areas of higher deprivation, which is directly harmful to health. These factors, and others, can contribute to the inequalities in healthy life expectancy and life expectancy between different population groups.

⁵<https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health> (See citation to McGiniss et al.2002)

Figure 3: Different outcomes for children, by the place they are born



4. Measuring health inequalities in Barnet

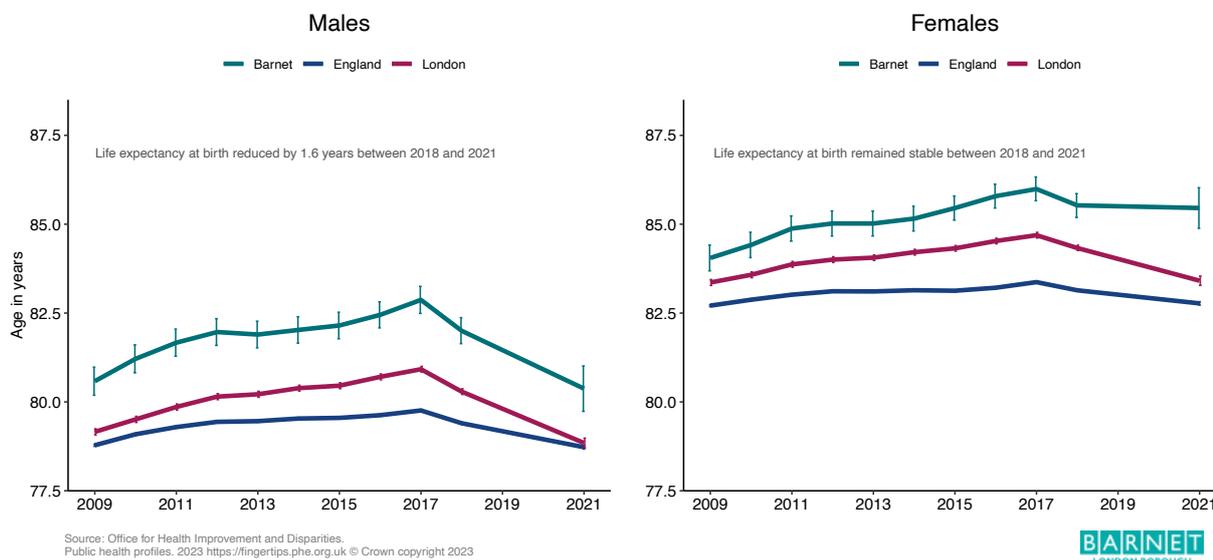
Health inequalities can be measured in different ways. Life expectancy is a key measure of health status and therefore a difference in life expectancy is an overarching measure of health inequalities.

Life expectancy

There has been a considerable decline in male average life expectancy in Barnet since the beginning of the COVID-19 pandemic, compared to female average life expectancy (Figure 4). The decline in male average life expectancy has been influenced largely by excess deaths due to COVID-19 and cardiovascular diseases, which is similar to the rest of the country.

Figure 4: Life expectancy at birth, by sex

Male life expectancy at birth significantly decreased in Barnet since the beginning of the COVID-19 pandemic



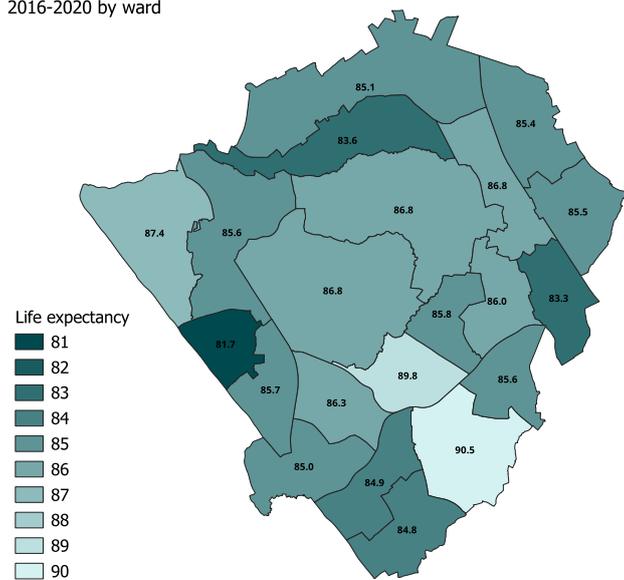
There are marked differences in people’s life expectancy between the areas in which they live (Figure 5). On average in Barnet, men living in areas of highest deprivation live 6.7 fewer years, compared to those living in the least deprived areas. This gap has narrowed over the last decade by 1.3 years, unlike in the rest of the country.

For women, the gap in life expectancy is 5.7 years between those living in the most deprived and the least deprived areas, and this has been consistent over the last decade.

Figure 5: Life Expectancy at birth, by wards⁶

Barnet Female Life Expectancy at Birth

2016-2020 by ward

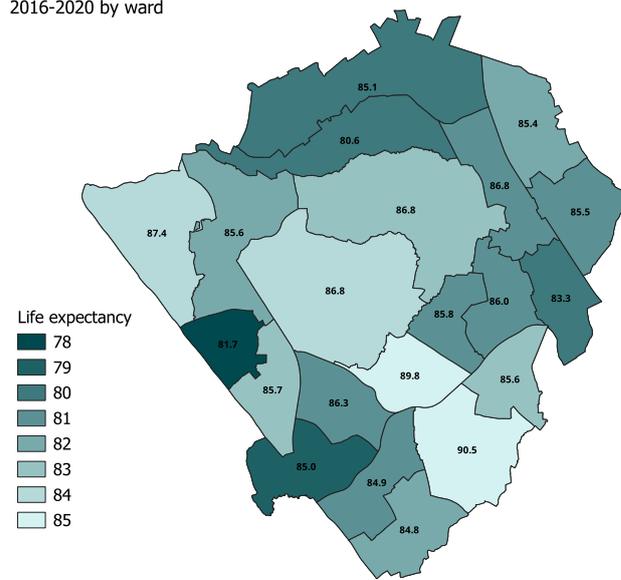


Source: Office for Health Improvement and Disparities, Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023



Barnet Male Life Expectancy at Birth

2016-2020 by ward



Source: Office for Health Improvement and Disparities, Public health profiles. 2023 <https://fingertips.phe.org.uk> © Crown copyright 2023



Causes of life expectancy gap

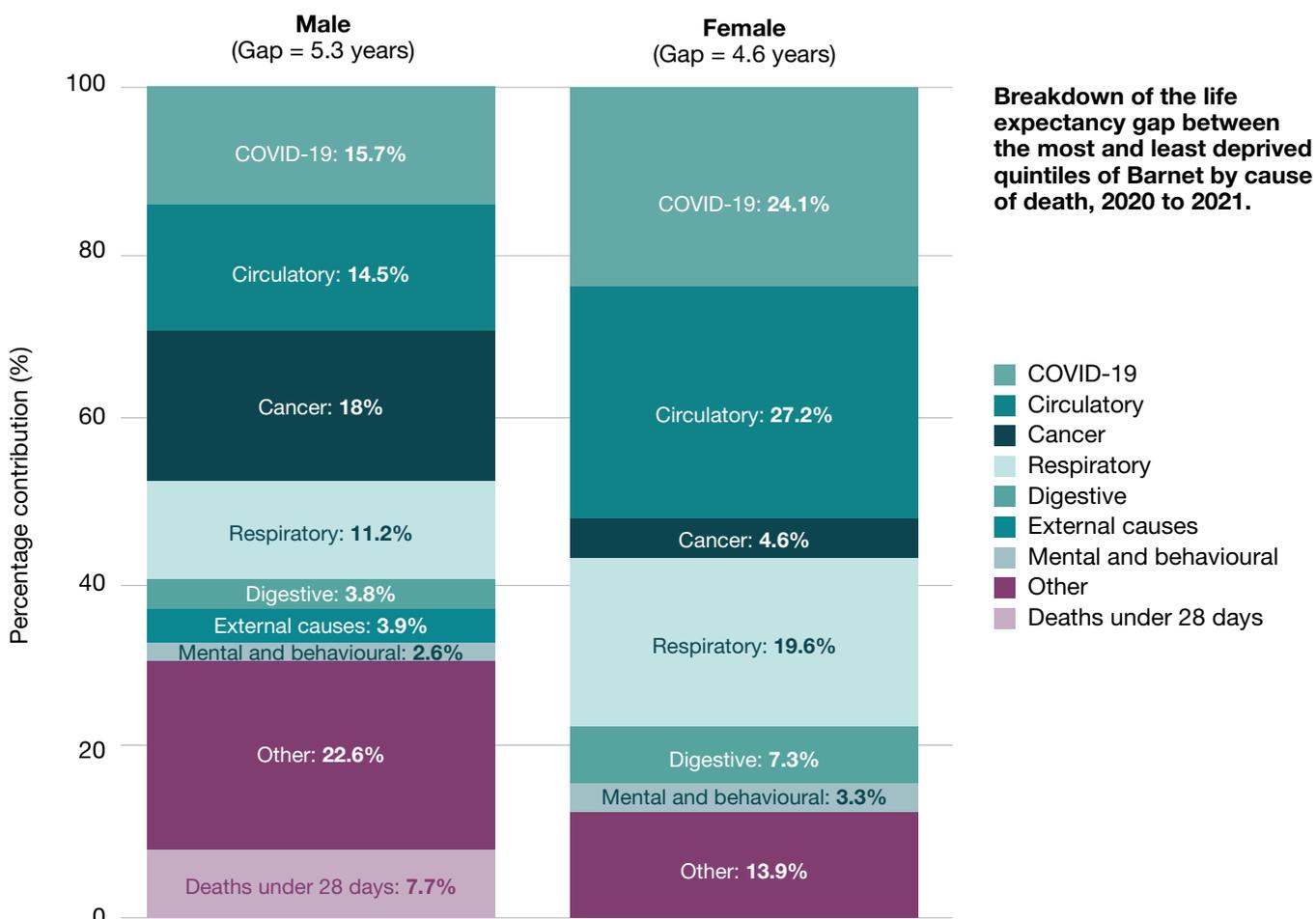
People’s behaviours, their environments, and access to and quality of care that they receive can influence their health – these factors affect the likelihood that they develop health conditions that can shorten the number of years spent living in good health, and their life expectancy.

There are marked inequalities in life-expectancy in Barnet between those living in the most and least deprived areas, as shown in Figure 5. The main health conditions that contribute to this difference in Barnet, are shown in Figure 6. For males, the main conditions that affect the inequality in life expectancy between those living in the most and least deprived areas are other causes (22.6%), cancer (18%) and circulatory diseases (14.5%).

For females, the main conditions contributing to the gap are circulatory diseases (27.2%), COVID-19 (24.1%) and respiratory diseases (19.6%). Of note, this data is from 2020 to 2021, when the COVID-19 pandemic resulted in considerable mortality from COVID-19.

⁶ At the time of publishing this report, only data using old ward, pre-2021 boundaries, was available. Awaiting ONS/OHID to publish updated ward level data.

Figure 6: Percentage contribution to the life expectancy gap between those living in the most and least deprived areas, by causes of death



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid-year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019.

Healthy Life Expectancy

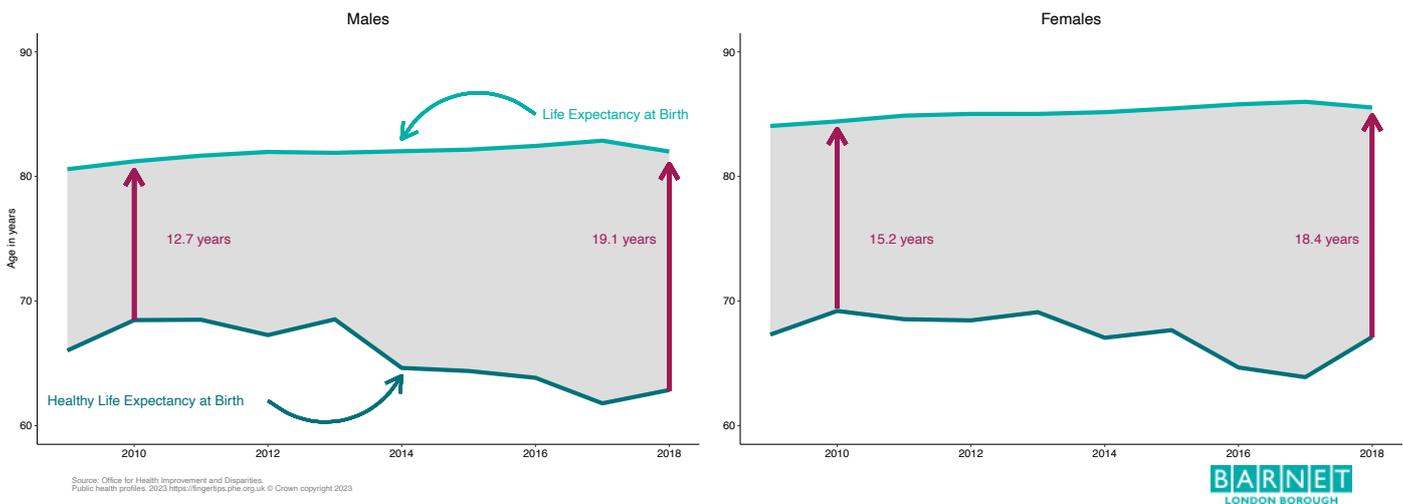
Another measure of health status is how many years people live in good health. This measure is called Healthy Life Expectancy – and is an important measure for quality of life and as a predictor for the demand on health and care services. Poor health in later years of life is mostly attributable to long-term conditions such as cardiovascular diseases, cancer, diabetes, respiratory diseases, and mental ill health.

Although people in Barnet tend to have a comparatively long life-expectancy, the last years of their lives may be spent in poor health. Both males and females spend more years in worse health now than ten years ago, but males experienced a bigger increase in years spent in worse health than females (Figure 7). Further information is needed to understand reasons behind these gender inequalities.

Figure 7: Inequalities in life expectancy and healthy life expectancy by sex

Difference between Life Expectancy and Healthy Life Expectancy at Birth in Barnet by Sex

Males and Females in Barnet are living more years in poorer health compared to early 2010's



5. Behavioural and environmental factors that affect health inequalities in Barnet

Here we present examples in differences in people's behaviours and environments, that affect health.

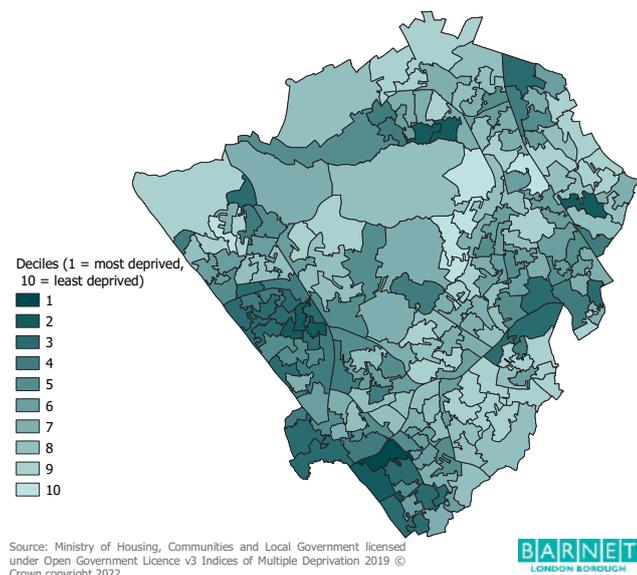
Examples of behavioural risk factors

The prevalence of obesity and severe obesity, alcohol misuse or dependence, and smoking differs across Barnet and it mostly mirrors the map of deprivation, with the highest prevalence of these behavioural risk factors observed in more deprived parts of Barnet (Figure 8).

Figure 8: Obesity, alcohol use and smoking prevalence compared to deprivation

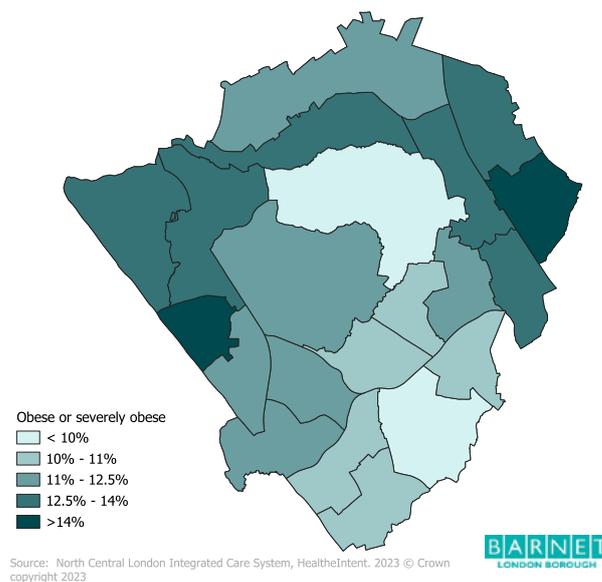
Barnet 2019 Index of Multiple Deprivation

Deprivation decile by lower super output area



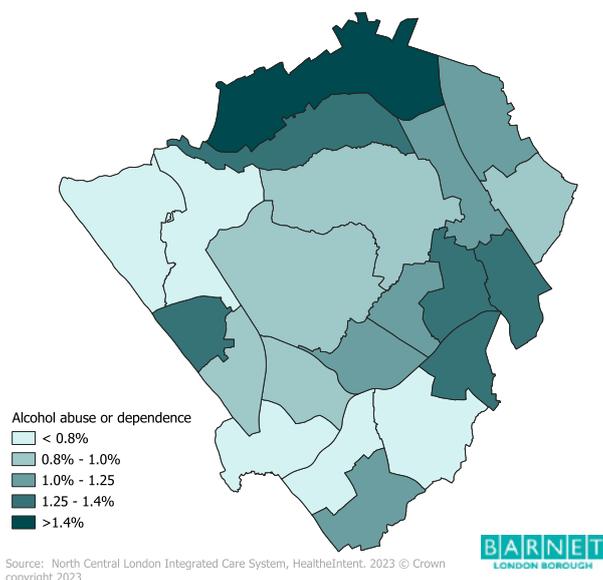
Obesity or Severe Obesity Prevalence in Barnet

Based on registered GP population by ward



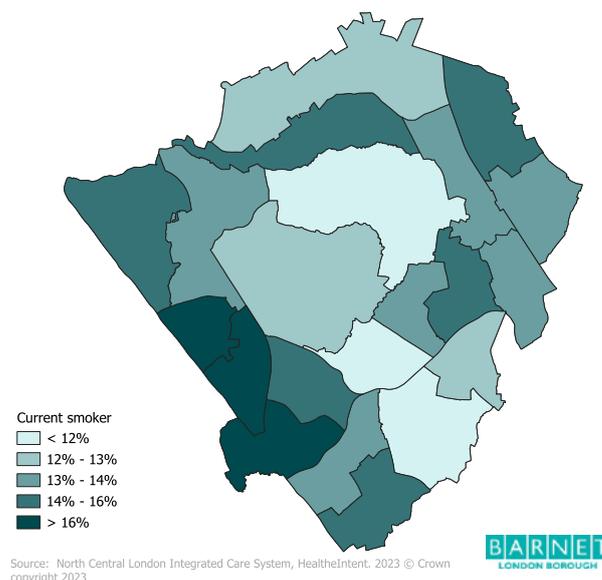
Alcohol Abuse or Dependency Prevalence in Barnet

Based on registered GP population by ward



Smoking Prevalence in Barnet

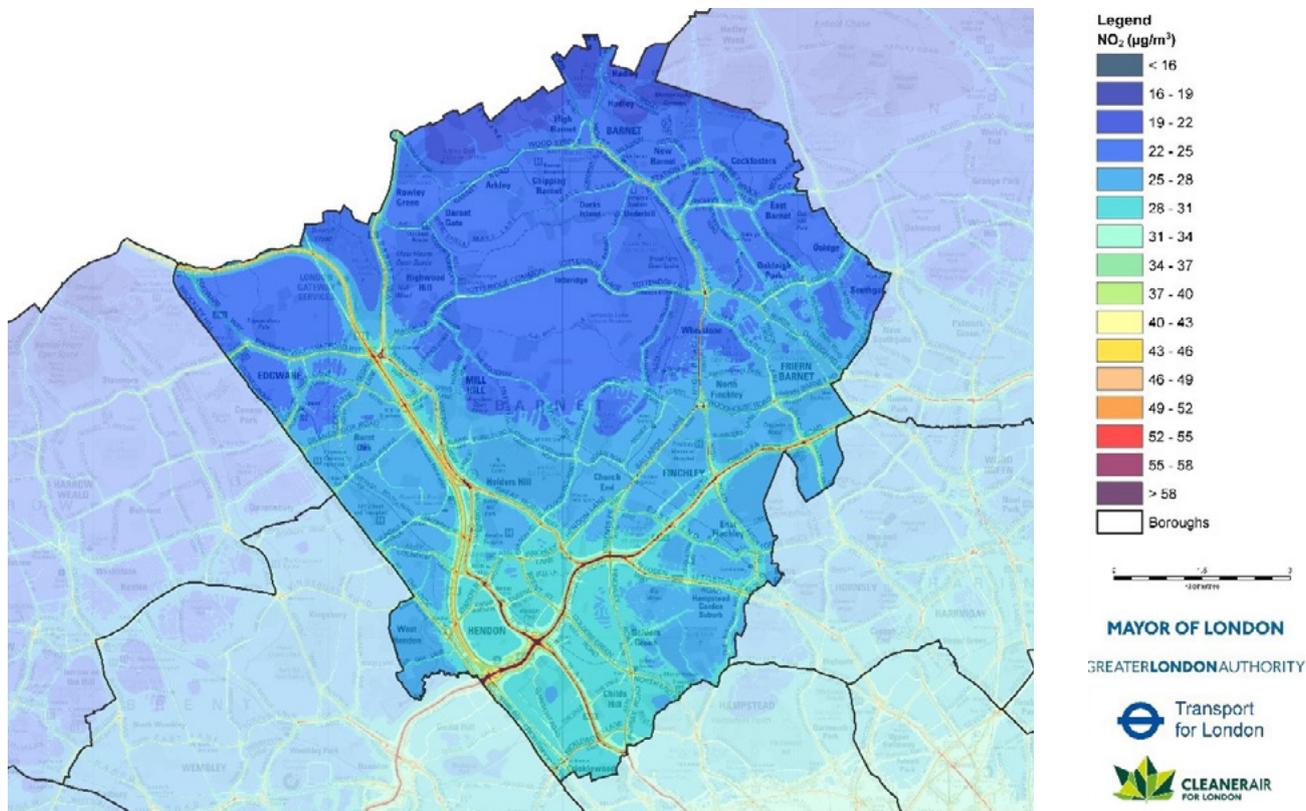
Based on registered GP population by ward



An example of an environmental risk factor

The effects of air pollution on health are well established – it is associated with impacts on lung development in children, heart disease, stroke, cancer, exacerbation of asthma and increased mortality.⁷ The air quality map of nitrogen dioxide (NO₂) for Barnet suggests higher air pollution in more deprived parts of the borough, and along main roads (Figure 9).

Figure 9: Map of NO₂ concentrations across Barnet



6. What has the COVID-19 Pandemic taught us about health inequalities?

The COVID-19 affected some communities disproportionately. At the peak of first wave of the pandemic, black Londoners had around two and a half to three times the risk of dying with COVID-19 (within 28 days of diagnosis) compared to white Londoners, and Asian populations had up to twice the risk (UKHSA).

Local data on ethnicity and COVID-19 mortality is not available and there was no impact of deprivation on higher mortality from COVID-19 in Barnet. However, Barnet's older population was significantly impacted with 88% of those dying from COVID-19 in Barnet being over the age of 65 and 22% over the age of 90. Similar to national trends, minority ethnic populations in Barnet, as well as those living in more deprived neighbourhoods, were, and continue to be, less likely to be vaccinated against COVID-19.

During the COVID-19 pandemic, deaths due to cardiovascular diseases increased and became the leading cause of death among Barnet's males aged 45-59 years (premature mortality). The reasons for this are complex. People living with cardiovascular diseases are at significantly increased risk of severe outcomes due to COVID-19. This was coupled with limited access to hospital interventions, increased waiting times for treatment and a reduction in emergency cardiology admissions during the early stages of the pandemic. Furthermore, the number of Barnet's residents who were invited for NHS health checks and received them significantly decreased since 2019 and this has not fully recovered since.

The number of children (0-18 years) attending A&E, especially among 0-4 year olds, significantly increased since the beginning of the pandemic, with the steepest increases observed for Bangladeshi and black Caribbean children.

7. How to reduce health inequalities in Barnet?

In the ten years since the publication of The Marmot Review, an independent review into health inequalities and evidence-based strategies to reduce them, health inequalities appear to be widening⁸.

The previous increases in life expectancy have stalled and even started to decline since the COVID-19 pandemic. Build Back Fairer: The COVID-19 Marmot Review⁹ suggested adding additional principles under number 7 and 8 below, to address challenges highlighted by the pandemic:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention
7. Tackle discrimination, racism and their outcomes
8. Pursue environmental sustainability and health equity together

⁸ Health Equity in England: The Marmot Review: Ten Years On, 2020

⁹ Build Back Fairer: The COVID-19 Marmot Review,

8. What are we doing to reduce health inequalities in Barnet?

Here are some of the many examples of work that Barnet Council and its partners are doing to help to reduce health inequalities in the borough.

These include actions to promote healthy environments, behaviours, and services that support the prevention of ill health. They are ordered to approximately align with the Marmot principles, and are examples to illustrate the breadth of work that is taking place:

Schools Superzones - This is Greater London Authority (GLA) funded initiative to protect children's health by promoting healthy behaviours around the schools. Saracens High School Superzone is focusing on community safety, active travel and access to green spaces while Edgware Primary School Superzone is focusing on air quality, healthy lifestyles and safe and green spaces for children to play.

School Meal Initiative for Learning Healthy Eating (SMILE) – The SMILE project is a school initiative to help Key Stage 1 children (aged 5 to 7 years) learn about healthy eating and encourage children to make healthier food choices. It supports schools, parents/carers and children to have a better understanding of age-appropriate portion sizes. The project involves delivering healthy eating sessions and the use of health-promoting SMILE trays. Since the re-launch of the project in 2021, four primary schools have taken part.

Young Brushers - The Barnet Young Brushers project is a targeted supervised toothbrushing programme in over 40 Early Years settings that have reached over 400 children so far. An evaluation of the intervention is underway.

Good Work – The Barnet Education and Learning Services, in partnership with BOOST and The Shaw Trust, helped more than 1000 people into a job, including rough sleepers, graduates and people with disabilities. Barnet Council has also passed the motion to work towards becoming a Living Wage Borough and is considering requirements to work towards Living Wage accreditation.



The SMILE tray is a modified, health-promoting version of a traditional primary school meal tray and was developed in consultation with nutritionists, school catering managers and the product design team at Middlesex university in 2019. Yinka Thomas, one of the nutritionists from Middlesex University, owns the design copyright for the SMILE trays.



Community Innovation Fund (CIF) - The CIF encompasses Barnet-based voluntary and community projects that aim to improve health and wellbeing in the borough, focusing on particular communities where needs are greatest and projects that promote mental wellbeing, reduce the impact of the cost of living crisis, promote digital inclusion and reduce social isolation. The CIF is funded by the Barnet Integrated Care Partnership (Local NHS acute and community trusts, North Central London Integrated Care Board and Barnet Council). It is co-designed with Barnet Together, which is the borough's voluntary sector partnership. So far, over £800,000 has been allocated to over 45 projects helping Barnet residents improve their health and wellbeing. The Barnet Community Innovation Fund is built on the principle that when residents, voluntary sector organisations and the public sector all work together, the benefit to our residents is greater, it creates a culture of community innovation, and it tackles health inequalities.

Prevention Fund – A Prevention Fund of £500,000 was established to stimulate prevention interventions within council-run services. Funded through the Public Health Grant, the Prevention Fund supported 16 projects across the council that covered a wide range of prevention activity - from preventing isolation to reducing homelessness, improving people's employability to empowering people with a disability, raising awareness on safeguarding in minoritized ethnic groups and early years roadshow. This investment encouraged innovative practice and better collaboration across the council.

Vaccine Health Champions - In January 2022, Barnet Council was awarded £485,000 to promote vaccine uptake amongst disproportionately impacted communities. Working with our local partners (voluntary and community sector organisations, Young Barnet Foundation, and Groundworks), we designed a local approach to develop practical solutions, communication and engagement activities tailored to meet the needs of our local communities, to increase the promotion and uptake of vaccines.

This involved a range of different solutions, including co-produced advertising campaigns, health workshops, and health ambassadors. This programme will be phased out over the next few months and lessons learnt will be incorporated into the overall Immunisation Action Plan and general Health Champions' Programme.





Cardiovascular Disease (CVD) Prevention – There is an increased focus on cardiovascular disease prevention in Barnet that includes the delivery of health checks in primary care and increased diagnosis of clinical cardiovascular risk factors.

A peer led Healthy Heart Support Programme, delivered by Inclusion Barnet, focuses on raising awareness of cardiovascular risk factors, behavioural changes to promote good heart health, and encourages people to come forward to receive health check screening in the community. The team have focused on engaging with people from African, Caribbean and South Asian communities in the borough, and have delivered a wide range of outreach activities and community engagement events. To date, 241 residents have engaged with peer support workers during visits and one-off events, and a further 92 people have attended at least one session of the intensive Healthy Hearts peer support programme.

Community Health Screening delivered by our partner General Practice Delivered Quickly (GPDQ) screened over 900 people with a quarter being referred to their GPs for further investigations. This service is focusing on areas with highest deprivation and high prevalence of cardiovascular disease.

Dementia Friendly Barnet - We have been recognised as a “Working to Become Dementia Friendly” borough by the Alzheimer Society and have over 15,000 residents and staff across the borough trained as Dementia Friends. A number of businesses have been accredited locally and we are focusing on places of worship across the borough.

Suicide Prevention campaign - In response to concerns about an apparent increase in suicide during the pandemic, we initiated an extensive suicide prevention campaign aimed at working-aged men between November 2021 and January 2022. The campaign combined outdoor advertising; digital marketing and targeted engagement with local male-dominated businesses such as construction companies, gyms and taxi services); encouraged the use of the Stay Alive app; as well as launching Andy’s Men Club locally. The app reached over 100,000 people, with digital content displayed online over two million times. Andy’s Man Club attendees reported that the clubs allowed them to express thoughts and emotions that they would have otherwise not spoken about. The clubs made them feel less alone and they had others to talk to when they needed. Preliminary data suggests no record of suicide in men during the campaign although further data validation is underway. This is an exceptional result compared to London data on suicide for the same time period.

Combating Drugs Partnership - The Combating Drugs Partnership has been formed in response to the national “From harm to hope: a 10-year drugs plan to cut crime and save lives 2021”¹⁰. The plan requires national and local partners to work collaboratively focusing on three strategic priorities which include the plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The Barnet Combating Drug Partnership Board (BCDPB) was established in October 2022 and additional funding was received from the Office of Health Inequalities and Disparities. The CDPB needs assessment will be finalised in May 2023, including consultation responses from users and family/friends of users of the local substance misuse service. This will inform a cross-partnership action plan that will be implemented and overseen by the BCDPB and the Health and Wellbeing Board, in partnership with the Community Safety Partnership Board.

Core20PLUS5¹¹ - Access to health services plays a part in reducing inequalities and the NHS England approach to reducing healthcare inequalities, the Core20PLUS5 national strategy, is welcome. Barnet Council, via the Barnet Borough Partnership, is working with the North Central London (NCL) Integrated Care Board to implement the Core20PLUS5 strategy via the recently finalised NCL Population Health and Integrated Care Strategy. Initial focus will include five areas of improvement: deprived communities, key adults and children communities that experience greatest health inequalities and poorest outcomes, wider determinants of health and key population health risks such as childhood immunization, heart health and mental health and wellbeing.

Equality, Diversity, and Inclusion (EDI)¹² - After publishing the Equalities, Diversity & Inclusion policy (2021-25), the Council have delivered significant change in their corporate approach to EDI, and is now working within a culture of different expectations. The ambition is to develop the approach further and in partnership both across the organisation and with external partners. Work is ongoing across the council to shift thinking, identifying the gaps and actions to reduce all inequalities with a particular focus on inequalities in access to council’s services. An insight driven approach has resulted in the introduction of an HR Diversity Dashboard as well as a disproportionality study, using the Relative Rate Index (RRI) methodology, involving various council services with a specific focus on ethnicity. The study identified that disproportionality exists in the Borough across most services and that ethnicity data recording is inconsistent. Further work is ongoing to fully understand the reasons behind and the underlying factors that cause it.

Further information on the EDI agenda in the Council can be found here:
[Appendix - Equalities Report December 22.pdf \(modern.gov.co.uk\)](#)



¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf

¹¹ NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people

¹² Appendix - Equalities Report December 22.pdf (modern.gov.co.uk)

9. Recommendations

Every resident in Barnet should be able to reach their full health and wellbeing potential and live long, happy and healthy lives regardless of their age, sexuality, gender, economic status or disability. As this report describes briefly, there are many factors that impact our chances to start and grow well, be economically active and age well.

In Barnet, we have been focusing on understanding and tackling health inequalities and we have seen a slow but steady decrease in the life expectancy gap for males, between those living in the most and least deprived areas, unlike the rest of the country - but we know there is a lot more to do!

No one person or organisation can change all the factors that cause health inequalities on their own. It is only by working together, systematically, and continuously to influence the national, regional, and local policies and by making healthy behaviours and choices easier options for our residents, that we can start to reduce health inequalities.

The recently published 'Our Plan for Barnet 2023-26: Caring for People, our Places and the Planet' articulates our vision for reducing all inequalities and calls for a number of ambitious actions, some of which are in line with Marmot's recommendations. This brings to Barnet new opportunities to strengthen further collaborative efforts across the Council and all system partners and to galvanise a visible change towards a healthier Barnet for all!



Below are some suggestions for further focus over the coming years. It is recommended that Barnet's Health and Wellbeing Board considers incorporating areas below into their Health and Wellbeing Strategy Implementation Plan for 2023/24 and beyond. Further detail on specific interventions linked to the proposed developmental areas below should be developed in line with the best available evidence on what works.



PEOPLE

PEOPLE

- Continue to focus on improving educational attainment outcomes for those children and young people with multiple disadvantages;
- Develop a neighbourhood model of support across the whole local system and work closely with the communities further to improve their health and wellbeing;
- Continue investment in voluntary and community sector, coupled with a support and capacity building, and use lessons learnt from Community Innovation Fund to strengthen co-production further;
- Concentrate on specific communities, most in need and at risk of long-term conditions, to support behaviour such as decrease in smoking rates, increase in regular physical activity and support for healthy eating;
- Continue extending employment support interventions for people with disabilities, mental ill health, substance misuse and multiple co-morbidities;
- Improve Primary Care access in areas of most deprivation fastest;
- Work with NCL Integrated Care Board to implement NCL Population Health and Integrated Care Strategy;
- Work in partnership with the NHS to improve access to , and engagement with, antenatal care for most deprived communities.



PLACES

PLACES

- Improve local infrastructure for active travel and the reduction of traffic accidents;
- Promote further Healthier High Streets scheme and encourage local businesses to take an active part;
- Ensure that health and wellbeing is considered in all council strategies and policies for example, The Housing and Transport Strategy;
- Focus on healthy homes initiatives including affordable retrofitting interventions for those who need support, reducing fuel poverty and strengthening partnership between housing and healthcare organisations to improve referrals for people with housing conditions that harm health.



PLANET

PLANET

- Implement the Air Quality Action Plan and engage residents in a debate on Clean Air in Barnet;
- Ensure that the Food Plan is delivered across the partnership and linked to council-wide sustainability agenda;
- Improve access to green spaces, with a particular focus on those who live in housing with limited access to surrounding green spaces and those with multiple co-morbidities.

Acknowledgements

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