

MEETING

HEALTH & WELL-BEING BOARD

DATE AND TIME

THURSDAY 29TH NOVEMBER, 2012

AT 9.00 AM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELL-BEING BOARD (Quorum 3)

Chairman: Cllr Helena Hart - Cabinet Member for Public Health

Members

Cllr Andrew Harper	Cabinet Member for Education, Children and Families
Cllr Sachin Rajput	Cabinet Member for Adults
Gillian Jordan	Barnet LINK Representative
Dr Charlotte Benjamin	CCG Lead, South Locality Cluster
David Riddle	NHS Barnet, Vice-Chair
Dr Clare Stephens	CCG Lead, North Locality Cluster
Dr Sue Sumners	CCG Chair and Lead, West Locality Cluster
Ceri Jacob	NHS Barnet
Kate Kennally	Director of Adult Social Care and Health/Interim Director of Children's Services
Matthew Kendall	Acting Associate Director, Joint Commissioning, LBB/NCL
Dr Andrew Howe	Director of Public Health, Barnet and Harrow

You are requested to attend the above meeting for which an agenda is attached.

Aysen Giritli – Head of Governance

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CORPORATE GOVERNANCE DIRECTORATE

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Decisions of the Health & Well-Being Board

4 October 2012

Cabinet Members:-

AGENDA ITEM 1

Cllr Helena Hart (Chairman)

Cllr Andrew Harper
Cllr Sachin Rajput
Gillian Jordan

Dr Clare Stephens
Dr Andrew Burnett
Ceri Jacob
Bernadette Conroy (as
substitute for David Riddle)

Kate Kennally
Matthew Kendall
Dr Philippa Curran (as
substitute for Dr Sue
Sumners)

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

Resolved that:

The minutes of the 26th July were agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from Dr Sue Sumners and Dr Charlotte Benjamin. Dr Philippa Curran attended as substitute.

Apologies for absence were also received from David Riddle. Bernadette Conroy attended as substitute.

3. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 3):

None.

4. DECLARATION OF MEMBERS' PERSONAL AND PREJUDICIAL INTERESTS (Agenda Item 4):

None.

5. HEALTH AND WELL BEING STRATEGY (Agenda Item 5):

Dr Andrew Burnett, the Joint Director for Public Health, presented the final post-public consultation version of the Health and Well-being Strategy for the Board's approval.

The Chairman noted the public consultation and highlighted the extra rigour that engagement with the public brought to the final version of the Strategy.

Cllr Harper welcomed the final version of the Strategy noting that it was based upon tangible objectives. Cllr Harper also commented on the importance of the Strategy dovetailing with the Children and Young People Plan.

Board members representing the Clinical Commissioning Group (CCG) welcomed the Strategy. Dr Curran welcomed the focus on prevention which would support cost-effective quality of life health outcomes.

Gillian Jordan welcomed the focus on supporting people to live independent, healthy lives.

The Board acknowledged that the aims of the Strategy could initially have been misconstrued. Board members welcomed the acknowledgement that getting the message across to the public that the objective of the Strategy was to promote healthy, independent lives avoiding the need for professional care rather than a simple exercise in reducing levels of care would continue to be part of the Strategy's implementation.

The Board highlighted the need to have a cost-effective means of promoting the Strategy and discussed the proposal that rather than produce hard copies of the complete final Strategy, hard copy promotional materials should be focused on highlighting the four key themes of the Strategy.

Action: Ceri Jacob – to report back to the Board on promotional material options including the addition of the CCG logo

Resolved:

That the Board approve the final Health and Well-being Strategy

6. INTEGRATED PREVENTION PLAN (Agenda Item 6):

Dr Burnett presented the Draft Integrated Prevention Plan which set out the proposed partnership approach to improve health and well-being through various preventive actions aimed at reducing the incidence of avoidable ill-health.

Dr Burnett highlighted three points of interest; the Winter Well Programme – for which a bid was being made to the Department of Health for additional funds; Health checks – which were funded to 31st March 2013 but would require further funding from that date; Obesity – there was a need to decide how work on this issue would be addressed.

Dr Burnett also advised that the Draft Plan took account of the implications of a report by the London School of Economics and Political Science on the impact of untreated mental illness in people with physical health problems.

Bernadette Conroy commented on the importance of communication providing a basis for the effective delivery of targets.

Cllr Hart again drew the Board's attention to the extremely low level of transitional funding available for Public Health in the Borough and the effect that this would have on our ability to provide meaningful programmes of health improvement, especially in the field of weight reduction. Cllr Hart stated that she would particularly like to see a meaningful programme for weight reduction in children.

Cllr Harper commented that it was essential for the Draft Plan to complement the Troubled Families initiative being undertaken by the Children's Service.

Ceri Jacob suggested that a mental health objective could be included under each of the themes identified in the Plan.

The Board considered the importance of having good working relationships with academies and independent schools to achieve the Draft Plans objectives noting that these schools could be commissioned by the Board to deliver activities identified in the Plan.

Cllr Rajput commented on the difficulty of engaging employers to deliver activities targeted at adults noting this could be potentially more difficult than targeting young people in schools.

Kate Kennally drew the Board's attention to paragraph 10.7 in the cover report noting the timelines for the detailed Implementation Plan to be brought to the Board in early 2013 by the newly appointed Joint Director of Public Health, Dr Andrew Howe. Kate Kennally informed the Board that finance and budget planning would be considered by the council's Cabinet at their 7th November meeting and requested that CCG colleagues support the budgeting process by helping to bring forward information from NCL relating to their commissioning intentions. The Board noted that a communications plan should be developed to support the delivery of the implementation plan.

Finally, Cllr Hart, as Chairman of the Board thanked Dr Burnett for all his sterling work as Director of Public Health and his service to the residents of Barnet over the last decade.

Resolved that:

- 1. The Board notes the Draft Plan.**
- 2. A communication plan be produced to support implementation.**
- 3. The Board notes the work of Dr Burnett as Director of Public Health and the work he has done for Barnet over the past decade.**

7. NHS BARNET ENFIELD HARINGEY CLINICAL STRATEGY- UPDATE (Agenda Item 7):

The Board received a presentation from Siobhan Harrington, Programme Director – NHS North Central London, setting out progress in the delivery of the Barnet, Enfield and Haringey Clinical Strategy programme.

The Board were informed that NHS NCL were aiming to have urgent care provision as set out in the BEH Clinical Strategy in place from April 2013.

The Board commented that transport provision remained a significant issue and were informed that the Board would be kept updated on developments regarding transport planning.

In relation to discussions regarding the progression of Barnet and Chase Farm Hospitals NHS Trust to Foundation Trust Status and the possibility of a partnership with the Royal Free Foundation Trust the Board were informed that assurances had been provided from the Royal Free regarding the delivery of the BEH Clinical Strategy.

The Board were also informed that they would be kept informed of developments regarding the future of the Dolphin Ward at the Springwell Centre as well as clarifying for the Board whether there would be an older people's mental health assessment facility at the new Finchley Memorial Hospital.

Action: Councillors Harper and Rajput requested that an opportunity for them to visit the new hospital site be arranged.

Resolved that:

The Board notes the presentation.

8. BARNET AND CHASE FARM NHS TRUST - PROGRESSION TO ACHIEVING FOUNDATION TRUST STATUS (Agenda Item 8):

Ceri Jacob, Interim Chief Officer NHS Barnet, provided the Board with an update on options being explored by Barnet and Chase Farm NHS Trust regarding the selection of a partner to support the Trust acquire Foundation Trust status.

The Board was informed that the Royal Free Foundation Trust was the only organisation who formally confirmed their interest in exploring whether a viable larger Foundation Trust could be created between the two organisations.

The Board commented that the proposal could present an opportunity for establishing close clinical links across the whole Borough of Barnet which would benefit the Borough's residents.

The Chairman commented that she would present the Boards views to the next meeting of the Royal Free's Council of Governors. The Board agreed to prepare a written response to the report setting out the Boards position to Barnet and Chase Farm NHS Trust and the Royal Free Foundation Trust Boards.

Resolved that:

The Board notes the report and will prepare a written response as set out in the preamble above.

9. NHS BARNET CLINICAL COMMISSIONING GROUP : AUTHORISATION PROCESS UPDATE (Agenda Item 9):

Ceri Jacob presented the Board with an update on NHS Barnet's Clinical Commissioning Group's (CCG) authorisation progress which commenced on the 1st October. The board were informed of key milestones including the approval of the CCG communication and engagement arrangements and the go-live of the CCGs public facing website.

The board were also informed of the key CCG governing body appointment with John Morton appointed Chief Officer. The Board were also told that the Chief Financial Officer post was currently out to national advert with an interim officer appointed for the duration of this recruitment process.

Resolved that:

The Board notes the progress update.

10. APPROACH TO DEVELOPING THE BARNET CLINICAL COMMISSIONING GROUP (CCG) COMMISSIONING PLAN (Agenda Item 10):

Ceri Jacob presented a report setting out the approach to developing NHS Barnet's Clinical Commissioning Group's (CCG) Commissioning Plan.

The Board were advised that the CCGs Draft Commissioning Plan would be presented to the Board at the November 29th meeting.

Resolved that:

The Board notes the report.

11. HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME- PROGRESS UPDATE (Agenda Item 11):

Dawn Wakeling, the Deputy Director of Adult Social Care and Health, provided the Board with an update on the Health and Social Care Integration Programme.

Resolved that:

The Board notes the update report.

12. UPDATE ON CANCER PREVENTION WORK AND NORTH CENTRAL LONDON CANCER NETWORK (Agenda Item 12):

Dr Andrew Burnett presented a report which summarised work on cancer prevention across north central London. The report also set out the development of the NCL/NEL Cancer Commissioning Network.

The board were advised that the responsibility for raising public awareness of cancer would pass to local authorities in April 2013.

Resolved that:

The Board notes the report.

13. REVIEW OF PARTNERSHIP BOARDS (Agenda Item 13):

Matthew Kendall, the Interim Associate Director for Joint Commissioning, presented a report setting out the conclusions of a review of strategic partnerships with customers, carers and communities.

The Board noted the future structure of strategic collaboration and partnership in Barnet as set out in the report.

Cllr Hart welcomed the benefits that would be achieved through direct contact between partnership boards via the proposed Barnet Health and Well-being Partnership Summits which would take place twice a year.

Resolved that:

- 1. The Board notes the report.**
- 2. The Board approve the establishment of a Health and Well-being Partnership Summit**
- 3. The Board approve the draft Implementation Plan and agree to review progress at future meetings.**

14. FUTURE WORK PROGRAMME (Agenda Item 14):

Resolved that:

The Board notes the Forward Work Programme.

The meeting finished at 4:10 pm

Meeting	Health and Well-Being Board
Date	29 November 2012
Subject	London Borough of Barnet Finance and Business Planning 2013/14-2015/16
Report of	Director of Adult Social Care and Health and Interim Director of Children's Service

Summary of item and decision being sought The Council's Cabinet recently agreed for consultation a budget and Corporate Plan for 2013/14, together with an updated Medium Term Financial Strategy and a Growth Strategy for the Borough. A presentation will be made on the Council's proposals to give the Health and Well Being Board the opportunity to comment on the implications and opportunities for integrated working.

The London Borough of Barnet Business Planning reports as submitted to Cabinet on 7th November 2012 are set out in the annex to this report.

Officer Contributors	Strategic Policy Adviser
Reason for Report	To advise the Health and Well Being Board of the Council's strategic financial provision and proposed business priorities to assist the Board in implementing its objectives.
Partnership flexibility being exercised	N/A
Wards Affected	All

Contact for further information; Andrew Nathan, Strategic Policy Adviser 020 8359 7029

1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board note and comment on the Council's proposed financial and business planning for 2013/14-2015/16.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Cabinet- 7 November 2012, agenda item 5- Business Planning 2013/14-2015/16 (appended)

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 This report gives high level information on the resources available to the Council to support its contribution to shared strategies including the Sustainable Community Strategy and the Health and Well-being Strategy.
- 3.2 The future strategic objectives, to be reflected in the revised Corporate Plan, demonstrate the Council's commitment to implementing the objectives set out in the Health and Well-Being Strategy and the plans that sit underneath it.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Section 4 of the Cabinet report sets out how the Council has taken account of its statutory duties under the 2010 Equality Act in formulating budget proposals and how the equalities impacts of any service reductions will be identified and managed.

5. RISK MANAGEMENT

- 5.1 Section 5 of the Cabinet report sets out overall risks, specifically relating to further public expenditure reductions. Risks to the Health and Care system arising from the Medium Term Financial Strategy are regularly assessed by the Financial Planning Group.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 As set out in the Council's cabinet report. There is no statutory obligation per se to consult the Health and Well Being Board on the Council's budget, but this is being done as good practice.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 These are comprehensively set out set out in detail in the Cabinet report.
- 7.2 Consultation on the Council's budget and business planning, which is principally through on line methods, is funded by existing Chief Executive's Service budgets.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The draft financial and business planning documents are currently out to public consultation until 31 January. The proposed Corporate Plan priorities have been influenced by some consultative work with residents and individual budget proposals have been developed through engagement with relevant stakeholders as appropriate.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage but providers are encouraged to respond to the consultation.

10. DETAILS

10.1 A key role of the Health and Well-Being Board is to have oversight of the totality of resources being invested into the local health and care system. It is therefore appropriate for the Board to understand the Council's financial position, the constraints and opportunities facing it, and its proposed strategic priorities, and consider their impact on the work of the Board. This item should therefore be seen as complementing other Board items on NHS financial planning and commissioning proposals.

10.2 The Council's Cabinet on 7 November 2012 agreed an updated provisional three year Council budget from 2013/14 and updated Medium Term Financial Strategy, together with draft strategic objectives to form the basis of the 13/14 Corporate Plan, and a Growth Strategy for the Borough. The full report is appended at Appendix 'A'.

10.3 Key messages relevant to the Health and Well-being Board include:

- There is currently a projected budget gap of £49.8 million over the next three years, on the basis of available intelligence that the next Comprehensive Spending Review will introduce further public spending reductions. With budget pressures of £4.7 million, this will mean that £54.5 million is required in savings to balance the budget in line with anticipated Council tax levels, including £ 21.3 million in Adult Services and £16.6 million in Children's
- 90% of savings will be delivered through service efficiencies, 9% through reductions and 1% through increases in income
- New financial freedoms will give the Council new opportunities to generate revenue through the housing and economic growth that is already occurring
- A Growth Strategy has therefore been developed to show how the Council will maximise the potential of growth in the Borough as a way of offsetting the financial pressures. These growth opportunities could mitigate the scenario that the council's entire budget will potentially be spent on Adult Social Care and Children's Services within 17 years.
- Additional funding of £2.4 and £2.32 million respectively for Adults and Children's Services has been added to future budgets and these are set out in Appendix 2 to the Cabinet report
- The Council will be developing a Corporate Plan with new strategic objectives, partly influenced by current public engagement and consultation. These are:
 - Creating the right conditions for growth
 - supporting families and individuals that need it – promoting independence, learning and well-being; and
 - improving the satisfaction of residents and businesses with the Borough as a place to live, work and study.
- Six priority outcomes are proposed, which demonstrate the importance the Council places on making its contribution to the shared Health and Well Being Strategy, Three of them specifically relate to services within the domain of this Board, namely:
 - To create better life chances for children and young people across the borough, from the start of pregnancy onwards.
 - To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.
 - To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well.

- The other three priorities all make a positive, if more general, contribution to Well-being:
 - To maintain a well designed, attractive and accessible place, with sustainable infrastructure across the borough.
 - To maintain the right environment for a strong and diverse local economy.
 - To promote family and community well being and encourage engaged, cohesive and safe communities
- 10.4 The Director of Adult Social Care and Health will make a presentation on the strategic picture which will draw out the context of these themes in more detail.
- 10.5 The Public Health function becomes part of the local authority from 1 April 2013 and the Cabinet report also included a statement which set out the Council's commissioning intentions on the basis of the probable allocation of £11.236 million, and the next steps to develop detailed proposals for 2013-14.
- 10.6 The Council's finance and business planning proposals are currently out to public consultation until 31 January 2013 including online at <http://engage.barnet.gov.uk/>. Members of the Board are encouraged to reply and to share this link with colleagues and partner organisations who may be interested.

11 BACKGROUND PAPERS

11.1 None

Legal – HP

CFO – JH

Annex A

Meeting	Cabinet
Date	7 November 2012
Subject	Business Planning 2013/14 – 2015/16
Report of	Leader of the Council Cabinet Member for Resources and Performance
Summary	<p>This report sets out draft proposals for refining the council's strategic objectives, alongside budget headlines for 2013/14 - 2015/16.</p> <p>In March 2012, the council set a three year budget for the period 2012/13 – 2014/15. This report updates the budget position in 2013/14 and 2014/15 and brings forward new proposals for 2015/16 to ensure that the council continues to plan on a three year horizon.</p>

Officer Contributors	Andrew Travers, Deputy Chief Executive Julie Taylor, Assistant Chief Executive John Hooton, Assistant Director Strategic Finance Stephen Evans, Assistant Director Strategy
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix 1 – Medium Term Financial Strategy Appendix 2 – Savings and Pressures Appendix 3 – Growth Strategy for Barnet Appendix 4 – Children's Service Fees and Charges Appendix 5 – School Places Appendix 6 – Public Health
For decision by	Cabinet
Function of	Executive
Reason for urgency/ exemption from call- in	N/A

Contact for further information: Andrew Travers, Deputy Chief Executive, 020 8359 7850

1. RECOMMENDATIONS

- 1.1 **That Cabinet agrees the Council's draft strategic objectives for consultation, as set out in section 9.3;**
- 1.2 **That Cabinet notes the updated Medium Term Financial Strategy as set out in Appendix 1;**
- 1.3 **That Cabinet notes impact on performance, staff and equalities as set out in section 9.7 of this report;**
- 1.4 **That Cabinet notes the process for agreement of the Housing Revenue Account budget as set out in section 9.8;**
- 1.5 **That Cabinet notes the process for the development of the Capital Programme as set out in section 9.9 and agree that school places contained in Appendix 5 is prioritised;**
- 1.6 **That Cabinet agrees the savings and pressures included in Appendix 2 as 'budget headlines' for consultation;**
- 1.7 **That Cabinet agrees the Children's Service childcare fees that are over and above inflation included in Appendix 4 for consultation; and**
- 1.8 **That Cabinet notes the Public Health commissioning intentions included in Appendix 6.**

2 RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet on 17 July 2012 agreed a business planning process covering the period 2013/14 - 2015/16.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The business planning process enables Members to set the strategic direction of the council and for that direction to be reflected in the Corporate Plan, which is refreshed annually. Individual Service Delivery Plans will set out how the council's strategic objectives will be delivered and this will flow through to individual officer objectives, thus creating a 'Golden Thread'. The council's budget will be focussed on delivering its strategic objectives, ensuring that resources follow strategy.

4. RISK MANAGEMENT ISSUES

- 4.1 Severe resource constraint represents the most significant risk to the council achieving its strategic objectives. The One Barnet programme potentially mitigates this risk but needs to be taken forward in a timely fashion and integrated into the business planning process.

- 4.2 The council has taken steps to improve its risk management processes, in particular integrating the management of financial and other risks. Risk management information is reported quarterly to Cabinet Resources Committee and will be reflected as appropriate in business planning.
- 4.3 The threat of future Government-imposed spending cuts over and above the current Spending Review settlement, which runs until 1 April 2015, remains the single most important financial risk facing the council. Our reserves and contingency positions remain prudent on the basis that there is a risk that the Government may reopen the current Spending Review settlement to create the headroom for more cuts, particularly in 2014-15. The Financial Year 2015-16 falls outside of the current SR period and, as such, the Government has not yet set the Local Government settlement envelope for that year. It will need to do so before the end of the 2014 calendar year but, until further announcements are made from the centre, we are planning for a prudent assumption that the Government may make an additional 10% cut to the Local Government spending settlement in that year, based on existing announcements from the Chancellor on spending expectations in 2015-17. These assumptions will be revised if further indications on future spending plans are made at the Treasury's "Autumn" Statement in December.
- 4.4 The challenges set out in this report require fundamental change in the way council services are delivered, which will impact on the human resources of the organisation and related policies and practices. The staffing impact of this report and related considerations are set out in section 9.7.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The projected increase in the borough's population, and changes in the demographic profile, will be key factors that need to be considered when determining the council's strategic objectives and service responses.
- 5.2 Equality and diversity issues are a mandatory consideration in decision making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. All proposals emerging from the business planning process will need to be properly considered to ensure that due regard has been given to the public sector equality duty (described in 7.9 – 7.12 below) using the council's agreed approach as set out in the current Corporate Plan. The equality considerations of the proposals have been recorded on the council's equality impact analysis
- 5.3 Children's Services, Adult Social Care and the Environment, Planning and Regeneration directorates undertook externally facing EIAs. Mitigation was required in the following budget decisions.

- 5.4 The Government has recently announced its intention to bring forward a review of the public sector equality duty which it says will be completed by April 2013. Until there is any change in the law, the public sector equality duty remains a basis for legal challenge to decisions by any public authority. The council recognises that the time and cost of dealing with litigation and the risk of decisions being quashed is not something that can be treated lightly.
- 5.5 Elected Members have been briefed on the public sector equality duty and how equality considerations must be integrated into day to day business when formulating policies and decision-making. Members are mindful of the need to consider what impact if any a particular proposal will have on one or more protected groups, whether there will be any cumulative impact and what mitigating steps must be put in train. The council believes the duty has been exercised in substance with rigour and with an open mind.

6 USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 This report covers the council's Medium-Term Financial Strategy and business planning process. In March 2012, the council set a three year budget which puts the organisation in a strong position to manage the challenges of funding reductions resulting from the Spending Review. This report updates Cabinet on the details of the budget for both 2013/14 and 2014/15. It also brings forward new proposals for balancing the budget in 2015/16 to ensure that the council continues to plan on a three year horizon. At this stage, it is necessary to make assumptions about the likely Local Government spending settlement for the 2015-16 Financial Year and remain flexible ahead of a formal announcement from Government on the next Spending Review. The government has, however, already set out an expectation of further cuts in the years 2015-17, so these assumptions are underpinned by the most up to date information available.
- 6.2 There has been significant global economic uncertainty. The outlook for UK growth over longer-term remains weak and future cuts to public spending are considered likely by most commentators. Given this context, the council's financial strategy remains cautious. Added to this, the government is consulting on a new system of local government finance and while some detail has emerged to enable projections to be developed, there is still significant uncertainty over 2013/14 funding allocations.
- 6.3 Demographic change poses a particular challenge. Barnet is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old. Given that 55% of the council's budget is spent on Adult Social Care and Children's Services, this poses a particular challenge as these services are predominantly 'demand led'. There will also be costs related to infrastructure development.

7 LEGAL ISSUES

- 7.1 This report sets out the complex challenges faced by the council as a consequence of the spending review, current and foreseeable economic climate and the particular demographic changes in Barnet. Members will of course be aware of the legal responsibility to set a balanced budget against this difficult backdrop. This necessitates making difficult decisions with regard to council policies and delivery of services. Some residents and or service users may not be agreeable to the council's proposals and a challenge by way of Judicial Review could be mounted by any person, group of persons or body or group of bodies that may be adversely affected by a particular proposal. Such a challenge could be brought at any stage of the decision making process on the grounds of illegality, irrationality and or impropriety, however, such challenges must be brought within three months of the council decision. In order to successfully defend such a challenge, it is critical that proper decision making processes are followed, that, where appropriate, there is proper consultation and at all times the council has due regard to its public law equality duties. These are both set out in further detail below.
- 7.2 All proposals emerging from the business planning process are being carefully considered in terms of legal implications for the council and where appropriate, mechanisms are in place to mitigate the legal risk of challenge as far as possible.
- 7.3 With regard to staff and redundancy consultation, Members will be aware that there is a statutory requirement to give 90 days notice where there are potentially more than 99 redundancies. This report states at paragraph 9.7.7 that as at the date of this report, the total number of staff at risk could rise beyond 99 and therefore the 90 day consultation is required.

CONSULTATION

- 7.4 As a matter of public law the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in 3 circumstances:
- Where there is a statutory requirement in the relevant legislative framework;
 - Where the practice has been to consult or where a policy document states the council will consult then the council must comply with its own practice or policy; and
 - Exceptionally, where the matter is so important that the council ought to consult whether or not there is a statutory duty to consult.
- 7.5 Consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:
- Comments are genuinely invited at the formative stage;
 - The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;

- There is adequate time given to the consultees to consider the proposals; and
- There is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision.

7.6 Consultation proposals should demonstrate not only that the council is approaching the proposals with an open mind but also that it is mindful of the range of implications any proposal may have for those affected and that any decision is not pre-determined prior to the consultation and the response thereto being considered.

7.7 The council must take account of all relevant considerations; including importantly the duty to give due regard to the public law equalities duties and in particular any potential differential and/or adverse impact. The council must also have regard to and weigh up all countervailing factors, including financial resources, which in the context of the function being exercised, it is proper and reasonable for the council to consider.

7.8 Finally there will be staff consultation about these proposals in compliance with s188 of the Trade Union & Labour Relations (Consolidation) Act 1992. This collective and individual staff consultation will take place during the period 26 October 2012 to 30 January 2013.

PUBLIC SECTOR EQUALITY DUTY

7.9 The core provisions of the Equality Act 2010 came into effect in October 2010. The Act provides a new cross-cutting legislative framework to update, simplify and strengthen the previous discrimination legislation. In short, the council must have due regard to the equality duties whenever it exercises a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. The general duty on public bodies is set out in section 149 of the Act.

- (1) A public authority must, in the exercise of its functions, have due regard to *the need to*:
 - (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
 - (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
 - (c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (3) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (4) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to:
- (a) Tackle prejudice, and
 - (b) Promote understanding.
- (5) Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (6) The relevant protected characteristics are:
- Age;
 - Disability;
 - Gender reassignment;
 - Pregnancy and maternity;
 - Race;
 - Religion or belief;
 - Sex;
 - Sexual orientation.

It also covers marriage and civil partnership with regard to eliminating discrimination.

7.10 There is also a statutory Code, namely The Duty to Promote Disability Equality: Statutory Code of Practice made by the Disability Rights Commission (now named Equality and Human Rights Commission, EHRC). The Code sets out what public authorities need to do to fulfil the general and specific duties. New Statutory Guidance has been issued in relation to the new duties under s149 of the Equality Act 2010.

7.11 The Equality and Human Rights Commission has issued a statutory code of practice with regard to services, public functions and associations as well as a number of non statutory guides, including an essential guide to the public sector equality duty, equality objectives, equality information, meeting the equality duty in policy and decision-making and engagement. The council must follow statutory guidance and have regard to non-statutory guidance

when formulating policies and decision making and should only depart from it with good reason.

7.12 The guidance states, amongst other matters, that public authorities should:

- Have an adequate evidence base (i.e. up to date and reliable information about the different groups) when undertaking the analysis and making decisions and to consider what engagement needs to be undertaken with people who have an interest in tackling discrimination, advancing equality and fostering good relations; and
- Analyse the potential impact that a policy, procedure or practice might have on different equality groups.

7.13 Finally, the council must be mindful of well established principles that have emerged in case law, namely:

- Due regard means the regard that is appropriate in all the circumstances and therefore the context of the decision is important.
- The duty is equally applicable in the formative stages (when the policy is being formulated) as well as at the time of making a final decision. It involves a conscious approach and state of mind.
- An incomplete or erroneous application of the duties will mean that due regard has not been given.
- The duty must be exercised in substance, with rigour and with an open mind (i.e. it is not a tick box exercise),
- The duty is non-delegable (i.e. the decision maker / decision making body must ultimately discharge the duty)
- The duty is a continuing one and therefore requires consideration when formulating policies and making decisions as well as a review;
- Consideration must be given to what if cumulative impact, if any, there is on any protected group(s).

7.14 The council is satisfied that these requirements have been adhered to in formulating the proposals referred to in this report.

8. CONSTITUTIONAL POWERS

8.1 Constitution, Part 3, Responsibility for Functions – Section 3, Responsibilities of the Executive.

9. BACKGROUND INFORMATION

9.1 Executive Summary

9.1.1 In March 2012, the council set a three year budget for the period 2012/13 – 2014/15, consistent with the Local Government spending settlement set by the Government at the 2010 Spending Review. This report:

- Updates Cabinet on budget proposals for 2013/14 and 2014/15 **which were agreed in March** but are subject to minor amendments as a result of reviews around deliverability and priorities; and
- Brings forward new budget proposals for 2015/16 to ensure that the council continues to plan on a **three year horizon**. The Financial Year 2015/16 falls outside of the current Spending Review period and, as such, prudent assumption have been made that the Government may impose additional spending cuts of 10% in that year. This assumption will be kept under review pending further announcements from the Government.

9.1.2 Next year's draft strategic objectives are set out in **section 9.2**. These will form the basis of the 2013/14 Corporate Plan. These strategic objectives drive the allocation of resources and will continue to be refined in order to reflect the outcome of the public consultation, which will be launched in November 2012.

9.1.3 The total budget gap is £49.8m over the next 3 years (2013-16). The 3 year budget gap moves over a rolling three year period, and has been updated to reflect the assumption that a further round of spending cuts will take place over the period 2014-16.

9.1.4 **Savings of £54.5m and pressures of £4.7m** have been identified to enable a balanced budget to be set. The three year budget position is set out in section 9.4, with pressures and savings included in **Appendix 2**.

9.1.5 The budget proposals within this report are predicated on a council tax freeze for 2013/14 and a **2% increase in Council Tax** for 2014/15 and 2015/16.

9.2 The council's strategic objectives and Corporate Plan

9.2.1 The Corporate Plan is the main overarching strategic document for the council, which sets out its future strategic direction. Next year's Corporate Plan will be revised to reflect the new freedoms and opportunities offered by reforms to local government funding – which place a greater degree of control with local authorities - the Localism Act, and the transition to a commissioning model of operation.

9.2.2 Continuing the trend of this year's document, the 2013/14 Corporate Plan will be more focused, with a reduced number of objectives, refined performance targets, and clear lines of accountability. The Corporate Plan will sit above published Service Delivery Plans for each directorate, thus providing a clear link between the council's strategic objectives and the actions each service

will take to deliver them. The council's strategic objectives will reflect the concerns and priorities of residents, taking account of a consultation exercise to understand the views of residents in relation to service priorities which is currently underway and of this year's Residents Perception Survey. The Corporate Plan consultation will close at the end of November and the final Plan will be brought to Cabinet once responses have been considered.

- 9.2.3 Achieving the council's strategic objectives will require close collaboration between the council and its public sector partners across the borough. For example, an objective to keep Barnet safe will set out how the council will work with the police and others to achieve this.

Emerging priorities

- 9.2.4 Barnet is facing a significant period of change as it deals with the consequences of significant demographic change alongside a 26% reduction to funding from central Government over the current Spending Review period, with the prospect of continued austerity for a further decade.

- 9.2.5 Despite these immense challenges, there are opportunities. Alongside the cuts, authorities have been delegated more powers and financial control through funding reforms – particularly the localisation of business rates and the New Homes Bonus – the Localism Act and changes to planning powers. These reforms create an incentive for councils to focus on growth and development as a means of helping to mitigate the financial and social challenges they face. Barnet will embrace these opportunities.

- 9.2.6 The borough has a number of the 'building blocks' in place to support this approach. Barnet is a successful London suburb where people want to move to - 86% of residents are satisfied with their local area as a place to live. Barnet's population is more skilled than the London average, whilst both household incomes and employment rates are higher.

- 9.2.7 The local economy is vibrant – Barnet has the third highest business stock and start-up rate in London and collects over £100m annually through business rates. The Council Tax base continues to grow, with nearly 7,000 new homes built over the past 8 years and significant areas of regeneration under way and in development.

- 9.2.8 The council has done much over the past few months to help create the right environment for growth in the local economy – by investing £3.5m of additional resources in roads and pavements and £1m to support local businesses and young people into employment. The impact of the council's growth strategy are beginning to bear fruit, with participation rates for the number of 16-17 year olds in education, employment and training amongst the highest in London at 95% - up 3.4% from 2011. Barnet has also seen a record-breaking number of new company formations during the second quarter of this year, with 285 new companies formed between May and August 2012 – higher than any other second quarter on record for the area¹.

¹ Companies House data

The council will build on this approach by focusing on creating the right environment for growth across the borough. Economic growth, managed in a responsible way, is essential for ensuring that Barnet remains a place where people want to live and where opportunities exist for all. It is therefore essential that a focus on growth provides the cornerstone of the council's strategy. The Barnet Growth Strategy is set out in Appendix 3.

9.2.9 Alongside this, there will be a continuing need for the council and its partners to support families and individuals that need it. It is essential that this is reflected in the council's revised Corporate Plan, as is the continuing priority that residents are satisfied with their local environment.

9.2.10 The council's new strategic direction will be based around three top level strategic objectives, supported by half a dozen priority outcomes which cover the full breadth of the council's local responsibilities. This revised, more focused framework will be underpinned by a matrix of performance indicators against which success will be measured.

9.2.11 It is proposed that next year's Corporate Plan is focused on the following strategic objectives and priority outcomes:

Strategic Objectives

Barnet Council will work with local partners to:

1: Create the right environment to promote responsible growth, development and success across the borough.

2: Support families and individuals that need it – promoting independence, learning and well-being.

3: Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

Priority outcomes

1: To maintain a well designed, attractive and accessible place, with sustainable infrastructure across the borough.

2: To maintain the right environment for a strong and diverse local economy.

3: To create better life chances for children and young people across the borough.

4: To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.

5: To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well.

6: To promote family and community well being and encourage engaged, cohesive and safe communities.

The council is seeking the views of residents on the future strategic direction of the council, as set out above.

Approach to business planning

9.2.12 The Government's plan to cut public spending by £81 billion by 2015 is having a big impact on councils across the country. Tough choices are required.

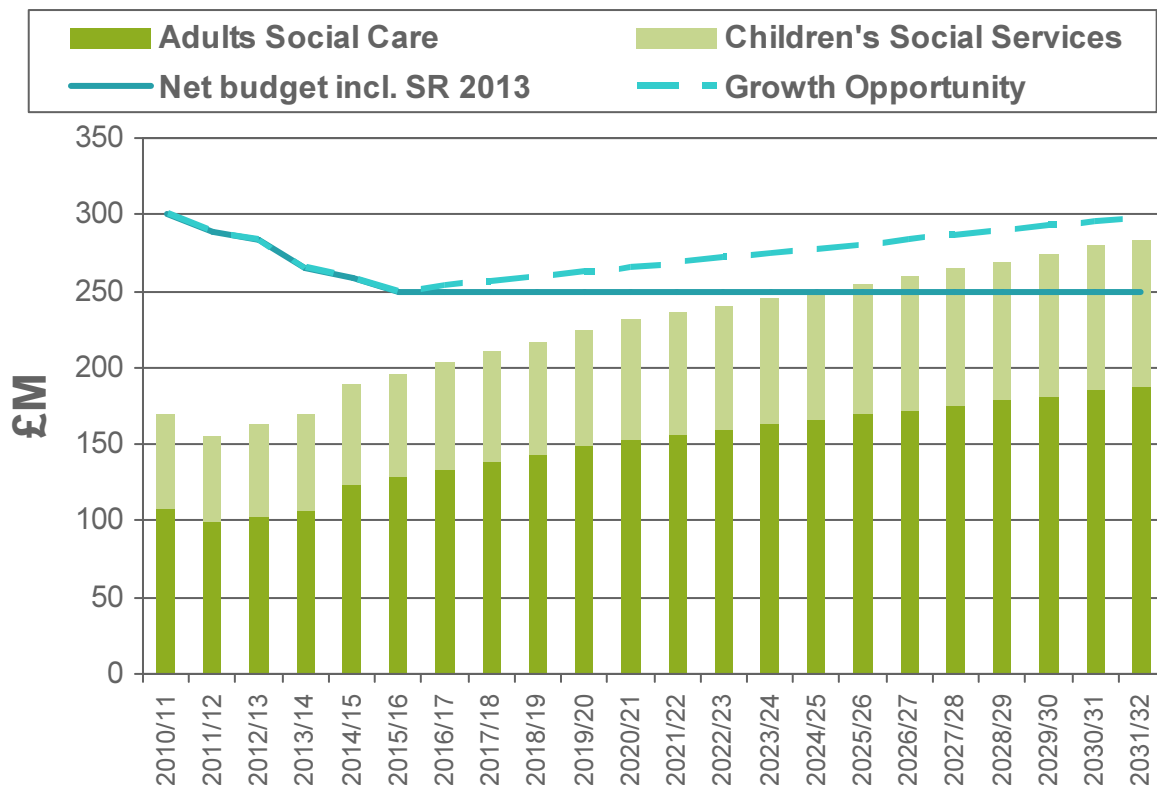
9.2.13 The council's approach to business planning has been to focus on mitigating the impact of funding reductions on front line services as far as possible through back office efficiencies and developing alternative ways to deliver services. Of the total of savings identified, 90% are from efficiencies, 9% comes from service reductions and 1% are related to increases in income.

9.2.14 Publishing budget headlines as early as possible gives the council more time to consult widely and implement savings in full. It also allows more time for the council to determine its strategic priorities, allows services time to develop Service Delivery Plans and allows our local public sector partners to plan ahead with certainty.

Longer term financial planning and demand management

9.2.15 Modelling has been undertaken to understand the impact of growing demand on the council's budget resulting from demographic change, taking into account a range of factors including population increase, inflation and likely legislative changes.

9.2.16 Previous iterations of the graph below have been included in previous budget reports. It has shown that, if funding to local government remains flat, the council's entire budget will potentially be spent on Adults Social Care and Children's Services within 17 years. The graph has now been updated to demonstrate the potential opportunity that exists around growth. Changes to the way that local government is financed come into force from April 2013. Councils in the future will see the benefit of growth in the tax base and will also see a limited benefit from growth in business rates. This "growth opportunity" will have a positive impact on Council funding. The graph below is illustrative, as follows:



9.2.17 This picture is relevant to our planning process in a number of ways. Firstly, it is used to inform the level of additional investment needed in services to fund demographic changes. Some additional funding in respect of Adults and Children’s Services has been added to future budgets as set out in **Appendix 2**. Secondly, it also provides an evidence base to lobby the government about sustainable funding for local government in the future.

9.2.18 The council is finalising its Infrastructure Delivery Plan (IDP) which responds to demographic change in Barnet up to 2026. The IDP sets out the infrastructure required to support this growth and identifies the funding sources to enable its delivery. The final capital programme will link to the IDP.

9.3 Consultation

9.3.1 Development of strategic objectives, business plans and savings options will be informed by consultation and engagement with residents. The council will use three phases of consultation to gain insight into residents’ priorities, views of budget options and responses to service changes or reductions proposed in 2013/14.

9.3.2 Phase One (September 2012 – October 2012): Residents’ Perception Survey.

The Residents’ Perception Survey (RPS) will provide borough-wide understanding of residents’ priorities, perception of public services and how the views of residents have changed over time. This information will inform

priorities for the emerging Corporate Plan, service plans, commissions and future budget options. Interim findings will be available in mid-November.

9.3.3 Phase Two (November 2012 – December 2012): Corporate Plan Consultation.

This element of consultation will test key principles, objectives and priorities for a new Corporate Plan for 2013/14 and use feedback from residents to shape the strategic direction for future years.

9.3.4 Phase Three: Budget Consultations (October 2012 – February 2013):

- **Service Consultation:** The council must as a matter of public law consult with service users in three circumstances: (1) where there is statutory duty to consult, (2) where the practice has been to consult on changes or where a policy to consult is in place, (3) where the service reduction or change is so important, that the council ought to consult whether or not there is a statutory duty to do so. Informal and formal consultation with service users will be conducted by services where these criteria are met. Where formal consultation is required, it will commence following Cabinet (7 November) and will continue until 31 January 2013.

Council budget consultation (November 2012 – February 2013): The council set a three year budget in March 2012 and has bought forward new proposals for 2015/16. The council's proposed budget for 2013/14 will be published in November 2012. Residents will be invited to give their views on the 2013/14 budget via an online survey with hard copies available on request. The council will use a wide range of methods to promote the consultation and invite residents to share their views. As part of the council's statutory duty to consult with National Non Domestic Rate Payers (NNDRPs), letters will be sent out to all NNDRPs inviting them to take part in the consultation.

9.4 **Medium-term financial strategy**

- 9.4.1 The Medium Term Financial Strategy (MTFS) sets out all of the budget changes over a rolling three-year planning period, including assumptions around inflation, changes to levies, pressures, savings and grant funding. It is the model which underpins the council's financial strategy.

2012/13 – 2014/15

- 9.4.2 When the three-year budget covering the period 2012/13 to 2014/15 was set in March 2012, the MTFS reflected a budget gap of £34m over the three years, together with savings proposals to reach a balanced position.

	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Budget gap	12.3	10.4	11.3	34.0
Pressures agreed in March	0.8	0.8	-	1.6
Revised budget gap	13.1	11.2	11.3	35.6
Savings proposals	(13.3)	(14.4)	(15.4)	(43.1)
	(0.2)	(3.2)	(4.1)	(7.5)
Pressures	1.7	0.8	1.9	4.4
Changes in contingency	(1.5)	2.4	2.2	3.1
Gap / (surplus)	0	0	0	0

Funding from central Government

9.4.3 The 2012/13 budget has been set and savings proposals have been implemented. This report sets out budget proposals for the period 2013/14 to 2015/16. However, significant changes will be implemented to the system of local government funding in April 2013, and details of how this will affect Barnet in practice will not be announced until December. It is already clear that the changes will create a further budget gap of £2m in 2013/14, over and above the current spending review position. Following that, it is considered that there is a real risk that the Government will make further cuts in support for 2014/15 and 2015/16. The budget gap has therefore been updated to reflect the council's current assumptions of a 10% cut in each of these two years. This position will be kept under review to reflect further announcements from the Government around future spending cuts. The budget position has also been updated to reflect the recent announcement of a further Council Tax freeze grant for 2013/14. The grant has been set at a level equivalent to a 1% increase only, with funding provided for two years. Members will be aware that such time-limited funding will create a budget 'cliff-edge' in future years if taken up. The government has also announced that Council Tax increases of 2% or above for 2013/14 will require a referendum.

9.4.4 The current MTFs position, as a result of the gloomy outlook set out in 9.4.3, is as follows:

	2013/14 £m	2014/15 £m	2015/16 £m	Total £m
Budget Gap	12.8	19.1	17.8	49.8

This year's financial position

9.4.5 The latest position on budget monitoring for 2012/13 was reported to Cabinet Resources Committee in October 2012. The report shows a projected £2.9m overspend, with £1.8m of this coming from Environment, Planning and Regeneration (EPR). Action plans have been developed since quarter 1 to reduce this overspend, which is now showing a lower overspend figure of under £500,000. This will be kept under review throughout the year. When set against the council's level of general reserves of £15.8m, this outturn position suggests a risk that general reserves will fall below the MTFs target of general reserves being at least £15m.

9.4.6 While the current year position is suggesting a risk to delivering a balanced budget, historic performance in implementing savings has been good. Savings of nearly £30m were implemented in 2011/12, and the outturn position for that year was on balance. This gives confidence that future plans are realistic and can be delivered.

Risks over the next three years

9.4.7 There are a number of risks to the Council's financial position as a result of changes in demographics, changes to legislation and other factors. The Council holds reserves and contingency balances to address future risks and concerns.

- **Business rate localisation** – the government will introduce a new system of local government finance involving the retention of an element of business rates in 2013/14. This creates both a risk and an opportunity, as income from business rates can go up as well as down. The MTFS has been updated to reflect the current position set out in the consultation document. The baseline position is currently estimated to be £2m worse as a result of the changes for 2013/14. This position is still subject to significant uncertainty. Even when the settlement is announced in December, we will still not know all of the detail of surpluses and adjustments and will have to set the budget in February based on some estimates. This poses a risk to the Council's finances that will need to be reflected in contingency and reserves.
- **Council Tax Support** – the government will localise Council Tax benefit in 2013/14, and reduce funding for this by 10% in the process. This represents a c£4m shortfall in funding, which will need to be managed. The Council has been consulting on the development of a local scheme of Council Tax support, but an element of funding has been held in contingency to deal with the risks of the new scheme.
- **Concessionary fares** – the council funds the cost of concessionary fares in Barnet. Given the increases in costs of travel and volume of users across London, this will have an impact on the council's budget for 2013/14. This has been reflected in the MTFS.
- **North London Waste Authority levy (NLWA)** – the latest financial plan suggests a significant increase in the 2013/14 levy, along with further rises in 2014/15 and 2015/16. These latest projections have been added to the MTFS.
- **Social Care White Paper** – The White Paper and draft Care and Support Bill set out a number of additional requirements for councils and has provided a high level impact assessment as to the resource required to meet them. However, it is currently unclear how the additional requirements will be funded at a national level and it is anticipated that more information will be issued by the Department of Health in the future. The Council currently supports carers with a budget of £1m, implementing the White Paper requirements therefore could necessitate spending levels to be increased to £1.86m per annum. In modelling these estimates it has

been assumed that where a national assessment of the financial impact has been set out in the White Paper, the Barnet proportion of that is equivalent to 0.6%. When further clarity over funding arrangements emerges, the MTFS will be updated accordingly.

- **Changes to schools funding** – significant changes to the way that schools funding operates will come into effect from 2013/14. More funding is likely to be delegated directly to schools, placing a risk on services funded from “centrally retained” budgets within the Children’s Service.
- **Inflation** – the level of inflation is currently running over the Bank of England’s 2% target. Rising inflation will increase the cost of providing services. The current MTFS assumes a 1% increase in staffing budgets to reflect the government’s announcements from the autumn of 2011, and 2.5% for non-staff costs.

9.4.8 The MTFS includes provision for inflation and contingency, and these risks need to be monitored closely against these provisions. **Appendix 1** sets this out in detail.

9.4.9 This report assumes that Members will wish to accept the government’s latest freeze grant offer and further that Members will wish to avoid planning for Council Tax increases for future years which require a referendum. In taking this approach, Members will be aware that Council Tax freeze grant comes from within totals available for local government, and accepting freeze grant has the effect of permanently reducing the Council’s base levels of income. In practice, this will mean that greater levels of budget reduction will be required in future years in the context of an already extremely challenging public expenditure context. The impact of these changes is mitigated in this report via the use of reserves and contingency reflecting the evolving risk position.

9.5 Draft budget proposals for consultation

Savings

9.5.1 Savings proposals for 2013/14 and 2014/15 have been reviewed across the council to ensure they remain deliverable and are in line with the direction of policy. Following internal reorganisation the delivery units set out here have changed from when the budget was set in March, and reflect the changes to the Council’s structure that will come into effect in 2013. Adults, Children’s and Streetscene are similar to the current directorates Adults, Children’s and EPR, with Libraries moving to Children’s and Leisure moving to Adults. The New Support and Customer Service Organisation and Development and Regulatory Services contracts will be live post April 2013, with a consolidated corporate function consisting of Assurance and Commissioning.

9.5.2 Savings proposals have also been developed for 2015/16. Each savings proposal is included in **Appendix 2** to this document, and are summarised as follows:

SERVICE	2013/14	2014/15	2015/16	Total Savings
	£'000	£'000	£'000	£'000
Adult Social Services	3,981	8,877	8,424	21,282
Children's Service	5,338	5,775	5,474	16,587
Street Scene (incl. Parking)	1,526	1,292	1,851	4,669
New Support & Customer Services Organisation	1,908	2,393	2,000	6,301
Development & Regulatory Services	1,530	1,355	300	3,185
Legal	80	150	200	430
Barnet Group	61	55	300	416
Strategic Commissioning Group	68	740	800	1,608
TOTAL	14,492	20,637	19,349	54,478

Pressures

9.5.3 Budget proposals also include pressures. These are included in **Appendix 2** and are summarised as follows:

SERVICE	2013/14	2014/15	2015/16	Total pressures
	£000	£000	£000	£000
Adult Social Services	800	800	800	2,400
Children's Service	850	750	720	2,320
TOTAL	1,650	1,550	1,520	4,720

9.5.3 The overall position for Member decision can be summarised as follows:

	2013/14 £m	2014/15 £m	2015/16 £m	Total £m
Budget gap	12.8	19.1	17.8	49.8
Savings proposals	(14.5)	(20.6)	(19.3)	(54.5)
	(1.7)	(1.5)	(1.5)	(4.7)
Pressures	1.7	1.5	1.5	4.7
Gap / (surplus)	0	0	0	0

9.6 One Barnet programme

9.6.1 Good progress has been made over the last year on projects within the One Barnet programme. Key points include:

- Quick wins identified and delivered in 2010/11 - £1.4m base budget saving;
- Further savings delivered in 2011/12 bringing base budget savings to £5.7m;
- Local Authority Trading Company (Your Choice Barnet) has gone live;
- Housing Needs and Resources service has transferred to Barnet Homes;
- Legal shared service with Harrow Council has gone live;
- Parking contract with NSL has gone live;
- Two major procurements (Development and Regulatory Services, New Support and Customer Services Organisation) at final tender stage; and
- Total base budget savings of £17m and cumulative savings to 2019 of £111m expected to be delivered.

Additional projects

9.6.2 Through the business planning process, a number of future years savings have been identified which are dependent on projects and resource to enable them to be delivered. They are:

- **Streetscene** – the budget proposals for streetscene include savings predicated on new arrangements following the end of the May Gurney contract in 2013;
- **Health Integration and demand management** – savings totalling £4.2m from demand management and social care integration with the NHS are included within these budget proposals;
- **Early intervention** – investment is being made in early intervention and prevention;
- **Community Safety**; and
- **Sports and Physical Activity**.

9.7 Impact of budget proposals

Performance impact

9.7.1 The performance impact of budget proposals has been included in the detailed templates in **Appendix 2**.

Equality impact

- 9.7.2 The equality impact of budget proposals has been included in the detailed templates in **Appendix 2**.

Staffing implications

- 9.7.3 The budget savings options set out in this report at **Appendix 2** have a number of implications in terms of staffing:

Service Area *	Proposed FTE Reduction at 31 March 2013	Employees At Risk at 7 Nov 2012 **	FTE Reduction	FTE Reduction
Adults & Communities	12.67	49	12	0
Children's Service	46.52	199	1	0
Street Scene incl. Parking	0	0	0	0
Commissioning and Assurance	6.6	4	0	0
Total	65.79	252	13	0

- 9.7.5 The above information is provided to enable the Cabinet to understand the full service delivery and financial implications of the budget proposals. All staffing related decisions are the sole responsibility of the General Functions Committee.
- 9.7.6 General Functions Committee will consider the staffing implications and will be asked to agree that subject to the completion of statutory consultation with staff and Trade Unions that the Interim Acting Director for HR be instructed to arrange with the respective Directors for redundancy letters to be issued to those employees who are to be made redundant as result of this process.

Redundancy Consultation Process

- 9.7.7 The total FTE reduction is currently estimated at 65.79 and 252 people at risk and statutory consultation will commence on 30 October 2012 and will close on 1 February 2013. The full consultation document can be found on the council's intranet. The consultation process will consist of collective consultation with the Trade Unions and individual consultation with staff at risk of redundancy.
- 9.7.8 Where there are restructures required to deliver these savings then consultation will also take place on these changes during the 90 day period so that the restructures can be implemented by 31 March to ensure that full savings are achieved.
- 9.7.9 A council-wide staff EIA will be undertaken to analyse the equality impacts at key milestones. The milestones will be identification of those at risk: at the start of consultation; mid consultation; end of consultation and after completion of the process.

9.8 Housing Revenue Account

9.8.1 The Housing Revenue Account budget is under preparation and consultation on the budget with tenants. Rent levels for 2013/14 will be approved by Cabinet in February. The final report will propose that HRA headroom will be used to fund schemes which will assist in reducing costs to Adult Social Services. This is in line with the policy position agreed in setting the current year's budget.

9.9 Capital Programme and Invest to Save

9.9.1 The MTFS allows provision for additional borrowing on an annual basis to fund high priority capital projects. Revenue provision allows for additional project of approximately £10m per annum, however this funding is already earmarked for future schemes. The most significant pressure on the capital programme is the need for additional primary and secondary school places. It is recommended that this funding is prioritised when finalising the programme in February 2013. Further details are set out in Appendix 5 which will be considered further when finalising the budget

9.9.2 It is proposed that all current schemes and new proposals are reviewed along the following themes:

- Statutory and legal obligations;
- 'Fit' with the council's strategic objectives;
- Consideration of value for money in development of proposals; and
- Deliverability.

The Investment Appraisals Board (IAB) will carry out this review and the outcome will be fed back through Cabinet for final agreement in the February budget report.

9.9.3 Within the budget proposals there are invest to save proposals requiring investment of £255,000, these will be reviewed by IAB to ensure the viability of the projects. These proposals will be fed back through Cabinet for final agreement in the February report. The funding for these projects will be via revenue reserves and payback from services agreed in the final report

9.10 Next Steps

9.10.1 The business planning process will continue as planned. The next steps will be to consider the final Corporate Plan and budget, including the Housing Revenue Account and the capital programme, at Cabinet in February 2013 and Council in March 2013.

10. LIST OF BACKGROUND PAPERS

10.1 None

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Medium Term Financial Strategy	2013/14	2013/14	2014/15	2015/16
	£000	£000	£000	£000
	ORIGINAL - JULY	REVISED		
Budget brought forward	291,998	291,998	310,353	308,650
Gap B/F			(12,842)	(19,087)
Statutory/cost drivers				
Inflation (pay)	1,198	1,198	1,210	1,210
Inflation (non-pay)	3,057	3,057	3,057	3,057
NLWA levy	2,229	2,229	1,504	500
Capital financing costs	2,250	2,250	1,500	1,500
Statutory/cost drivers sub-total	8,734	8,734	7,271	6,267
Central Expenses				
Removal of empty property discount	1,000			
Contingency	652	1,293	378	(1,110)
CT Benefit Reduction	3,100	3,100	600	600
Concessionary Fares	1,000	1,000	1,000	1,000
Full year effect of 2010/11 savings	(17)	(17)		
Rate Relief Budget (no longer required)		(430)		
Two year funding (now included in DSG)		(1,230)		
Public Health Grant		11,236		
Central Expenses sub-total	5,735	14,952	1,978	490
Balances to/(from) reserves				
Specific reserves contribution 2011/12				
Specific reserves contribution 2012/13	(11,141)	(11,141)		
Specific reserves contribution 2013/14	8,821	5,810	(5,810)	
Specific reserves contribution 2014/15			7,700	(7,700)
Specific reserves contribution 2015/16				8,990
Reserves sub-total	(2,320)	(5,331)	1,890	1,290
Total expenditure	304,147	310,353	308,650	297,610
New Formula grant funding				
Business Rates	89,291	35,367	36,180	37,121
Top up		18,985	19,422	19,927
RSG		78,625	63,204	48,575
Transfers & Adjustments				
LACSEG grant				
New Homes Bonus returned				
Council Tax Freeze Grant				
CT Support				
Early Intervention grant	12,540			
Homeless Prevention	625			
Lead Local Flood Authorities				
Learning disability	9,543			
Safety net & capitalisation returned				
New Formula grant sub-total	111,999	132,977	118,806	105,623
Council Tax				
Council tax	164,684	140,326	143,423	147,435
Collection Fund			1,500	1,500
CT freeze grant 11-12	3,886			
CT freeze grant 12-13				
CT freeze grant 13-14		1,594	1,594	
Core grants				
PFI credit	2,235	2,235	2,235	2,235
New Homes Bonus	5,810	5,810	7,700	8,990
HB and CT Admin	2,643	2,643	2,379	2,141
Public Health		11,236	11,236	11,236
Disadvantaged Two year old funding		690	690	621
Other misc grants				
Other funding sub-total	179,258	164,534	170,757	174,158
Total Income from grant and Council Tax	291,257	297,511	289,563	279,781
Budget Gap before savings	12,890	12,842	19,087	17,829
Proposed Savings - November	(14,440)	(14,492)	(20,637)	(19,349)
Proposed Pressures - November	1,550	1,650	1,550	1,520
Budget Gap after savings	0	0	0	0

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Adults & Communities Savings

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum				
									2013/14 £000	FTE	2014/15 £000	FTE	2015/16 £000
E4	E1	Social Work	Development of a 'New Social Work Model', which: - increases use of case management capacity outside of the Council; - promotes people's own management of their own care arrangements through direct payments; - promotes development of shared packages of care for people living in close proximity to one another.	Efficiency	General HR Consultation and local consultation (with staff)	This is high risk and achievability could be impacted by the White Paper development of the model will take account of this. The model will focus on freeing up social work time and focus it on safeguarding and complex case management. However, the service has been experiencing increasing safeguarding referrals and this proposal could compromise our ability to safeguard vulnerable residents as our overall capacity to assess, manage and review people's support was decreased. New approach will also focus on development of approach in relation to NSCSO, carers and self-funders. This proposal impacts on the achievability of Performance Indicators NI 130	High - Could impact negatively on customer satisfaction. Aim of new model will be to increase customer satisfaction, choice and control. High - Could impact negatively on customer satisfaction. Aim of new model will be to increase customer satisfaction, choice and control.	High - This change affects both staff and residents. Care Services Delivery workforce analysis has demonstrated that it is mainly female and over the age of 40 years. Any staff changes will need to access dis-proportionality across the service. The organisational management of change policy will need to be followed. Customer impact - As services are re-configured access account will need to be taken of different groups support needs to access prevention and early intervention services including information and advice, the use of technology to self assess and use of a range of different support planning and monitoring services.	(450)	10.17	(250)	5	(400)
E5	E2	Commissioning & Transformation	Integrating similar functions across health and social care commissioning to reduce management costs and support joined up services.	Efficiency	General Consultation	The current arrangements will change over time as a result of the Health and Social Care bill. Close working with Clinical Commissioning Group is ongoing and will remain essential to mitigate risks arising from this.	Low - This change has a low level impact and may improve customer satisfaction as customers should experience a more joined up approach.	Low - This impact will not effect frontline services. This change should see an improvement in the commissioning of services	(40)				
E6	E3	Integration across Council	Integrating similar functions across health and social care teams and provision to reduce management costs and deliver joined up services.	Efficiency	General Consultation	The current arrangements will change over time as a result of the Health and Social Care bill. Close working with the Clinical Commissioning Group and restructured health delivery trusts is ongoing and will remain essential to mitigate risks arising from this.	High - Could impact negatively on customer satisfaction across health and social care. Customer expectations across health and social care continue to increase.	Medium - This impact will not effect frontline services. This change should see an improvement in the management of services and better value for money, whilst maintaining adequate management oversight.	(300)				
E7	E4	Social Work - Long Term Conditions	Closer working with the NHS on long term conditions.	Efficiency	General Consultation	Limited impact, as this proposal should promote greater coordination and integrated assessment across health and social care for people with long term conditions. This proposal impacts on the achievability of Performance Indicators NI 130 & Performance Indicators NI 125.	Medium - Any change needs to ensure capacity and means of strengthening achievability of performance.	Medium - This impact will not effect frontline services. This change should see an improvement in co-ordination of care and better value for money, whilst maintaining specific adult social care needs are responded to and safeguarding adults is prioritised. This has specific regard to older people, physical disabilities, learning disabilities, complex care.	(40)		(100)		

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum				
									2013/14 £000	FTE	2014/15 £000	FTE	2015/16 £000
E9	E5	Younger Adults - All Groups	Greater community and family involvement in supporting disabled people to lead ordinary lives.	Efficiency	General Consultation	This is a challenging target set up to reduce the current cost of care packages through working with families and communities to identify ways in which volunteers and family members can support people have fulfilling lives and valuable roles in the community. Service provision will focus on supporting people with their core activities of daily living provision. The aim is to introduce more equitable care provision across service user groups.	High - Likely to be perceived as service reductions therefore will require careful management. However, this is an important move in policy towards helping the community to reduce dependency and do more for themselves. This involves reviewing care packages and rebasing personal budgets provided to take account of family and community contributions. This could impact positively on Performance Indicator NI 130 in terms of service users having more flexibility in the way their independence is achieved if they are able to access community and family resources.	(465)					
E10	E6	Learning & Development	Greater efficiencies in commissioning and provision of training and development opportunities for Adult Social Care.	Efficiency	General Consultation	Risk of under-investment in core skills and subsequent decrease in quality of service. This is being managed through careful prioritisation of remaining budget.	Low - Managed through implementation of Workforce Plan to ensure workforce across Barnet with the right skills.	Low - None of the proposals targeted services which support people from specific ethnic, religious, sex or gender groups. Consequently, no differential impact has been identified in relation to those dimensions of equality. The proposals could have a greater impact on people, who use, or whose relatives use, social care services. However, no differential impact has been identified as a result of the changes made. Efforts were made during the implementation of these proposals to ensure that decreases in back office staff did not directly lead to a decrease in service provisions and the organisational management of change policy has been used for changes impacting on the workforce.	(30)				
E11 +E12 +E13	E7	Across Services	Reductions in back office transactional functions through new ways of working and exploring new models.	Efficiency	General Consultation	In 13/14 based on reduction in staff within Supply Management, Financial Assessments and wider Business Support, team reducing capacity to carry out current responsibilities. Working more closely with corporate procurement should enable more efficient commissioning, whilst protecting standards. Reduction in staff within Financial Assessments team following implementation of Fairer Contributions policy, reducing capacity to carry out financial assessments and setting up invoicing arrangements of service users. In 15/16 is focused on exploring new models of delivering back office savings.	Medium - changes need to be clearly mapped and considered from customer perspective to manage possible negative impacts and ensure clear communication strategy in place.	Low - None of the proposals targeted services which support people from specific ethnic, religious, sex or gender groups. Consequently, no differential impact has been identified in relation to those dimensions of equality. The proposals could have a greater impact on people, who use, or whose relatives use, social care services. However, no differential impact has been identified as a result of the changes made. Efforts were made during the implementation of these proposals to ensure that decreases in back office staff did not directly lead to a decrease in service provisions and the organisational management of change policy has been used for changes impacting on the workforce.	(189)	0.50		(300)	

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact Assessment	Appendix 2								
								Savings per annum								
								2013/14	2014/15	2015/16	FTE	£000				
E14	E8	Across Services	Reduction of Strategic Commissioning capacity as service users directly commission services through direct payments.	Efficiency	For 14/15	Risk to delivery if mature market is not in place to generate the required savings. Impact of white paper need to be thought through and considered in relation to commissioning and does relationship with health and Commissioning Group.	Impact on Customer Satisfaction High - if mature market not in place with a focus on quality and safeguarding.	Equalities Impact Low - None of the proposals targeted services which support people from specific ethnic, religious, sex or gender groups. Consequently, no differential impact has been identified in relation to those dimensions of equality. The proposals could have a greater impact on people, who use, or whose relatives use, social care services. However, no differential impact has been identified as a result of the changes made. Efforts were made during the implementation of these proposals to ensure that decreases in back office staff did not directly lead to a decrease in service provisions and the organisational management of change policy has been used for changes impacting on the workforce.	£000	FTE	£000	FTE	£000	FTE		
E15	E9	All Services	Sharing services with other Local Authorities and therefore reducing management costs.	Efficiency	General Consultation	This is being developed through work within the West London Alliance and discussions with other local authorities. This dependent upon potential partners for achievement.	High - Could impact negatively on customer satisfaction and perception in relation to service delivery.	Low - None of the proposals targeted services which support people from specific ethnic, religious, sex or gender groups. Consequently, no differential impact has been identified in relation to those dimensions of equality. The proposals could have a greater impact on people, who use, or whose relatives use, social care services. However, no differential impact has been identified as a result of the changes made. Efforts were made during the implementation of these proposals to ensure that decreases in back office staff did not directly lead to a decrease in service provisions and the organisational management of change policy has been used for changes impacting on the workforce.	(300)							
E21	E10	Younger Adults - Learning/Disabilities	Implementation of a national costing model for all Supported Living placements.	Efficiency	General Consultation	This is an ambitious target from an under-developed marketplace requiring a whole-systems approach and commercial negotiation capability and capacity. Close partnership working with housing is essential to help identify suitable wheelchair adapted properties as an alternative to residential care. This could impact positively on Performance Indicator NI 130 in terms of service users having more flexibility in the way their care is delivered which will be part of the negotiation underpinned by a support plan.	Medium - changes being planned to improve customer satisfaction, choice and control.	Medium - Since April 2011, the plans to reduce the amount of spend on residential and high cost supported living packages. A dedicated team has been established which has ensured that there is a consistency of approach with a specific focus on personalisation and delivering outcomes as well as ensuring value for money. There have been a number of negotiations with providers to reduce the cost of support for individuals resulting in a delivery of savings. This has meant that there has been a specific focus on individual support and the best way of supporting individuals to meet identified needs and identified outcomes. This has meant a better focus by providers on individualised support as well as delivering value for money and decreasing the level of 'chargeable' service.	(100)							

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact Assessment		Savings per annum			
							Impact on Customer Satisfaction	Equalities Impact	2013/14	2014/15	2015/16	FTE
									£000	£000	£000	FTE
E29	E16	Younger Adults; Learning Disabilities	A widespread revision of our Learning Disabilities service, including: - integration with health teams; - integration of with health computer systems; - minimising the number of people placed outside of the borough; - use of the care funding calculator to achieve better VM; - providing greater choice and independence to people transitioning from the Children's Services; - implementing proportionate reviewing.	Efficiency	For 14/15	This is an ambitious long term savings target, dependent on the success of a number of inter-related interventions. Many of these interventions require strong partner working with health trusts during a period of change within the NHS and also with Children's Services in relation to people in transition. Potential increase in use of personal budgets (NI130). Potential increase in services to carers (NI135). Potential increase in use of telecare and assistive technology (local target).	Medium - There is a risk of potential challenge and resistance to changes by some service users and carers which will require careful management. Medium - There will be a number of negotiations with providers to reduce the cost of support for individuals resulting in a delivery of savings. This has meant that there has been a specific focus on individual support and the best way of supporting individuals to meet identified needs and identified outcomes. This has meant a better focus by providers on individualised support as well as delivering value for money and decreasing the level of 'chargeable' service.	(1,900)				
E30	E17	Older Adults and Younger Adults (all groups)	Increased use of Telecare, Aids and Equipment to: - support the enablement process; - in the place of homecare; - supporting people to move from residential care back into the community.	Efficiency	For 14/15	This is an ambitious long term savings target and will need some investment to enable growth of service to meet new demand. This has been modelled into costings. Potential increase in use of telecare and assistive technology (local target).	The positive impact is that we are working with a number of people who are currently in residential provision out of borough to enable them to move back to the borough, closer to family, into supported living resources which gives them a secure tenancy.	(939)				
E31	E18	Younger Adults; Physical and Sensory Impairments	Cease all spot purchasing of residential and nursing placements for people with physical or sensory impairments.	Efficiency	For 14/15	This will be dependent on availability of appropriate placements.	Medium - proposals will offer more opportunities to stay in the Borough, however could be concern from carers and users about proposed changes if not handled sensitively	(200)				
E32	E19	Older Adults	Development of a fracture service follow up, reducing home care placements resulting from hip and spine fractures.	Efficiency	For 14/15	Potential increase in take up of personal budgets (NI130). Potential increase in use of telecare and assistive technology (local target). Potential improvement in customer satisfaction.	Low - Development should reduce use of personal budgets by enabling people to stay independent in their own home for longer with less support.	(171)				
E33	E20	Older Adults	Reduce short term use of residential placements while people are having their home adapted, or are being rehoused, following release from hospital.	Efficiency	For 14/15	This is dependent on appropriate private sector housing stock. Potential increase in take up of personal budgets (NI130). Potential increase in use of telecare and assistive technology (local target). Potential improvement in customer satisfaction.	Low - the increase use of telecare and assistive technology will ensure that more people are enabled to live at home for longer. However, there is a dependency on influencing regeneration and new builds to ensure that developments are suitable for people with disabilities and that sufficient accommodation exists in the borough to ensure people with a disability can live in the borough. The increase in enablement service will also contribute to the reduction of short term residential care use.	(139)				
E34	E21	Older Adults and Younger Adults (all groups)	Revision of our provision of equipment, in line with new retail model, following end of current contract.	Efficiency	For 14/15	This will require an appropriate equipment service to be in place following end of current contract in March 2013. There are a number of alternative models which are currently being explored.	Low - The change is intended to recommission equipment services and increases flexibility and choice for service users.	(120)				

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum			
									2013/14	2014/15	2015/16	FTE
									£000	£000	£000	FTE
E35	E22	Older Adults and Younger Adults (all groups)	Innovative use of housing options to reduce levels of social care need, taking advantage of changes to the HRA.	Efficiency	For 14/15	Requires development of new working culture in partnership with housing. Potential increased take up of personal budgets (NI130). Potential increased take up of telecare and assistive technology (local target). Potential increase in customer satisfaction.	Low - increase availability of housing for people with a disability	Low - the HRA strategy needs to prioritise accommodation for people with a disability. The increase use of telecare and assistive technology will ensure that more people are enabled to live at home for longer. However, there is a dependency on influencing regeneration and new builds to ensure that developments are suitable for people with disabilities and that sufficient accommodation exists in the borough to ensure people with a disability can live in the borough. The increase in enablement service will also contribute to the reduction of short term residential care use.	(200)			
E36	E23	Younger Adults: Mental Health	Achievement of lower unit costs from specialist Mental Health providers.	Efficiency	For 14/15	Risk if appropriate placements cannot be found within resources available and is dependent on ability to agree lower unit costs within a specialist market.	Low	Medium - There will be number of negotiations with providers to reduce the cost of support for individuals resulting in a delivery of savings. This has meant that there has been a specific focus on individual support and the best way of supporting individuals to meet identified needs and identified outcomes. This has meant a better focus by providers on individualised support as well as delivering value for money and decreasing the level of 'chargeable' service. The positive impact is that we are working with a number of people who are currently in residential provision out of borough to enable them to move back to the borough, closer to family, into supported living resources which gives them a secure tenancy. It is anticipated that there may be an increase in complaints if value for money constraints are applied in some cases where providers are requesting significant increases in costs. To date there has been no evidence of increased complaints. There is on-going work in partnership with Commissioning and Supply Management to work proactively with providers to support them in delivering value for money whilst delivering positive outcomes for service users and managing the expectations of users and carers; two senior procurement officers are supporting the work of the Move On Team from 1st September 2012. With the increasing number of people who have a personal budget this is providing greater transparency and opportunities for increased choice and control over the support they receive which may mean that residential provision is not required.	(250)			
E37	E24	Older Adults and Younger Adults (all groups)	Smarter procurement, delivered through better use of data, improved contracts, lean approach to care sourcing and improved scrutiny of areas of high spend.	Efficiency	For 14/15	Risk if appropriate placements cannot be found within resources available.	Low	We are being proactive in ensuring that no single client group benefits disproportionately in the context of limited resources and with the application of Fair Access to Care and the Personal Budget Questionnaire this ensures that access to support is equitable.	(300)			

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment		Savings per annum						
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14		2014/15		2015/16	
									£000	FTE	£000	FTE	£000	FTE
E38	E25	Older Adults and Younger Adults (all groups)	Introduction of 'adult placement' and 'shared lives' schemes into the borough, decreasing need for residential care.	Efficiency	For 14/15	Need to develop services not currently provided within the borough so supply not yet guaranteed. Potential increased take up of personal budgets (N130). Potential increase in provision of services to carers (N135). Potential increase in take up of telecare and assistive technology (local target). Potential increase in customer satisfaction.	Low	Low - This proposal will have a positive impact on service users as they will have more choice and independence living in the community. There may be difficulty recruiting family who are able to offer a placement in smaller community groups.	(330)					
E39	E26	Older Adults and Younger Adults (all groups)	Concessionary Travel savings through centralised assessment and implementation of transport policy.	Efficiency	Specific Consultation on Transport completed	Risk that some individuals become socially excluded, if they do not take up or fund alternative transport arrangements.	Medium	Medium - None of the proposals targeted services which support people from specific ethnic, religious, sex or gender groups. Consequently, no differential impact has been identified in relation to those dimensions of equality. All of these proposals could have a greater impact on people, who use, or whose relatives use, social care services. Further assessment will be needed to ascertain its impact.	(241)					
E40	E27	Younger Adults: Mental Health	Rebalancing the Section 75 agreement with Barnet, Enfield and Haringey Mental Health Trust to ensure that we are receiving value for money for our contribution of staffing resources.	Efficiency	For 14/15	This saving assumes that new models of mental health services being introduced will result in less people requiring ongoing support to manage their care and support needs and therefore facilitate a reduction in social work capacity. Potential increase in numbers of Personal Budgets (N130).	Medium - Potential decrease in customer satisfaction	Medium - There maybe a disproportionate impact on people who use mental health services, particularly those from BME communities. Further assessment will be needed to undertaken to fully analysis the impact.	(180)			(500)		
E41	E28	Older Adults	A review of cases to ensure that we are no longer providing services to meet outcomes which have been achieved or needs which have been resolved.	Efficiency	For 14/15	Likelihood of process being unpopular with service users affected by any changes if not carefully managed and communicated. Potential decrease in customer satisfaction and increase in complaints Potential increase in personal budgets (N130). Potential increase in take up of telecare and assistive technology (local target).	Medium - Potential decrease in customer satisfaction and increase in complaints	Medium - We will be proactive in ensuring that no single client group benefits disproportionately in the context of limited resources and with the application of Fair Access to Care and the Personal Budget Questionnaire this ensures that access to support is equitable. Reductions to packages for older people and those with disabilities have largely been around the area of domestic and practical assistance in relation to shopping through use of alternative provision (internet shopping, family support, private purchase of domestic input) and individuals changing needs. In some cases use of enablement service for existing service users has reduced size of ongoing packages. Transfer to personal budgets in some cases has achieved better value for money despite decrease in spend. Some savings have also been achieved by working in partnership with Health colleagues to share funding for meeting high level needs and finding ways of meeting needs which provide better value for money and more independence, for example, greater use of rehabilitation placements for substance abusers and moving people on from care homes to supportive living.	(20)					

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact Assessment		Savings per annum			
							Impact on Customer Satisfaction	Equalities Impact	2013/14	2014/15	2015/16	FTE
									£000	£000	£000	FTE
E42	E29	Older Adults and Younger Adults (all groups)	Conversion of people from homeware packages to direct payments, which are (on average) cheaper per hour of support provided.	Efficiency	For 14/15	Potential increase in personal budgets (NI130). Potential increase in take up of telecare and assistive technology (local target).	High - Likelihood of process being unpopular with service users affected by any changes if not carefully managed, supported and communicated. Potential decrease in customer satisfaction and increase in complaints.	The 'My support, my choice' project is re-invigorating the personalisation agenda. Dedicated champions are supporting staff to think creatively about support planning. This has been implemented in the review process where the process has facilitated more effective support packages by harnessing family, voluntary sector and neighbourhood resources whilst reducing overall costs in individual cases. In some instances this resulted in better meeting the needs of people from ethnic minority groups	(54)			
E43	E30	Older Adults and Younger Adults (all groups)	Reviewing people's homes for potential adaptation to avoid admission into residential care.	Efficiency	For 14/15	The Disabled Facilities Grant budget will need to be adjusted to reflect higher levels of demand. This requires development of new working culture in partnership with housing. Potential increase in number of personal budgets (NI130) due to more people continuing to live in community. Potential increased take up of telecare and assistive technology (local target). Potential improved customer experience.	Medium - Likelihood of delays for existing service users assessed for adaptations	Medium - the increase use of telecare and assistive technology will ensure that more people are enabled to live at home for longer. However, there is a dependency on influencing regeneration and new builds to ensure that developments are suitable for people with disabilities and that sufficient accommodation exists in the borough to ensure people with a disability can live in the borough.	(206)		(394)	
E44	E31	Younger Adults; Learning Disabilities	Introduction of 'key ring' schemes to the borough to reduce housing related support spend for people with a learning disability.	Efficiency	For 14/15	This is an ambitious longer term savings target and links with E29. Potential increase in take up of personal budgets (NI130). Potential increase in use of telecare and assistive technology (local target).	Medium - Potential decrease in customer satisfaction and increase in complaints.	Low - This proposal will have a positive impact on service users as they will have more choice and independence living in the community.	(125)			
E5	E32	Community Protection Group	Savings from shared service including de-layering of management responsibilities.	Efficiency	General consultation	The project aims to remove duplication of functions across partner agencies and allow for a co-ordinated and co-located team aligned to focus on agreed priorities.	Low - improved customer satisfaction.	Low - would have limited differential impact on service users as back office function.		1		
E12	E33	Leisure	Savings following Leisure Services Review.	Efficiency	Key part of the review	This will be carried out as part of the Sport and Physical Activity Review.	Low - Improved customer satisfaction	Equality Impact Assessment would be carried out as part of the review	(967)			
New	E34	Across Services	Efficiencies through joint procurement with the NHS for Continuing Health Care.	Efficiency	General Consultation	Low - protecting front line posts - relates to back office functions.	Low - Improved customer satisfaction	Low - no differential impact as back office function.	(200)			
New	E35	Across Services	Project to design integrated day-care and leisure services and decommission and reprovide day-care services.	Efficiency	General Consultation	Further analysis required once the model is designed.	Low - Improved customer satisfaction	Low - this proposal will have a positive impact on service users as they will have more choice.	(660)			
New	E36	Across Services	Reduction of total of new residential care home placements by delaying admission by average of 3 months	Efficiency	General Consultation	This is dependent on appropriate and accessible housing stock and a. Potential increase in take up of personal budgets (NI130). Potential increase in use of telecare and assistive technology (local target). Potential improvement in customer satisfaction. This is able dependent on enablement and intermediate care developments.	Low - Services users are enabled to stay at home for longer	Low - the increase use of telecare and assistive technology will ensure that more people are enabled to live at home for longer. However, there is a dependency on influencing regeneration and new builds to ensure that developments are suitable for people with disabilities and that sufficient accommodation exists in the borough to ensure people with a disability can live in the borough. the increase in enablement service will also contribute to the reduction of short term residential care use.	(310)			

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum				
									2013/14	2014/15	2015/16	FTE	
									£000	£000	£000	FTE	
New	E37	Across Services	Savings to be identified through working with NSCSO provider to improve efficiency and self service.	Efficiency	General Consultation	Low - The Customer Services Transformation programme will develop Customer Services that provide a more efficient customer experience, deliver more customer contact through those channels which are most cost effective, ensuring good service to customers, act as an advocate to ensure customers receive services that respond effectively to their needs and provide the information and insight needed to work with service providers inside and outside of the council to enable them to reposition services around the customer and through life events. For adult social care and health an improved single front door, improved information and advice and improvements in a web based self service, are aimed at managing demand more effectively but are also about making sure that service users, their carers and the wider residents of Barnet are able to have as much choice and independence for as long as possible.	Low - Improved customer satisfaction	Medium - Customer impact - As services are re-configured access account will need to be taken of different groups support needs to access prevention and early intervention services including information and advice, the use of technology to self assess and use of a range of different support planning and monitoring services. The development of these services is in line with personalisation but will require different levels of support to manage this change. We recognise that select groups within the community (for example older people, learning disabilities, people with high level needs, people whose first language isn't English) will rely on additional support. When commissioning new services, the council will need to work with providers to ensure they meet their equality duties in particular regarding access to services, outreach and marketing of services and monitoring of use.	(1,000)				(2,000)
New	E38	Across Services	Increase carer funding, targeted support for young carers, carers enablement service, accelerate existing investment to deliver reduction in res care, reduced care packages, and alternative to res care	Efficiency	General Consultation	Low - Increase support to carers will enable them to continue to care and remain independent. For young carers they will be supported to access education and employment along side their caring duties.	Low - Improved customer satisfaction	Low - this proposal will improve services to a protective group.					(550)
New	E39	Older Adults	Utilise HRA to develop Retirement Village concept 100 blocks.	Efficiency	General Consultation	Medium - This proposal should widen the opportunities to people with disability to live in the community. It is heavily dependent on securing HRA investment.	Low - Improved customer satisfaction	Medium - this proposal will have a positive impact on one of the protective characteristic groups					(520)
New	E40	Older Adults	Utilise HRA to develop dementia mixed model of housing units 50 units based on Housing Strategy needs analysis.	Efficiency	General Consultation	Medium - This proposal should widen the opportunities to people with disability to live in the community. It is heavily dependent on securing HRA investment.	Low - Improved customer satisfaction	Medium - this proposal will have a positive impact on one of the protective characteristic groups					(690)
New	E41	Younger Adults	Utilise HRA to develop wheelchair accessible independent accommodation	Efficiency	General Consultation	Medium - This proposal should widen the opportunities to people with disability to live in the community. It is heavily dependent on securing HRA investment.	Low - Improved customer satisfaction	Medium - this proposal will have a positive impact on one of the protective characteristic groups					(1,500)
	E42	Across Service	Re-organisation consequent on the Senior Management re-structure	Efficiency	N/A	Improved service offer.	Area based service which will improve customer and traders relationship.	Service to be offered equally to all residents			1		
Total											12.67		(8,424)
Service reductions													
R1	R1	Supporting People	Annual savings levied on supporting people contracts.	Service Reduction	General Consultation	Although de-commissioning of services itself is relatively straight forward, it could lead to cost shifting onto mainstream Adult Social Care and Health budgets that would offset the impact of savings generated.	Medium - Likelihood of process being unpopular with service users affected by any changes if not carefully managed, supported and communicated. Potential decrease in customer satisfaction and increase in complaints.	Medium - this proposal however, may have a positive impact on protective characteristic groups	(210)				
R2	R2	Supporting People	Reduction of the contract value for Generic Floating Support (flexible support to allow people to live independently in their own accommodation)	Service Reduction	General Consultation	This represents the maximum annual reduction allowable under the contract. Floating support has been evidenced as a cost effective preventative measure and the reduction of this service could result in increased cost in base budgets. The reduced access to floating support could have a negative impact on the delivery of Performance Indicator NI 130.	Medium - Likelihood of process being unpopular with service users affected by any changes if not carefully managed, supported and communicated. Potential decrease in customer satisfaction and increase in complaints.	Low - These new commissioned services respond to the personalisation agenda and have a focus on supporting more people in the community. This will benefit older and disabled people.	(132)				

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum						
									2013/14	2014/15	2015/16	£000	FTE	£000	FTE
R5	R3	Drugs & Alcohol Service	Greater use of non residential rehab placements for people with substance misuse.	Service Reduction	General Consultation	Fine tuning the budget to reflect service activity and anticipated demand.	Medium - Likelihood of process being unpopular with service users affected by any changes if not carefully managed, supported and communicated. Potential decrease in customer satisfaction and increase in complaints.	Low - These new commissioned services respond to the personalisation agenda and have a focus on supporting more people in the community.	(10)						
	Total								(352)	0	0	0	0	0	0
Income															
I1	I1	Revenue Income Optimisation	Make all community services chargeable through implementation of a new 'fairer contributions' policy based on ability to pay.	Income / charging	Specific consultation on fairer charging policy completed	As per budget decisions taken last year, appropriate systems are in place to monitor impact of policy and provide re-assessments and information and advice if individuals wish to change their care arrangements.			(40)						
I2	I2	Transport	Charge higher rate Disability Living Allowance (mobility element) recipients for transport we provide them.	Income / charging	Specific consultation on Transport completed	Low.				(27)					
	Total								(40)	0	(27)	0	0	0	0
Overall Savings										12.67	(8,877)	12	(8,424)	0	

Old Line ref	Line ref	Service area a	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum					
									2013/14	2014/15	2015/16			
									£000	FTE	£000	FTE	£000	FTE
Efficiency														
E3	E1	Early Intervention & Prevention	Saving on the use of high end, high cost acute services as a result of investment in early intervention and prevention services and by making best use of the Troubled Families Grant. Ensuring no increase in use of high cost services in the context of significant demographic growth.	Efficiency	General Consultation	This is predicated on the outcome of preventative services successfully targeting those families that would otherwise end up using high end high cost services. Tracking problems earlier should improve outcomes for vulnerable families and children.	Family Focus work aims to empower families, resulting in higher satisfaction from the families. Managing demand at a time of demographic growth is likely to increase resident satisfaction.	Managing demand for higher level services through early intervention and prevention is likely to result in a positive equalities impact for the families involved.	(1,257)		(1,050)			
E4	E2	Communications, performance, workforce development, commissioning and administration	Restructure and reduce communications, performance, workforce development, commissioning and administration support functions. Re-organisation consequent on the senior management restructure.	Efficiency	General Consultation	Reconfiguring and reducing back office functions could have a detrimental impact on service delivery in terms of compliance with statutory returns, and ability to effectively support commissioning and service improvement. Functions would be reconfigured to minimise the impact on service delivery.	Savings are likely to impact on the communications function, which could result in lower customer satisfaction.	Fewer resources to monitor performance could potentially result in equalities impacts not being identified and addressed, which could have a negative equalities impact. Otherwise a neutral impact is anticipated.	(100)	9	(100)	1		
E5	E3	High cost services	Mitigating inflation associated with costs of supporting high cost, high need services	Efficiency	General Consultation	This would be achieved through smarter commissioning and is unlikely to result in a significant change in the service delivered	This proposal is unlikely to have a significant impact on customer satisfaction.	This proposal is unlikely to have a significant equalities impact.	(500)		(500)			(500)
E7	E4	Children's Social Care	Reduce social care learning and development budget for staff, ceasing trainee scheme.	Efficiency	General Consultation	In the current market, the proposed reduction is not likely to significantly impact on our ability to recruit high quality social workers.	This proposal is unlikely to have a significant impact on customer satisfaction.	There is unlikely to be a significant change in our ability to recruit high quality social workers and as such a minimal impact on children in care and leaving care is anticipated. This will be closely monitored.			(526)			
E5	E5	Training	Reduction in training budget.	Efficiency	General consultation	A reduction in training budget will impact on the extent of training available, and remaining budget would be targeted towards the most essential training to help meet the needs of what is likely to be a smaller workforce.	A reduction in workforce training could potentially have an indirect impact on the quality of service delivered, which could impact negatively on customer satisfaction. However, a significant impact is not anticipated.	A significant equalities impact is not anticipated, and equalities implications will be considered when prioritising training.						(90)
E9	E6	Transport savings	Achieve efficiencies within transport costs for children in care and children with Special Educational Need through improved contracting and demand management	Efficiency	General consultation	The remodelling and re-commissioning of transport is not likely to result in a significant change in the service delivered, and as such it is not likely to have a significant impact on service users. There is potential for changes to impact on some children and young people.	Changes to the way in which the service is delivered could make some parents and children less satisfied and others more satisfied. The implementation of any change would seek to minimise disruption for individual children.	Children and young people with disabilities could be negatively impacted by this proposal, although it is anticipated that the impact should not be significant.	(1,000)		(500)			
E10	E7	Complex needs (including special educational needs)	Achieve efficiencies through delegating funding to families via personalised budgets.	Efficiency	For 14/15	The proposed redesign will enable families to purchase and commission services that best meet their needs.	Families may be more satisfied as they are able to purchase the services that best meet their needs. Some families may not want personalised budgets or be equipped to manage them and so appropriate support will be required to ensure there is not a decrease in satisfaction.	Families with children and young people with complex needs will be impacted by this proposal. A positive equalities impact is anticipated, although sufficient support will be required by some families.						(80)
E11	E8	Complex needs	Reshape complex needs services.	Efficiency	General consultation	Reshaping complex needs services will provide more efficient and effective business processes.	The new business processes will be designed to provide a more satisfactory customer experience.	Families with children and young people with complex needs will be impacted by this proposal. A positive equalities impact is anticipated.	(280)	4.42				

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum					
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14		2014/15		2015/16	
									£000	FTE	£000	FTE	£000	FTE
E12	E9	Service Management	Achieve efficiencies through jointly procuring, commissioning and/or delivering services with other public sector providers or other organisations.	Efficiency	For 14/15	This is dependent on successful collaboration with partner organisations. It could impact on the way in which services are delivered (e.g. via arms length providers), but no significant reduction in services is planned.	This proposal could have an impact on customer satisfaction, depending on how services are delivered. By collaborating it may prove possible to deliver in a way that increases satisfaction. This would need to be closely monitored.	The equalities impacts will need to be assessed dependent on the specifics of collaboration. By collaborating it may prove possible to deliver more or protect against service reductions, which could have a positive equalities impact.	(300)					
E5	E10	Libraries	Implementation of RFID self-service in all sites (for book loans and issues).	Efficiency	Consultation via strategic library review September 2010 - June 2011	Improved ability to respond to detailed enquiries by freeing up staff time currently spent on issuing and discharging items	Potential for decline in customer satisfaction during roll-out of new RFID system but we expect this to improve over time: self service is well used in libraries where it is already installed, and many customers value being able to borrow books without staff intervention.	No potential impacts identified. Staff will remain available to assist any members of the public unable to use self service.	(110)	4				
E8	E11	Libraries	Shared services partnership phase two - review options to share services between local authorities.	Efficiency	Consultation via strategic library review September 2010 - June 2011	Savings require detailed analysis of options. Implementation plans will ensure minimal impact on service delivery standards	Potential for decline in customer satisfaction during transition to new service models, and changes to how the services operate.	Detailed implementation plans will ensure no significant negative impact on groups with protected characteristics	(50)					
E10	E12	Libraries	Delivery of library strategy - creation of Grahame Park library as a link library.	Efficiency	Consultation via strategic library review September 2010 - June 2011.	Development of a link library is dependent on identification of local partners to work with to create a shared facility, which could offer more services and reduced costs. Detailed plans currently in development as part of plans for regeneration of Grahame Park	Potential for decline in customer satisfaction during transition to new service models, and changes to how the services operate. Provision of good quality new service in new premises and shared access to other services should mitigate this impact	Detailed implementation plans will ensure no significant negative impact on groups with protected characteristics	(44)					
E11	E13	Libraries	Delivery of library strategy - creation of Child's Hill library as a link library.	Efficiency	Consultation via strategic library review September 2010 - June 2011.	Development of a link library is dependent on identification of local partners to work with to create a shared facility, which could offer more services and reduced costs. Options appraisal is underway	Potential for decline in customer satisfaction during transition to new service models, and changes to how the services operate. Provision of good quality new service in new premises and shared access to other services should mitigate this impact	Detailed implementation plans will ensure no significant negative impact on groups with protected characteristics	(60)					
E12	E14	Libraries	Creation of new landmark library	Efficiency	Consultation via strategic library review September 2010 - June 2011.	Achievement of this saving is dependent on reaching agreement to transfer library services, ceasing LBB provision in Friern Barnet by April 2012.	Potential for decline in customer satisfaction during transition to new service models, and changes to how the services operate. Provision of good quality new service in new premises and shared access to other services should mitigate this impact	Detailed implementation plans will ensure no significant negative impact on groups with protected characteristics. The new premises will offer enhanced accessibility in comparison with existing premises	(25)				TBC	
	E15	Libraries	Library service restructure	Efficiency	Staff consultation in line with Managing Organisational Change policy	Restructure of service designed to achieve efficiencies without affecting the ability of the service to deliver the Libraries Strategy.	Potential for decline in customer satisfaction during transition to new service models, and changes to how the services operate.	Limited resources will be focused to ensure continued provision of activities to groups with protected characteristics	(492)	15				
	E16	Integration with adults	Integration of back office functions	Efficiency	General consultation	Integrating back office functions is unlikely to impact on front line delivery. Improved integration will increase efficiencies, but could have a detrimental impact on service delivery as a result of reduced ability to effectively support commissioning and service improvement to meet the needs of the distinct client groups and to meet distinct statutory responsibilities.	We would seek to minimise the impact on functions that could result in lower customer satisfaction, including complaints.	Greater integration could improve identification of support needs across children's and adults, especially for the most vulnerable. However a reduced function would reduce capacity. As such a neutral equalities impact is anticipated.	(125)				(125)	

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum					
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14		2014/15		2015/16	
									£000	FTE	£000	FTE	£000	FTE
	E17	Integration with adults	Integration of safeguarding boards and function	Efficiency	General consultation	Integration could help to improve service delivery through pooled resources and learning from best practice. Conversely, it could result in reduced focus on the specific needs of client groups.	We would seek to ensure that a specific focus on the needs of children and of adults remains to help mitigate any reduction in customer satisfaction.	Children, young people and adults at risk of harm could potentially be negatively impacted by this proposal. This will be closely monitored.	(25)		(10)			
	E18	Reduce CS management costs	Reduction of management costs	Efficiency	General consultation	Reduction in management capacity may impact on service delivery. It will be managed in line with reduced operational delivery functions to minimise any impact on service delivery.	This proposal is unlikely to have a significant impact on customer satisfaction.	This proposal is unlikely to have a significant equalities impact.			(80)		(125)	
	E19	Social care	Review Children's Homes	Efficiency	For 15/16	Any changes to Children's Homes would have an impact on the way in which services are delivered.	Looked after children may feel more or less satisfied depending on the changes implemented. Their input will be sought when developing options.	Looked after children (who tend to be in the older age groups) will be impacted by this proposal. It is not yet known whether the impact will be positive or negative.					(100)	
	E20	Safeguarding	Efficiencies from new model for case conferences	Efficiency	General consultation	One effect of introducing the "Strengthening Families" model is reducing the costs associated with child protection case conferences.	This aims to increase customer satisfaction as families involved in the new model will be enabled to support themselves.	A positive equalities impact is anticipated for vulnerable families.	(60)					
	E21	Children's service	Introduce managed vacancy factor	Efficiency	General consultation	Reduced overall capacity could result in reduced ability to achieve the other savings.	This proposal is unlikely to have a significant impact on customer satisfaction.	This proposal is unlikely to have a significant equalities impact.			(500)		(500)	
	E22	Youth Offending Service	Achieve efficiencies through working with other LAs	Efficiency	For 14/15 and 15/16	This is dependent on successful collaboration with partner organisations. It is likely to impact on the way in which services are delivered.	This proposal could have an impact on customer satisfaction, depending on how services are delivered. By collaborating it may prove possible to deliver in a way that increases customer satisfaction. This would need to be closely monitored.	By collaborating it may prove possible to deliver more or protect against service reductions, which could have a positive equalities impact on young offenders.			(50)		(50)	
	E23	Children's Social Care	Review fostering and achieve efficiencies through working with other LAs, including through WLA and NLSA.	Efficiency	For 15/16	This is dependent on successful collaboration with partner organisations. It is likely to impact on the way in which services are delivered.	This proposal could have an impact on customer satisfaction, depending on how services are delivered. By collaborating it may prove possible to deliver in a way that increases customer satisfaction. This would need to be closely monitored.	By collaborating it may prove possible to deliver more or protect against service reductions, which could have a positive equalities impact on children in care and on foster parents.					(660)	
	E24	Children's Social Care	Further review placement costs and achieve efficiencies through working with other LAs and demand management through early intervention	Efficiency	For 15/16	This is dependent on successful collaboration with partner organisations. It may impact on the way in which services are delivered.	This proposal could have an impact on customer satisfaction, depending on how services are delivered. By collaborating it may prove possible to deliver in a way that increases customer satisfaction. This would need to be closely monitored.	By collaborating it may prove possible to deliver more or protect against service reductions, which could have a positive equalities impact on children in placements.					(160)	
	E25	Libraries	Efficiencies in maintenance costs as a result of capital investment						(90)					
	E26	Across Services	Savings to be identified through working with NSCSO provider to improve efficiency and self service	Efficiency	General Consultation	NSCSO aims to transform customer service; improving the customer experience and delivering more customer contact through channels which are most cost effective. The impact on service delivery for the Children's Service will depend on how savings are achieved and apply to the Children's Service.	Improved customer service and more efficient systems should result in higher levels of customer satisfaction	The provision of information and access to more services online could impact negatively on those without access to the internet or who require additional support to access this. We would work with providers and service users to help mitigate this.					(1,500)	
	E27	Across services	Regrading of posts in line with corporate proposal.	Efficiency	General consultation	Regrading posts would help to ensure continuity of service delivery with a reduced budget.	This proposal is unlikely to have a significant impact on customer satisfaction.	When further developing these proposals the equalities impact will be considered.					(400)	

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum						
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14		2014/15		2015/16		
									£000	FTE	£000	FTE	£000	FTE	
	E28	Across services	Transformation of services through use of alternative delivery vehicles	Efficiency	Consultation for 2015/16	Achieving efficiencies in the way that services are delivered would help to ensure continuity of service delivery with a reduced budget.	Alternative delivery vehicles have the potential to increase customer satisfaction. The impact on customers would need to be developed in consultation and clearly communicated.	There is the potential for both positive and negative impacts depending on how services are delivered.							
R4	E29	Children's Social Care (c)	Reconfigure services to deliver improvements, efficiencies and savings in children's social care	Service Reduction and efficiencies	For 13/14	This involves a combination of efficiencies aimed at improving processes and reducing costs. The FAST (Family Assessment Team) which carries out parenting assessments would cease, with the service provided in alternative ways.	The majority of the measures are unlikely to impact significantly on customer satisfaction. Parenting assessments would be carried out independently, which might increase customer satisfaction.	There is unlikely to be a significant equalities impact. However, this would be closely monitored.	(449)	5	(20)	(450)			
	E30	High needs	Invest in aids, adaptations and telecare for children with high needs and their families to reduce the need for higher level support.	Efficiency	Consultation for 2015/16	Adaptations and telecare are likely to impact on the way services are delivered.	It is anticipated that adaptations and telecare would enable service users to be more independent, which could increase their satisfaction. Appropriate support/training would be needed.	This proposal has potential to have a positive equalities impact on children and young people with high needs.			(100)				
	E31	Across Service	Re-organisation consequent on the Senior Management re-structure	Efficiency	N/A	Improved service offer.	Area based service which will improve customer and traders relationship.	Service to be offered equally to all residents	(4,538)	2.5	(3,906)	(4,774)	1	0	
Service reductions															
R2	R1	Youth Offer (b)	Refocus youth offer to guarantee provision of statutory duties in line with recently published guidance making requirements on LAs clearer.	Service Reduction	For 13/14	This may have an impact on services received by young people. It will be challenging to maintain the Borough's current high performance against a range of performance indicators including the number of young people not in education, employment and training, young offenders, teenage pregnancies etc.	Refocusing provision could result in a reduction in satisfaction among customers and stakeholders. We would seek to work more closely with partners to reduce the impact on young people. The responsibility and funding for careers information, advice and guidance has now passed from the LA to schools, and so a reduction in LA support in line with this is not anticipated to have a significant impact.	This proposal could have a negative impact on young people including homeless young people. We will seek to mitigate this by continuing to work closely with partners to make the best use of core resources.	(500)	6.6	(90)	(500)			
R5	R2	Sports development	Reduce sports development and continue to promote sports development without additional investment	Service Reduction	For 13/14	This will reduce the local authority provision of sports development in the Borough. This could be mitigated by greater maximisation of leisure facilities across Barnet by partners as part of the leisure review.	Customers are likely to be less satisfied as development activities would decrease. We would seek to work closely with partners and to maximise venues that sports can be delivered out of.	This proposal could impact negatively on young people and specifically those less likely to engage in sports.	(90)						
R6	R3	Substance misuse	Reduce commissioned services for supporting and preventing substance misuse.	Service Reduction	For 13/14	This service is jointly commissioned with NHS Barnet. The family support workers within our early intervention and prevention service will support families where young people have substance misuse issues, which should help to partially mitigate the impact of the proposal.	Customers are likely to be less satisfied as provision will decrease. We would seek to mitigate this impact through our family focus team.	This proposal is likely to impact negatively on young people, especially those at risk of substance misuse. We would seek to mitigate this impact through our family focus team.	(84)						
R10	R5	Early years	Further reconfigure early years services.	Service Reduction	For 14/15	The impact of this will depend on how services are reconfigured. We will analyse data and consult with stakeholders in order to provide a service that is as comprehensive and cost-effective as possible within resource constraints.	Customers may be less satisfied due to changes in the way services are delivered and potential reductions.	When further developing our early intervention and prevention services, we will take into account the needs of vulnerable groups, including those on low incomes, children with disabilities, lone parents, and other groups of service users to help minimise the potential impacts.	(500)		(700)				
R11	R6	Commissioned services for vulnerable children and families	Recommission contracts for short breaks and respite care, domestic violence services, early intervention and prevention services and youth homelessness	Service Reduction	For 14/15	These commissioning budgets fund a range of voluntary sector and other providers to offer a range of services for vulnerable children, young people and families. A reduction could reduce the range of provision available in Barnet. We will seek to recommission contracts to help ensure the best possible value for money.	There is the potential for customers to be less satisfied, depending on how services are reconfigured.	We would seek to target resources towards those with the greatest need to minimise the equalities impact.	(1,000)						
Total															
									(4,538)	40	(3,906)	(4,774)	1	0	

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum					
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14 £000	FTE	2014/15 £000	FTE	2015/16 £000	FTE
R12	R7	Schools and Learning (2)	Reduce school challenge and support service, including educational welfare for primary	Service Reduction	For 14/15	Responsibility for school improvement now lies with schools. The Council will need to maintain a core monitoring and challenge function, and would seek to encourage school to school support to help ensure high standards. Education welfare services targeted at vulnerable young people are increasingly being delegated to Academies and schools.	With greater autonomy for schools, the role of LAs is changing and school to school support is taking a more prominent role in helping to keep standards high. This should help to maintain resident satisfaction.	There could be a negative equalities impact due to our reduced ability to support and challenge schools to narrow the gap for children at risk of not achieving their potential. We will seek to encourage school-to-school support to help mitigate this.	(674)	6.60	(1,833)	0	(700)	0
Total														
Income														
11	11	Increase fees and charges	Increase fees and charges, with a focus on making BPSI fully funded	Income / Charging	General Consultation	Increasing the fee charged to BPSI would make this service fully funded. This could result in a more realistic cost of services to schools.	Schools may be less satisfied if charges increase, although they are delegated funding for school improvement.	This proposal is unlikely to have a significant equalities impact. Schools have delegated funding to meet specific needs for example the pupil premium.	(70)		(36)			
14	12	Libraries	Increasing use of community rooms and partners sharing library buildings.	Income / Charging	Consultation via strategic library review September 2010 - June 2011	None			(25)					
15	13	Libraries	Increasing fees and charges, using vending machines, selling merchandise.	Income / Charging	Consultation to look place as part of the 2012/2013 budget round	Risk that customer satisfaction declines owing to increased fines and charges.			(31)					
Total														
									(126)	0	(36)	0	0	0
Overall Savings									(5,338)	46.52	(5,775)	1	(5,474)	0

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment		Savings per annum				
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14 £000	FTE	2014/15 £000	FTE
Efficiency												
E9	E1	Streetscene	Savings resulting from alternative service provision.	Efficiency	Service consultation in 2013/14	Will be delivered through the change of waste offer, through detailed comms plan	Demand management model will consider impacts on all protected characteristics and communications delivered to accommodate all.	(525)	(912)	(1,051)		
	E2	Streetscene	Savings from Streetscene project	Efficiency	Service consultation in 2013/14	Will be delivered through the change of Streetscene and Waste project.	Demand management model will consider impacts on all protected characteristics and communications delivered to accommodate all.			(467)		
	E3	Streetscene	Changes in Terms and Conditions around annual leave allowances	Efficiency	N/A	Greater efficiencies in service delivery but could have a knock-on effect on other indicators	EIA to be done to ensure equitability of service changes	(20)				
	E4	Streetscene	Trade waste commercial approach	Efficiency	Service consultation in 2013/14	Improved service offer.	Service to be offered equally to all traders		(50)			
	E5	Streetscene	Re-organisation consequent on the Senior Management re-structure And restructure of streetscene and greenspaces	Efficiency	N/A	Improved service offer.	Service to be offered equally to all residents					
	E6	Alternative Parking delivery	Alternative Service Provision From April 2012 the entire parking service has been provided by an external contractor with consequential savings, including creation of client side from existing pool of staff (4 posts).	Efficiency	General consultation was undertaken in 2011/12	The service is being provided by an expert supplier.		(356)	108			
Total								(881)	(874)	(1,518)	0	0
Service reductions												
R2	R1	Highways	Reprofiling the new column installation programme for street lighting and investing the saving in new technology to include energy measures which will reduce energy consumption.	Service Reduction	General consultation undertaken in 2011/12	The programme of street lighting column replacements will be halted and the capital funding saved re-invested in new technology which will allow lights to be dimmed and switched at different times and thus deriving savings in the energy charges of operating the street lighting.	Residents perception of feeling safe may be adversely impacted. But this should be limited as it is intended to stay within the recommendations of the Lighting Code of Practice.	(200)				
R3	R2	Streetscene	Others savings to be identified through DRS, NSCSO and streetscene.	Service Reduction	N/A	Posts and savings not yet identified.	Plans need to include how to convey this difficult message positively including reassuring residents	(225)				
Total								(425)	0	0	0	0
Income												
I1	I1	Streetscene	Roll-out of private events	Income	Service consultation undertaken in 2011/12	Review needs to be managed alongside communications message	EIA to be done to ensure equitability of service changes		(20)			
I2	I2	Streetscene	Textile bring bank consortium contract	Income	N/A	Change in service provider from mix of charity/commercial to likely 100% commercial	Plans need to include how to convey potentially negative message - could include donation to local charity	(28)				
I3	I3	Streetscene	Potential income from Central Government relating to maintaining weekly refuse collection	Income	Key part of subsequent review				(333)	(333)		
I3	I4	Parking (Off-street)	Alternative Service Provision From April 2012 the entire parking service will be provided by an external contractor with consequential savings.	Income / charging	N/A	This service will be provided by an expert supplier.		(62)	(65)			
I7	I5	Traffic Management	Moving Traffic Violations The Council could take up available powers to enforce against contraventions such as banned turns and the obstruction of yellow box junctions.	Income / charging	Statutory consultation	If this was adopted the service could easily be provided by the new supplier who will be in place in April 2012. The necessary downstream activities could be easily incorporated in existing work streams.		(130)				
Total								(220)	(418)	(333)	0	0
Overall								(1,526)	(1,292)	(1,851)	0	0

Legal Savings

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum					
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2013/14 £000	FTE	2014/15 £000	FTE	2015/16 £000	FTE
Efficiency														
E3	E1	Legal Services/ Governance	Reduction in expenditure.	Efficiency	N/A	Low			(30)		(100)		(200)	
									(30)	0	(100)	0	(200)	0
Service reductions														
R2	R1	Legal Services	Rationalisation.	Service Reduction	Staff consultation	Potential impact on performance			(50)		(50)			
									(50)	0	(50)	0	0	0
Income														
									0	0	0	0	0	0
									(80)	0	(150)	0	(200)	0
Overall Savings														

Commissioning and Assurance Savings

Old Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact Assessment	Savings per annum			
							2013/14	2014/15	2015/16	FTE
							£000	£000	£000	FTE
Efficiency										
E19	Third sector commissioning	Recharge from London Levy reduction to support reprofile of library strategy implementation following consultation and to make time for community bids to be fully considered. To be reimbursed in 2013/14.	Efficiency	N/A	A saving has been made on the levy that London Councils makes on an annual basis for London wide grants to voluntary organisations. This is additional funding that is being released for voluntary organisations in Barnet, so should have a positive impact on service delivery and customers.	A saving has been made on the levy that London Councils makes on an annual basis for London wide grants to voluntary organisations. This is additional funding that is being released for voluntary organisations in Barnet, so should have a positive impact on service delivery and customers.	200			
E20	Across Service	Senior Management Restructure.	Efficiency	Consultation with staff and trade unions	The design of the new senior management structure is designed to enhance the Council's ability to provide customer driven services for residents of Barnet	An equality impact assessment has been carried out as part of the senior management review	(150)	(270)		
E20	Across Service	Restructure and re-organisation consequent on the Senior Management re-structure	Efficiency	Consultation with staff and trade unions				(340)		(800)
E2	Crime and Anti Fraud Team (CAFT)		Efficiency	N/A	The CAFT re-organisation takes into account a number of factors in addition to the budget saving proposals such as the anticipated reduction in the DWP subsidy funding which also funds the CAFT.		(9)	1		
E4	Cross-directorate	Expenditure reduction.	Efficiency	N/A	Low	No impact	(10)			
E5	Cross-directorate	Rationalisation.	Efficiency	N/A	Low		(40)			
E6	Governance	Savings to Member Training.	Efficiency	N/A	The reduction will limit the availability of high quality specialist training obtained from external sources and may restrict the development opportunities available to Members	No impact			(20)	
E7	CAFT	Reduction of supplies and services.	Efficiency	N/A	Low	No impact			(20)	
E9	Strategy	Savings in data and technology budget	Efficiency	N/A	Low	Low	(50)		(10)	
E10	Across Service	Re-organisation consequent on the Senior Management re-structure	Efficiency	N/A	Improved service offer.	Area based service which will improve customer and traders relationship.		4.6		
Total							(59)	5.6	(660)	0
Service reductions										
R2	Third sector commissioning	Reduction in funding for the Arts preventative programme.	Service Reduction	Consultation completed in 2011/2012 budget round	Programme available to fewer residents.	May have an impact for those who would have used this service, also possibly a reputational effect.	(8)			
R3	Third sector commissioning	Reduce Community Barnet core funding.	Service Reduction	Consultation completed in 2011/2012 budget round	Overall provision will be reduced but also re-commissioned to better meet modern requirements.		(10)			
R4	Third sector commissioning	Refocus community advice services to greater target need.	Service Reduction	Consultation completed in 2011/2012 budget round	Programme available to fewer residents, but re-targeted on areas of highest need.		(57)			

Old Line ref	Line ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Savings per annum						
									2013/14		2014/15		2015/16		
									£000	FTE	£000	FTE	£000	FTE	
R1	R4	Governance	Reorganisation.	Service Reduction	Staff consultation	If the number of meetings (and committees in future years) remain unchanged, there will be an impact on the performance and delivery of the service. A synchronisation in the number of posts/demand on the service/service delivery must take place to mitigate risk.			(50)	1					
R2	R5	Human Resources	Trade Union	Reduction	Informal and formal statutory consultation	Integration of trade union activity into core work					(80)				
Total									(125)	1	(80)	0	0	0	

Childrens Pressures

Line ref	Service area	Description of investment	Consultation (How are we consulting on this proposal)	Contribution to strategic objectives	Investment per annum		
					2013/14	2014/15	2015/16
Core performance improvement							
P1	Libraries	The current libraries service staffing structure is underfunded: this investment, together with a £490k staffing restructure will ensure the service is able to deliver required savings and the libraries strategy commitments.		An efficient council, with services designed to meet the changing needs of residents.	100	0	0
Demography/growth							
P2	Demand led statutory and targeted services (e.g. children in care, child protection, disabled children, youth offending, family support)	Placement costs for individual children, commissioned services to providing targeted services for vulnerable children.			750	750	720
Total					750	750	720
Overall Pressures					850	750	720

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A Growth Strategy for Barnet

**Supporting residents through the downturn,
creating the environment for growth**

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A GROWTH STRATEGY FOR BARNET: SUPPORTING RESIDENTS THROUGH THE DOWNTURN, CREATING THE ENVIRONMENT FOR GROWTH

Introduction from the Leader of the Council

There is no denying that the past few years have been immensely challenging, triggered by the financial crisis which spread across the banking sector from 2007 to 2009 and eventually led to a global economic downturn. The economic crisis has had huge ramifications for the global economy, the public finances and people's standards of living.

When the current Government came to power in 2010, Britain's deficit was the largest in its peacetime history. Annual debt interest stood at £43 billion. At the time, the Government was spending more each year on servicing its national debt than it was on schools in England. Immediate action was needed to prevent Britain sliding into the kind of economic paralysis now being felt in Greece, Spain and elsewhere across Europe.

The Government set out a pathway for tackling the country's huge deficit at the Spending Review in 2010. The Spending Review set out plans for cutting public spending by £81 billion over the four year period from 2011 – 2015, in order to bring the country's debt down to manageable levels. Since then, it has become clear that the UK faces a prolonged period of austerity as forecasts for economic growth across Europe, and at home, have remained disappointing.

Inevitably, the impact of the economic crisis has been felt locally. Over the 2011 – 2015 period, the level of funding that Barnet receives from central Government will reduce by 26%, equivalent to £72.5 million. Such a reduction to the council's income simply cannot be managed through a process of 'business as usual' or by salami slicing existing budgets. Key services would topple over under such an approach. A different strategy is required.

In 2008, at a time when the country was in the teeth of the initial banking crisis, Barnet Council embarked on a forward looking strategy for dealing with the impending economic turmoil. The 'Future Shape' review, which predicted the significant reductions in council funding which have since become a reality, developed into what the council has termed the 'One Barnet' programme. Leaving aside the jargon, it is important to be clear about the point of the programme and, more importantly, what it will achieve.

It quickly became clear that the council could only live within its means and continue to deliver the quality of services that residents expect by providing services in a different way, through new service delivery partnerships and shared service arrangements. By going out to market to deliver a range of 'back office' services, such as estates management and HR, and customer facing services, such as planning and building control, we are able to create an assured, stable future for these functions whilst at the same time guaranteeing significant savings through more efficient delivery. The One Barnet programme will deliver guaranteed savings of £111 million by the end of the decade, which would otherwise need to be found from children and adult social care budgets.

Alongside a forward-looking strategy for determining the shape of local services in a world of rapidly declining budgets, it is essential that the council continues to keep a secure grip

on its finances. This is especially important as the continuing pressure on the council's budget will be exacerbated by local demographic change.

Barnet's population is predicted to grow by 5.5% by 2016, which will further impact local services – particularly children and adult social care services. The council's Medium Term Financial Strategy sets out a plan for tackling the issue of rising demand for services, through investing in early intervention and prevention measures. Whilst we will do all we can to manage these pressures locally, it will require decisive action from the Government to tackle the issue of rapidly rising adult social care costs.

Poor financial management leads to short-term decision making and reactive, in-year cuts to services. This disastrous 'slash and burn' approach is something we have avoided in Barnet by remaining in control of our finances. This is not to suggest that we haven't had to make tough choices – clearly, we have. But we have actively sought to limit the impact of cuts on the front line by squeezing the 'back office', generating efficiencies and cutting bureaucracy. The council will achieve 77% of savings by 2015 through cuts to the 'back office' and senior management costs. This means that the vast majority of savings will be made with minimal impact on the services that residents receive at the front line.

At a time when local authorities across the country are being forced to borrow more or rely on ever dwindling reserves simply to keep the lights on, Barnet continues to meet its objective of retaining reserves of £15 million each year. This makes us well placed to absorb future economic shocks without the need to make punitive in year cuts to services.

Therefore, as the council faces up to further austerity, we do so from a strong position. Indeed, the way we have dealt with the financial crisis has meant that, not only have we been able to live within our means, we have been able to take decisive action and invest additional resources to support residents at a time when they most need it. That is why, to help residents through these challenging times, we have frozen Council Tax for the past 3 years and why we will freeze it again in 2013-14. That is why we are front loading our support to families that need it most through our 'Family Focus' programme, investing £2 million over the next 2 years to support 900 families across the borough. And it is why we will invest £55 million to provide for additional primary and secondary school places in the borough and ensure that Barnet's schools remain amongst the best in the country.

We are taking action now to tackle the immediate and difficult problems facing the borough and its residents. This year, we are investing £1 million to support local businesses to take on apprentices and to help the young unemployed into work. We are also investing an additional £3.5 million in the borough's road and pavements network. Not only are both of these issues a high priority for residents, they are crucial for creating the right environment for growth. Without strong financial management, we simply would not have this money to invest now, when residents need it the most.

Although austerity is here to stay for the time being, the council is determined to look to the future and focus on what we can do to create the environment for growth in the local economy. We will grasp the opportunities available to us through reforms to local government funding – particularly the New Homes Bonus and localisation of business rates – which creates an incentive for authorities to focus on growth in order to mitigate continuing financial pressures.

This means delivering the major regeneration schemes we have planned in areas such as Grahame Park, Stonegrove and Dollis Valley - schemes which will not only create new homes and local jobs but will also secure Barnet's future as a place where people continue to want to live and work. Alongside this, we will build on our programme of support to the young unemployed and will embark on a renewed process of engagement with businesses, which are the lifeblood of the local economy.

Recognising that growth, managed in a responsible way, is the key to the future prosperity of the borough; today the council is signalling a major shift in its future strategy – one that places a clear emphasis on creating the right environment for economic growth across the borough. We will continue to build on the action we have taken over the past year by making growth the council's top priority, reflected in next year's Corporate Plan. We are committed to doing more to promote the key drivers for growth and prosperity: Skills and employment; transport and infrastructure; housing; business and enterprise.

Despite the challenges, we have reason to be optimistic. There are signs that the council's emerging growth strategy is beginning to bear fruit, with recent Government data showing that participation rates for the number of 16-17 year olds in education, employment and training amongst the highest in London at 95% - up 3.4% from 2011¹. Barnet has also seen a record-breaking number of new company formations during the second quarter of this year, with 285 new companies formed between May and August 2012 – higher than any other second quarter on record for the area². Many of the crucial building blocks are there and we are determined to build on them.

Alongside a focus on growth, we are clear about the continuing need for the council to support families and individuals that need it, whilst doing more to promote independence. This document sets out the range of support the council is providing to residents to help them through these challenging times and sets out our approach to help foster growth in the economy, which will secure our future.

Councillor Richard Cornelius
Leader of Barnet Council

¹ Department for Education participation data, September 2012

² Companies House data, September 2012

EXECUTIVE SUMMARY

- The effects of the **global downturn** have inevitably had an impact at the local level. Council income will reduce by **26%** by 2016. Through strong **financial management**, savings to the **'back office'** and more efficient methods of **service delivery**, the council will be able to live within its means whilst maintaining the ability to absorb in year **'shocks'**.
- The way the council has managed its finances means that, not only have we avoided a disastrous 'slash and burn' approach, but we have been able to take **decisive action** and invest **additional resources** to support residents through these challenging times:
 - The council has frozen Council Tax for the past 3 years and will freeze it again in 2013-14;
 - In June 2012, the council published a **Skills and Enterprise Action Plan** to tackle unemployment in the borough;
 - An additional **£1 million** will be invested in 2012-13 to support **16-24 year olds not in education, employment or training** (NEETs). This investment will provide over 300 workplace and training opportunities for young people in the borough;
 - More than **£3 million** has been invested in Barnet's **Town Centres** to support them through the downturn;
 - An additional **£2.6 million** was made available to repair **pot holes** across the borough following the severe winters in 2009 and 2010;
 - An additional **£3.5 million** will be invested in 2012-13 to maintain the borough's **roads and pavements network** – a top priority for residents – and targeted at significant transport hubs and high streets;
 - The council will invest **£55 million** to provide additional primary and secondary **school places** across the borough;
 - **£2 million** will be invested through the council's **Family Focus programme** over the next two year to support **900 families facing multiple problems**, with funding front-loaded to provide support when it is most needed;
 - The council has reformed its **housing allocations policy** to ensure that social housing is targeted at residents facing the greatest need;
 - The council has made significant progress in achieving its vision for **personalised Adult Social Care services** which are tailored to the needs of individuals, with nearly 70% of service users in receipt of a **personal care budget**; and
 - **£200,000** has been set aside to support disabled and older residents to live more independent lives through the **Supporting Independence Fund** and **£600,000** has been allocated to support the development of resident-led, local solutions to local problems through the **Big Society Innovation Bank**.
- As we look to the future, the council is committed to mitigating the impact of continued austerity by **creating the environment for growth in the local economy**. This significant shift in the council's strategic objectives will see the implementation of a local **Growth Strategy** based upon:
 - The delivery of 7 major **regeneration schemes** across the borough, which will create more than **20,000 new homes** and up to **30,000 new jobs** over the next 20 years;
 - More effective **engagement** with, and **support** to, local **businesses**;
 - Investment in **skills and employment**, with **£1 million** invested already; and
 - Investment in Barnet's **transport infrastructure** and **community facilities**.
- The council's **Growth Strategy** is an ambitious but credible **blueprint** for ensuring the **future prosperity** of the borough and maintaining Barnet as a **successful London suburb** – a place where people want to **live, work and study**.

CHAPTER 1: INVESTING IN REGENERATION AND SUPPORTING BUSINESS AND ENTERPRISE

Responsible regeneration for a prosperous future

1.1 Investment in **regeneration** and **development** is an essential driver for growth. Regeneration creates jobs, reinvigorates communities and improves living standards. Regeneration is also crucial in maintaining Barnet as a successful and prosperous London borough, where people want to live, work and study.

1.2 Barnet will go through a significant period of regeneration over the next decade and beyond, with **seven major schemes** being planned and implemented in areas such as Colindale, Dollis Valley and Stonegrove. In total, these planned regeneration schemes will create more than **20,000 new homes** and up to **30,000 new jobs** in the borough. They will also bring significant investment in **infrastructure** – in transport, schools and community facilities. The council will continue a close dialogue with the GLA and central government to ensure that its vision for the future regeneration of the borough is realised.

1.3 Whilst the council is committed to embracing regeneration as one of the major drivers for growth, it is essential that the borough's regeneration schemes are developed and delivered by the council and its partners in a **responsible** and **sustainable** way.

1.4 The council will ensure that the Barnet's green and open spaces are **protected** and enhanced so that the borough remains an attractive place where people want to live now and in the future.

The benefits of Barnet's major regeneration schemes: New homes, local jobs, modern infrastructure and revitalised communities

Colindale and Grahame Park

- The regeneration of **Colindale**, in the west of the borough, is Barnet's largest regeneration scheme.
- By 2025, the regeneration of Colindale will create in excess of **10,000 new homes** at key development sites including Beaufort Park (c3,000 new homes), the Grahame Park Estate (3,000 homes), Colindale Hospital (c700 homes) and the National Police training centre, more commonly known as the Peel Centre (c4,000 homes).
- The planned regeneration of Colindale will create around **1,000 new jobs** by 2016.
- A total of **£700 million** will be invested in the complete regeneration of **Grahame Park**, Barnet's largest housing estate, over the next 13 years, transforming the lives of residents.
- The Grahame Park Estate was built in the 1970s by the GLC. Today, the design of the site serves only to isolate it from the surrounding areas. The planned regeneration will **reconnect** Grahame Park with surrounding amenities and transport links. Of the **3,000 new homes** created, **1,000** will be **affordable**.
- Alongside the regeneration of the Estate's housing stock, which will involve the demolition of 1,314 existing dwellings and the retention of 25% of existing homes,

existing **community facilities** will be redeveloped. This includes the public library, community centre, children's centre, health centre and adult day centre.

- The regeneration scheme also includes investment in **major infrastructure improvements** and **transport links**, including road and public transport capacity.
- Progress in delivering the scheme has been good. Construction at Beaufort Park and Colindale Hospital are well under way, with hundreds of units already in occupation.
- The regeneration of Grahame Park is being implemented on a phase by phase basis, dependent on satisfactory re-housing of existing residents before homes are demolished.
- The first phase of the Grahame Park regeneration scheme has been delivered, with the creation **319 new homes**. Planning permission for the next phase, which includes the replacement library, community centre and commercial premises, was approved in June 2011. Work is due to begin in late 2012.

Brent Cross/Cricklewood

- Planning consent for the **£4.5 billion**, privately funded regeneration scheme at Brent Cross in Cricklewood was issued in October 2010.
- The planned scheme, which includes the refurbishment and extension of the Brent Cross shopping centre, will create **7,500 new homes, 4,000,000 sq ft of commercial space** and up to **27,000 new jobs**. Construction is planned to commence in 2014 and will take around 20 years to complete.
- The aim of the scheme is to create a new sustainable town centre, uniting the areas to the North and South of the A406.
- The development will include significant investment in **major infrastructure and transport works** including new roads, junctions and bridges, a new Thames Link railway station and replacement bus station at Brent Cross, as well as new **schools** and **community facilities**.

Stonegrove and Spur Road

- The **£230m** regeneration of the Stonegrove and Spur Road Estates in Edgware, to the north of the borough, will create a revitalised, attractive and vibrant new neighbourhood.
- The current mix of low and medium rise blocks, constructed in the 1960s and 70s, will be replaced with nearly 1,000 new homes. The development will provide for a series of linked, mixed tenure areas with a range of household sizes to appeal to single occupiers, couples and families.
- Of the new homes to be constructed, just under a third will be for rent, just over a half for private sale, and the remainder will be for low-cost home ownership.
- Alongside the regeneration of housing, there will be new **road improvements** to important junctions between Spur Road and Green Lane and investment in **community facilities** with a new community hall, church and church buildings.

West Hendon

- The **£500m** regeneration scheme at West Hendon, to the west of the borough, will create a mixed tenure of **c2,000 new homes** that will cater for single occupants, couples and families.

- Alongside the creation of modern housing, the scheme will include the replacement of the existing **community centre** with a new, modern facility and the reconfiguration of the **road network** to improve access and traffic flow.
- The development team are reviewing the Masterplan, with a view to submitting a planning application in 2013. The Masterplan will deliver the scheme over a proposed period of 15 years and includes a commercial hub linking station road to the estate.
- Good progress has been made to date, with the initial phase of development – comprising 194 new homes – due for completion in March 2013.

Dollis Valley

- The Dollis Valley Estate lies to the north of the borough, on the outskirts of Chipping Barnet. The estate was built in the late 1960s and early 1970s and comprises two and three storey houses and five storey blocks of flats and maisonettes.
- The **£129m** privately funded regeneration of the Estate will see the creation of a new sustainable neighbourhood with mixed tenure housing and improved transport links.
- The scheme will see the existing 436 flats and maisonettes replaced with a mixed tenure high quality development of up to **616 new homes**. The development will consist of **affordable homes** for social rent, shared equity and homes for sale on the open market.
- The proposals will transform Dollis Valley into a vibrant neighbourhood with a distinctive character, whilst respecting the suburban location of the site. The regeneration will also reconnect the site with local amenities.
- Within the **community space** to be created, there will be a number of social enterprises co-located together, as well as **training facilities** to provide skills and **job opportunities** for local people. There will also be a nursery providing childcare for local workers and additional **employment opportunities**.

Mill Hill

- The planned **£200m** regeneration of Mill Hill, located in the centre of the borough, aims to create a revitalised neighbourhood on the existing 83 acre site.
- The planned regeneration scheme will create **2,174 new homes**, together with **primary school**, modern **community facilities**, and employment and retail opportunities with up to **500 permanent direct jobs** and **40 indirect jobs**.
- Outline planning permission for the scheme was granted in September 2011 and a detailed planning application for the first phase of the scheme is in development.

Granville Road

- The Granville Road Estate is situated at the southern end of the borough within the Childs Hill Ward. This 1960s social housing estate is typical of its type and time resulting from clearance of traditional terraced streets within an area. Today, the Estate consists of three tall and three low rise tower blocks.
- The planned **£40 million** privately funded regeneration scheme includes the construction of around **145 new homes**. The majority of existing properties have been retained and the improvements to these homes have recently completed.
- In addition to new housing, there will be improvements to the public realm transforming the area into a desirable residential location for all tenures.

Supporting local business and enterprise

1.5 Barnet's business sector is large, diverse and has a high level of churn. In 2010, **2,440 new businesses** were created in the borough, which suggests that Barnet benefits from a high degree of **enterprise** and **entrepreneurialism**. However, over the same period, there were 3,405 business closures. This clearly demonstrates that the recession has had an impact³.

1.6 The largest business sectors in Barnet, in terms of proportion of business units, are **professional, scientific and technical services** (17.6%), **construction** (10.5%), **retail** (10%) and **information and communications** (9.6%). Barnet also has a significantly high number of small and **micro businesses**, with 82% of local businesses employing four people or fewer - the highest proportion in London⁴.

1.7 Although the downturn has inevitably led to a decline in Barnet's businesses, the sector has displayed a greater level of **resilience** than the rest of the London. Barnet's business population declined by 1.3% between 2009-11, compared with a 1.8% decline for Greater London over the same period.

1.8 Indeed, there are a number of instances where businesses in Barnet have **bucked the wider trend** seen across London and nationally. Employment in the **construction industry**, for example, increased in Barnet by 2.9% between 2008-10, compared to a London-wide decline of 11.3% and national decline of 13.1%.

1.9 A successful local business sector is perhaps the single biggest contributing factor to growth. The council understands this and is determined to do more to **engage** with local businesses – small, medium and large – to ensure that the decisions it takes support the future growth of the sector.

1.10 The council is developing a forward-looking **business engagement strategy** and is taking action to improve our understanding of, and engagement with, local businesses. Initiatives include:

- Working jointly with Middlesex University, the council has appointed a **Business Connections Officer** to engage with businesses across the borough and spearhead the development of a business-friendly, pro-growth borough;
- commissioning Middlesex University to **analyse Barnet's business sector** – its composition and areas of growth and decline - to help it make informed choices in relation to decisions which impact local businesses;
- **business engagement events**, led by the Leader of the Council, to share information and understand the views of business on specific issues; and
- considering how the council can create opportunities for Barnet's businesses through its **local supply chain**. The council has signed up to the London Councils 'Procurement Pledge' to look at opportunities for creating local employment through procurement and will produce guidance for local businesses on how to engage with, and secure contracts, from the council.

³ Business Demography 2010 annual data

⁴ IDBR annual data 2011

1.11 Delivering the council's priority of creating the environment for growth requires us to understand the local business landscape – its size, shape and emerging sectors – and make decisions based on **evidence**. For instance, this means understanding what support Barnet's significant number of micro businesses need to be successful and what this means for the future size and shape of the borough's business premises.

1.12 Through the steps outlined above, and further initiatives in development, the council is determined to do more to support businesses through these challenging times and ensure they are well placed to take advantage of the upturn.

Investing in skills and employment

1.13 Whilst the economic downturn has undoubtedly had an impact on **employment** in Barnet, the borough has displayed a greater level of **resilience** than many other London boroughs.

1.14 Barnet benefits from having a **highly qualified working age population**, with more than half (50.9%) achieving at least NVQ level 4 standard, compared to a Greater London average of 45.9%⁵. A highly skilled workforce is an essential building block for growth and the council is determined to build on this as part of its growth strategy.

1.15 This means working closely with **schools, Barnet and Southgate College, Middlesex University** and other **training providers**, as well as with **Job Centre Plus**, to ensure that the provision of skills and training in the borough is consistent with the demands of the local labour market.

1.16 Whilst Barnet tends to have lower unemployment rates than the rest of London – Barnet's unemployment rate for economically active residents in the first quarter of 2012 was 8.8%, compared with a Greater London average of 9.3%⁶ - this is still too high and the council, working with local partners and the business sector, is determined to take action.

1.17 This document has set out the significant role that regeneration will play in the future prosperity of the borough. Alongside this, the council is committed to maximising employment opportunities through regeneration. Section 106 agreements oblige our development partners to agree to **local labour targets** (which the council sets) and deliver apprenticeships in construction and other related fields.

1.18 But we want to go further. That is why, in June 2012, the Cabinet approved the [Barnet Skills and Enterprise Action Plan](#). The Plan sets out the actions the council will take, in partnership with the local public sector and community groups, to help tackle unemployment in the borough.

1.19 The council has been careful to ensure that the Plan complements and coordinates with the many initiatives that are already being delivered across the borough, whilst responding to gaps in delivery. It has been developed in consultation with partners such as Middlesex University, Barnet and Southgate College, Jobcentre Plus and CommUNITY Barnet,

⁵ Annual Population Survey annual data

⁶ Annual Population Survey quarterly data

as well as in discussion with central government and local businesses, to ensure that it is reflective of the needs in the borough.

1.20 The council is working with its partners to deliver the priorities set out in the Plan but there are some initiatives that the council is leading on directly, including:

Supporting unemployed residents

- A **£1 million package** to support **unemployed 16-24** year olds into employment (details below).
- The **£410,000 Workfinder Project** in the regeneration areas of Colindale and Stonegrove/Spur Road, with a target of supporting **400 unemployed residents** with employment focused support and **200 unemployed residents** back into employment.

Supporting economic prosperity, resilience and supporting our high streets

- Supporting **local town centre businesses** through the development and/or support of: The North Finchley Business Forum, Cricklewood Improvement Programme, Chipping Barnet Town Team and Edgware Business Forum.
- The successful bid of **£416,000** from the **Mayor of London's Outer London Fund** delivered public realm improvements, visual merchandising training and events and marketing in Chipping Barnet in 2011-12.
- The Council supported the Edgware Town Team in its successful bid to become a Town Team Partner and receive a grant of **£10,000** as part of the Mary Portas Review to invest in the future prosperity of **Edgware Town Centre**.
- Barnet received **£3 million** from **Mayor of London's Outer London Fund** for funding improvements to Cricklewood and North Finchley. This will deliver improvements to the appearance of the area as well as broader initiatives such as business support, marketing and shop front improvements.

Supporting young people into work: £1 million 'Platforms' Programme

1.21 The council is taking action to **support young people** who are struggling to find work in the current economic climate. In the context of delivering £13 million of savings in 2012-13, the council set aside **£1 million** to invest in a targeted package of support for **unemployed 16-24 year olds classified as 'NEET'** (Not in Education, Employment or Training) which aims to provide **325 workplace and training opportunities** for young people in the borough.

1.22 The NEETs **'Platforms' Programme** not only aims to support young people into work but also **local businesses**. The programme, which is being delivered by the council in partnership with local skills providers including Middlesex University, Barnet and Southgate College and Community Barnet, provides funding and support for local businesses to take on apprentices and interns, as well as targeted support to graduates and young entrepreneurs to help them fulfil their potential.

1.23 The overall aim of the programme, which has seen high levels of demand, is to diversify the routes available to young people as they enter the world of work – for example,

through **apprenticeships** – but also to allow young people to gain experience in the working environment, through **internships** and paid placements in the **voluntary sector**, as a stepping stone to longer-term employment.

A platform upon which to build

1.24 With a highly skilled workforce, excellent local training and educational institutions and a diverse and innovative business sector, there is a clear platform upon which to build future growth.

1.25 There are signs that the council's growth strategy is beginning to bear fruit, with participation rates for the number of 16-17 year olds in education, employment and training amongst the highest in London at 95% - up 3.4% from 2011.

1.26 Barnet has also seen a record-breaking number of new company formations during the second quarter of this year, with 285 new companies formed between May and August 2012 – higher than any other second quarter on record for the area⁷.

1.27 The council is determined to maintain momentum and build on these emerging signs of growth and opportunity.

⁷ Companies House data

CHAPTER 2: MAINTAINING BARNET'S INFRASTRUCTURE AND BUILT ENVIRONMENT AND PROTECTING THE BOROUGH'S GREEN SPACES

2.1 Economic growth is dependent on effective local **infrastructure** to allow people and resources to move quickly and efficiently across the borough.

2.2 Alongside substantial investment in new, affordable homes, the future growth of the borough will require investment in the Barnet's **transport networks** - roads, rail and tube – to ensure they continue to meet the changing needs of the borough. Maintaining the borough's transport network is not only a responsibility for the council but also for the Highways Agency, Network Rail and Transport for London.

2.3 At the same time, it is essential that the borough's **green and open spaces**, which remain a significant factor in making Barnet such a desirable place to live and work, are **protected and maintained**. Maintaining Barnet's parks and open spaces requires not only action by the council but also by the residents that use them.

Investing in Barnet's transport infrastructure

Road network

2.4 Improving the conditions of the borough's road network, and its pedestrian walkways, is a top priority for the council and for residents⁸. Not only is investment in Barnet's road network essential in keep the borough moving, it is also a driver for growth.

2.5 The council responded to poor weather conditions during the winters of 2009-10 and 2010-11 by investing an additional **£2.6 million** to repair potholes across the borough. This year, an addition **£1 million** has been added to the existing **£2 million** in the capital programme for planned maintenance of the highways network. In addition, a further **£3.5 million** has been made available for carriageway resurfacing and footway works in the borough this year. This represents real, **additional investment** in the borough's infrastructure at a time when it is most needed and a decisive response by the council to the priorities of residents.

2.6 To maximise the benefit of this investment, and to support growth, funding has been targeted at roads with high pedestrian usage linking town centres, major transport hubs and other areas of public interest, as well as the most defective residential streets.

2.7 As the council adjusts to the 26% cut to its budget, we are looking at new, innovative and more efficient ways of maintaining the borough's road network. The council is diversifying the range of treatments it uses to maintain the network, modelling the costs and lifespan of each in order to deliver the **best value solution**.

2.8 In conjunction with maintenance of the borough's road network, the council will continue to take measures to improve **traffic flow**, reduce **congestion** and maximise the **performance** of the borough's road network.

⁸ Barnet Residents' Perception Survey, 2011

2.9 In relation to **utility works**, there has been an increase in the level of monitoring and enforcement of the works carried out by utility company sub-contractors. This will have positive benefits, as the works carried out will be better managed, co-ordinated and completed to a higher standard.

Public transport

2.10 Barnet benefits from an extensive public transport network, including **overground train lines**, the **London underground** (two branches of the Northern Line) and the **London bus network**.

2.11 Investment in the borough's public transport infrastructure is important not only for growth but also to support the council's ambitious regeneration programme. This includes redevelopment of the **Northern Line station at Colindale**, in order to cope with increased demand, and the development of a new **ThamesLink station at Brent Cross**. The council will continue discussions with Transport for London and Network Rail, with the aim of securing this investment.

Maintaining Barnet's parks and open spaces: A new relationship with citizens

2.12 The council has a critical role to play in maintaining the borough's **green and open spaces** and we will ensure that the regeneration schemes we are committed to delivering will not be to the detriment of what makes Barnet such an attractive borough. Indeed, the programme of regeneration across the borough will serve to maintain the future attractiveness of Barnet.

2.13 But the council is determined to do more than just maintain Barnet's open spaces as attractive places to visit. The more effective use of parks – for physical activity and exercise - will help to tackle some of the **public health challenges** facing the borough.

2.14 Securing the future of Barnet's parks and open spaces for future generations to enjoy is a responsibility not only for the council but also on the **residents** that use them. New opportunities have arisen out of these challenging times by creating a new relationship between the council and residents. Resident groups, working in partnership with the council, are working to deliver improvements to their local play spaces by developing proposals for new equipment and accessing external funding to deliver improvements.

2.15 In total, 7 play areas across the borough have benefited from investment of nearly **£700,000**, of which **£185,000** comes from the council. Resident groups such as the Friends of Mill Hill Park and Lyttelton Playing Fields Redevelopment Committee raised over **£245,000** which has seen the complete re-development of these two sites. Other play areas that have been improved include Friary Park, Riverside Walk, Windsor Open Space, Princes Park and Edgwarebury Park.

2.16 Resident involvement in the management of parks and open spaces is crucial in adding those extra touches which improve visitor's experiences and encourage them to return.

CHAPTER 3: SUPPORTING ADULTS, CHILDREN AND FAMILIES THROUGH CHALLENGING TIMES

3.1 Alongside the council's focus on growth as a means of mitigating the financial pressures facing the borough and securing a prosperous future for residents and businesses, we are clear of the continuing need to **support adults, children and families that need it**.

3.2 The council has taken, and will continue to take, action to support residents through these challenging times. Over the period 2012-15, at a time when our income is being cut by 26%, the council will allocate an additional **£5.6 million** to support Barnet's most vulnerable residents.

3.3 The state of the public finances requires difficult choices to be made. In making these choices, the council has based its decisions on the **principles** of ensuring that **resources are distributed fairly** and are **targeted at residents who are most in need**.

3.4 The council has adhered to these principles in the development of a fairer **housing allocations policy** which targets those facing the greatest housing need; by front-loading our support to those families facing **multiple challenges**; by increasing our recruitment of **local foster carers** to ensure that children retain connections to their school and community; and through a fairer distribution of resources for **Children's Centres** across the borough.

3.5 As we meet the challenges of living within our means in the short-term, it is essential that we take action now to the longer-term challenges of an increasing local population and **rising demand for services**. In response, the council is investing in **early intervention and prevention** measures to manage demand and reduce dependency on the state.

Education and learning

3.6 Barnet has some of the highest performing **schools** in the country; a network of **Children's Centres** providing essential early years support; and modern and expanding **post-16 educational institutions** at Middlesex University and Barnet and Southgate College.

3.7 Barnet Council is committed to working in partnership with educational and learning institutions across the borough to deliver an exceptional **educational 'offer' for all ages**.

A fairer distribution of resources for Children's Centres

3.8 In 2010, the council undertook a review of **Children's Centres** and related Commissioned Services. The aim of the review was to refocus Children's Centres to meet the needs of the most vulnerable communities whilst maintaining a universal offer at a time of diminishing resources.

3.9 Following the review, in April 2011, the council established a network of **13 full Children's Centres** and **eight linked outreach venues**, providing borough-wide coverage. As

part of this network, the council provided integrated education and childcare in seven Children's Centre.

3.10 In order to make the network sustainable, it is essential that the available resources are distributed fairly and focused on those **most in need**. As a consequence, the council has reconfigured the funding formula for Children's Centres so that it is targeted more effectively and better serves vulnerable communities, with a period of transitional funding to enable Centres with childcare to develop models for cost neutral childcare by 2014-15.

Maintaining Barnet's excellent schools

3.11 One of the most effective ways of improving the life chances of Barnet's young people, and thus securing the future prosperity of the borough, is to continue to invest in **schools** and **educational attainment**.

3.12 Barnet's schools are amongst the most successful in the country, with **91%** of schools inspected by Ofsted in 2010-11 rated as **good** or **outstanding**. The council is determined for this to continue and will invest **£55 million** across 13 school sites over the next few years to provide **additional permanent primary and secondary school places**.

3.13 Expanding successful schools to meet parental preference is essential, as is meeting localised demand arising from new housing development. The provision of new schools and state of the art school buildings is at the heart of the council's plans for new communities such as those in Colindale, where a new four form entry school building is underway, and Mill Hill East, with the commissioning of a new three form primary school.

3.14 As the borough grows, further investment in school places will be required up to 2020. **Free Schools** have a part to play and Barnet is proving a popular destination with two already open and a further two looking to open in September 2013. These new providers of education, along with the increasingly diverse range of governance arrangements as schools convert to **Academies**, are shaping the future provision of education in Barnet.

Post-16 learning

3.15 Barnet benefits from some exceptional post-16 learning institutions, which will play a crucial role in achieving the shared aim of a growing local economy, where the provision of skills is consistent with the needs of the labour market.

3.16 **Barnet and Southgate College** is a highly successful Further Education college with over 21,000 students. The College is one of the largest colleges in North London and delivers approximately 1,500 courses, in over 20 subjects, across four campuses at Wood Street (High Barnet), Southgate, Grahame Park (Colindale), and Edmonton (Edmonton Green).

3.17 **Middlesex University** is a modern, expanding University with its main London campus based in Hendon. Middlesex has a reputation the highest quality teaching and

research and an innovative approach to working with businesses to develop staff potential and provide solutions to business issues.

3.18 Both Barnet and Southgate College and Middlesex University are key strategic partners to the council in the delivery of a borough-wide growth strategy.

Supporting families

Barnet's Family Focus programme

3.19 **Families** are the bedrock of our communities. In normal circumstances, families provide support, safety and encouragement to children and provide a springboard for creating their place within society. However, in some cases, the family structure disintegrates and is not able to provide the foundation required for children to flourish.

3.20 Some families experience **multiple problems**, which are often long-standing and can lead to their children repeating the cycle of disadvantage, and the families needing significant amounts of support, sometimes over long periods.

3.21 Barnet has been at the forefront of developing new approaches to working with troubled families through new approaches to working with troubled families since 2010, when it set up the Family Intervention Project working with families of young offenders. In 2011, Barnet was selected as one of 16 national pilots to develop the idea of using pooled 'Community Budgets' to develop its Intensive Family Focus work with troubled families.

3.22 The new approach provides for **better outcomes** for the families concerned and reduces the number of **multi-agency interventions** received by the families.

3.23 Barnet has established a Trouble Families Division, which integrates the **Intensive Family Focus (IFF)** and the **Family Focus (FF)** teams and provides a range of services to meet varying levels of need for Barnet's troubled families.

3.24 Since January 2012, **305** families have entered the programme. The programme offers a continuum of support, ranging from accredited parenting groups to address school attendance and family relationships, to 10 hours a week of face to face support in the home.

3.25 A range of positive outcomes have been achieved, including **children returning to school**, removing a number of names from the **Child Protection Register**, reduced **criminal and anti-social behaviour**, and a significant number of families with at least one adult returning to **work, training or volunteering**.

3.26 The programme is also delivering **savings to the public purse** through a more **joined up** and **efficient service**. Work carried out to assess the impact on the initial 18 families to go through the programme indicates a total cost avoidance figure of **£1.4 million** for Barnet public services. Calculations are based on the costs for services such as police call-out, truancy and housing in the three months prior to the intervention, compared with post-intervention costs.

Increasing the provision of foster care

3.27 Fostering has benefits for children and carers. Placing a child with a foster carer provides a safe and caring home to a child who may have experienced a difficult and sometimes abusive past and in doing so give them the chance to heal and enjoy their childhood.

3.28 In 2011-12, Barnet recruited **17 new foster carers**, an increase of **12** on the year before. These foster carers are mostly local, thus enabling children and young people to retain connections to their school and local community. This promotes placement **stability** and better **outcomes** for children and young people.

3.29 'In house' foster carers cost the local authority less than those in the private sector and Barnet is on line to achieve its target for recruiting additional foster carers for 2012/13, with **15** carers recruited by the end of the year.

Meeting the borough's demand for social housing

3.30 The earlier section on regeneration sets out the council's future vision for ensuring that residents benefit from modern housing. However, alongside delivering this vision, it is essential that the council takes action to meet the housing needs of residents now, at a time when the local population is rising.

3.31 This means taking action to tackle homeless and support residents in the **greatest need** through changes to housing policy. The council has been proactive in progressing housing policy changes, and has put in place a **new housing allocations scheme** which targets access to social housing to those in the greatest need. This has reduced the number of households on the housing register and waiting for housing from over **18,000** to **1,430**.

3.32 The council also gives additional priority to applicants in high housing need who are working or making other **community contributions** such as training, volunteering or having previously served in the Armed Forces. Since April 2011, 152 working people have been housed in social housing.

3.33 The council has also started issuing **fixed-term tenancies**, with fixed 2 year tenancies agreements commencing in July. By issuing tenancies of 2 and 5 years, the council can make the best use of limited resources and ensure that council housing is available for residents in **high housing need**. Support services are being developed to assist tenants in accessing training and work, which will enable them to secure private rented sector or shared ownership homes when their council tenancy comes to an end.

3.34 Further action is required to increase supply at a time of rising demand and the council is working in partnership with Barnet Homes to develop a range of incentives to secure **longer term private sector lettings** for housing clients and implementing a rigorous programme of occupancy checks to ensure that those placed in short term temporary accommodation are actually in residence.

Adult Social Care

3.35 Working in close partnership with the health service and the voluntary sector, Barnet's adult social care services aim to promote the **independence** of adults who need support, enabling them to live safely in their own homes where possible, and to encourage their **participation** in the community.

Personalisation of care

3.36 Barnet Council's vision is for users of adult social care services to be in control of their own care, accessing services that meet their needs, with a positive experience of care and support. The council is at the leading edge of the **care personalisation** agenda, being one of only 7 local authorities to be recognised as a Right to Control 'trailblazer', which provides disabled people with the legal right to take control of their care and support.

3.37 The council has made significant progresses in the achieving its vision of a more personalised, tailored service. The number of people in receipt of a **personal budget** is now 3,613 (68.4%) and the number of people in receipt of a **direct payment** is 998 (20%). A network of Peer Support Brokers is also available to provide advice and guidance to individuals with support planning.

Day opportunities for older people

3.38 The council recently held a consultation about how **day opportunities** for older people should be provided in the future. This includes a range of activities and support commissioned for older people by the council through day centres and associated services such as lunch clubs, provided by voluntary organisations in Barnet.

3.39 There are compelling reasons to change the existing model: Projected growth in numbers of older people in Barnet; the need to reach greater numbers of older people across the borough; and changing expectations of older people.

3.40 Working with voluntary sector providers - the Older Adults Partnership Board and the Barnet Older People's Assembly - a model for a neighbourhood scheme has been proposed, based on good practice elsewhere and the desire of older people to see a more localised approach to the delivery of preventative services for older people.

3.41 The **neighbourhood model** shifts the balance of day opportunities provided by the voluntary sector from ongoing centre based services to neighbourhood services, aimed at promoting independence and self help across the whole of Barnet.

3.42 The model aims to re-build or re-connect individuals with community support networks that may have been disrupted or have disappeared through a variety of circumstances. The service will identify those support services that are most valuable to local communities and provide these on a neighbourhood basis.

3.43 Day opportunities for older people links closely with Barnet's Ageing Well programme, which looks at how we can support older people in Barnet to lead full, active and independent lives. The Ageing Well programme is being led by the Director for Public Health and is in line with the forthcoming Public Health responsibilities of the council.

Supporting Independence Fund

3.44 The council has set aside **£200,000** in 2012-13 for a '**Supporting Independence Fund**', providing funding to kick-start projects that will support disabled and older Barnet residents to live more independent and fulfilling lives.

3.45 Funding is allocated to innovative and sustainable proposals which provide new ways to 'fill the gaps' in support for older and disabled people and create long-term benefits.

Supporting communities

Big Society Innovation Bank

3.46 The council recognises that, in many cases, local people are best placed to understand and provide solutions to the challenges they face within their communities. In response to this, the council has set aside **£600,000** over the three year period from 2011-14 to provide seed-corn funding to allow residents to develop these ideas and put them into practice through the **Big Society Innovation Bank (BSIB)**.

3.47 In 2011, the BSIB allocated **£200,000** to 6 projects on a range issues including **supporting young people to find jobs**, support to **older people** and reducing **energy consumption**. The next round of BSIB funding will be allocated in the spring of 2013.

Mayor's Benevolent Fund

3.48 In addition to the BSIB, the council will allocate £15,000 this year through the **Mayor's Benevolent Fund**. The fund provides small, one-off grants to residents in financial need to help with the costs of school uniforms, essential household appliances and support for families with newborn babies.

Advice and guidance

3.49 It is especially important, during these challenging times, that residents are able to access reliable, independent and confidential **advice and guidance** on a number issues such as health, benefit entitlements, employment and money management.

3.50 In February this year, the council signed a **three year contract with the Barnet Citizens Advice Bureau** to provide an information service to residents across the borough, with face to face advice available at CAB centres in Finchley, Hendon and New Barnet.

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Children's Centre Fees 2013/14

Background

Barnet Council reviews childcare fees in children's centres on an annual basis.

In Barnet we have 7 Children's Centres that have childcare, of which Wingfield and Newstead CCs are managed by the Local Authority. The rest are managed by the schools governing body.

Proposed fees 2013/14

The fees proposed would apply to Wingfield and Newstead CC, however we would recommend other CCs with childcare to follow in line with the proposed fees.

£ (per hour)	Current		Proposed		Market Average	
	Aged 2-3	Aged 3-5	Aged 2-3	Aged 3-5	Aged 2-3	Aged 3-5
Newstead CC	6.00	5.75	6.25	6.00	8.25	7.56
Wingfield CC	5.75	5.50	5.85	5.60	6.02	5.92

The proposed fees have been discussed and agreed with Newstead and Wingfield CC.

The retail price index for August is 2.9%. This would be the maximum increase we could apply without seeking Councillor clearance.

However the proposed increases, in particular Newstead CC are 4% plus. The proposed increases are below the market average and Children's Centres are required to become cost neutral from the financial year 2014/14.

Currently families accessing all day provision and tea-time provision at Newstead CC receive a discount of up to £11.75 (full day) or £0.30 (tea-time) to encourage take-up. We are proposing this discount remains the same. Wingfield CC no longer offers discounted sessions.

Previously when we have submitted childcare fees for approval we have included a detailed breakdown of the sessions including lunch costs. This time round, we are not clear what the lunch cost will be as these have not been fully costed. Once the lunch costs are confirmed, the costs will be added to the relevant sessions.

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SCHOOL PLACES

Meeting the demand for pupil places

The unprecedented demand for primary school places has been well documented. Additional permanent places have been provided at Colindale, Parkfield, St Catherine's, Broadfields, Beit Schvidler, Etz Chaim and Rimon. Further permanent expansions have been commissioned at Orion, Blessed Dominic, St Mary's and St John's, Menorah Foundation, Brunswick Park, Martin and Moss Hall schools and the proposed new school at Mill Hill East to provide an additional 12 forms of entry (360 Reception places each year). Meanwhile, temporary bulge classes are enabling the council to meet its duty to provide a school place. However, even with these planned primary expansions coming on stream in the next few years, a significant deficit remains.

The pressure currently being felt at primary level will feed through into demand for additional secondary school places. Taking account school organisation changes at The London Academy and St Mary's, together with the expansions commissioned at The Compton, Cophall, Christ's College, there is a projected shortfall of Year 7 places from 2014/15. Based on current pupil projections, the following further capacity at primary and secondary level will be required to meet demand (Table 1).

Table 1: Forms of entry required: After current planned permanent expansions		
Academic year	Primary	Secondary
2012/13	16.6	
2013/14	9.7	
2014/15	8.4	1
2015/16	11.4	3
2016/17	15.3	9
2017/18	17.6	14
2018/19	18.6	20
2019/20	18.5	25
2020/21	18.0	25
2021/22	17.5	28

Much of the demand in later years is generated through the development of new housing, in the main as part of the council's regeneration plans. Inevitably, the timing of large scale regeneration projects are provisional and subject to many variables. New school provision required as a result of housing development will attract a financial contribution through the planning system in line with Barnet Supplementary Planning Documents. It is anticipated that a significant proportion of the additional resources required for primary and secondary school places as a result of housing growth will be met through developer contributions.

We have modelled a programme to meet this demand (Tables 2 and 3) based on current anticipated housing development programmes and timing. However, a programme has to be responsive and flexible. Free Schools are potentially a significant source of new provision, particularly at secondary level. However, each free school proposal is subject to the approval of the Secretary of State and in London, proposals are being hampered by the shortage of land and/or premises. Two free schools have been granted permission to open in Barnet in September 2013 subject to premises; a 5FE secondary free school, (the Archer Academy) and a 2FE primary school offering Jewish provision. There are at least two other secondary free school proposers seeking to establish in this part of North London which may impact on our demand. Therefore, the commissioning of each expansion or new provision funded by the council will be subject to a review of the latest available data on birth rates, pupil projections, free school provision and regeneration activity. At the secondary level, further resources will be required after 2018/19 and in the meantime, as with the primary sector, temporary provision is likely to be required.

Table 2: Programme of expansions/new provision required to meet demand				
	Primary		Secondary	
Year		Comment		Comment
2013/14	1FE			
2014/15	5FE			
2015/16	3FE		3FE	additions to existing schools
2016/17	2FE	Colindale regeneration	6FE	potential new build
2017/18	3FE	2FE related to West Hendon regeneration	4FE	potential new build
2018/19	1FE	Brent Cross regeneration	6FE	potential new build
2019/20	2FE	Colindale regeneration		
Total	17FE		19FE	

Each permanent expansion will be progressed in line with the availability of capital resources. In line with the prioritisation criteria set out in the Cabinet Report on 3 November 2011, we are continuing to prioritise further schools for expansion and identify land and property opportunities. The next three immediate permanent primary expansions to be commissioned are proposed at Holly Park, Deansbrook Infant and Junior schools and Beis Yaakov, subject to statutory consultation and planning permission

Proposals to meet the increasing demand for special schools and other types of provision for those with Special Educational Needs both in the primary and secondary sectors are being developed as part of a new Special Educational Needs Strategy. Meanwhile, additional places are being provided at Oakleigh and Northway Special Schools, and the permanent expansion of Broadfields has increased provision for children with Autistic Spectrum Condition by 7 places. Capital funding is identified in the MTFs to expand and improve facilities at Oak Lodge Special school. The expansion of The Orion will also provide a new provision for children with Autistic Spectrum Condition.

Barnet Public Health commissioning Intentions for 2013-14

1. A number of Public Health functions and responsibilities are transferring to Local Authorities on 1st April 2013; some functions are mandatory duties that LBB is obliged to provide.
2. LBB has decided to develop a joint public health service with Harrow Council. LBB will host the public health service; however, at least in the interim, LBB will manage most of its own contractual arrangements.
3. A guiding principle for the development of the shared service and underpinning the development of commissioning intentions for public health is the drive to release efficiency savings; with an initial ring-fenced public health budget, efficiency savings will deliver greater investment in public health programmes.
4. There are a number of areas, including mandatory services such as 'NHS Health Checks', where historically Barnet has under-invested and the intention is to release efficiencies that will allow LBB to meet all its public health mandatory responsibilities.
5. However, in the busy transition period and because of the long-lead times required to negotiate NHS contracts, LBB will need to assess how achievable changing contracts will be for 2013/14. It may be necessary to minimise risks to public health delivery to allow public health contracts to extend past the 1st April transfer date whilst options are analysed and commissioning decisions made.
6. Assessing the commissioning possibilities will be made on a contract-by-contract basis; LBB does not intend to develop a single transfer order for all contracts as this increases the financial risk to LBB.
7. Pending receipt of detailed contract and budget information from North Central London NHS Trust this paper sets out the probable Department of Health allocation for the Council and outlines the current Public Health services that will become a Local Authority responsibility from April 2013.
8. The Department of Health (DH) estimate for Barnet council for financial year 2013-14 is £11,236k. The Secretary of State has indicated that it will not be less than this figure at current prices. The DH grant will be deployed to cover Public Health staff costs and commissioned services. It is not yet clear whether it will be sufficient to cover all contractual obligations
9. Additional responsibilities for 2013-14
The Council may, if it wishes, take on additional responsibilities. It is likely that all councils in London will make a contribution for pan London working. The current proposal is for this to be at half of one per cent of the Department of Health estimate which would equal £56,180 for Barnet. Additionally some of the budget will need to be deployed to cover the cost of procurement and contract management activities by the West London Alliance and the Commissioning Support Unit (for example, to manage the GUM and family planning contract). This cost is likely to be in the region of £30k to £35k.

10. Next steps

The following activities will be undertaken to develop detailed proposals for Public Health commissioning intentions for 2013-14:

- Confirm contract register: values, specifications
- Categorise contracts by type and risk: identifying big block contracts that may require disaggregation, LES', contracts requiring S76 agreements
- Obtain new contractual values if any contracts require dis-aggregation
- Reconcile with 2010/11 Return and planned expenditure for 2012/13 (this will be dependent on commissioning intentions); Identification of service budgets and out turn positions on budgets for 2011-12 and anticipated out turn for 2012-13
- Identify historic performance, trends
- Identify where savings can be made
- Provide recommendations for commissioning (e.g. novate, transfer, decommission, vary, tender)
- If required identify with DPH/Barnet prioritisation / decommissioning strategy
- Identification of any additional responsibilities to be included within the 2013-14 budget
- Identification of actual staff costs and recharges by Harrow Council (this will give the net budget figure remaining for deployment on commissioned services).

If, from the above work, it appears there will be pressure on the overall budget then priorities for service delivery and for efficiency savings will be identified.

It is intended that the work above will be completed by the time the Department of Health announce the actual Public Health ring fence grant which is currently scheduled for early December 2012.

11. The following Public Health services were delivered in 2012-13 in Barnet:

- Sexual Health, Family Planning & Genito-Urinary Medicine (GUM)
- Drug and Alcohol services
- School Nursing and the National Child Measurement Programme
- NHS Health Checks
- Smoking cessation
- A number of Health improvement initiatives
- Long Term Conditions – a number of services commissioned from the voluntary sector.
- Physical Activity and obesity – assessment with view to service delivery in 2013-14

These services support the local Joint Strategic Needs Assessment and the Barnet Health and Wellbeing Strategy.

Meeting	Health and Well-Being Board
Date	29 th November 2012
Subject	Minutes of Financial Planning Subgroup
Report of	Director of Adult Social Care and Health/ Interim Director of Children's Services
Summary of item	This report is a standing item which presents the minutes of the Financial Planning Subgroup and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and the NHS Quality Improvement and Productivity Plan (QIPP).

Officer Contributors	Andrew Nathan, Strategic Policy Adviser, LBB
Reason for Report	To note the minutes of the Financial Planning Group.
Partnership flexibility being exercised	The report encompasses partnership flexibilities such as those under Sections 75 and 256 of the NHS Act 2006.
Wards Affected	All
Appendices	Appendix One – Minutes of the Financial Planning Group – 22 nd October 2012

Contact for further information: Kate Kennally, Director of Adult Social Care and Health/ Interim Director of Children's Services Tel: 020 8359 4808

1. RECOMMENDATION

- 1.1 To note the minutes of the Financial Planning Group of 22nd October 2012 as set out in Appendix A.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Cabinet, 14 February 2011– agreed partnership working for health in Barnet that proposed to delegate responsibility for the social care allocation through the NHS to the shadow HWBB via a section 256 agreement.
- 2.2 Cabinet Resources Committee, 2 March 2011 – approved criteria for the allocation of funds within the section 256 agreement and agreed high level spending areas to be overseen by the HWBB
- 2.3 Health and Well Being Board, 26th May 2011 – item 5 approved the establishment of the Financial Planning Group as a subgroup of the HWBB.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Medium Term Financial Strategy (MTFS) of the Council and the NHS Quality Innovation, Productivity and Prevention Plan (QIPP) for Barnet are aligned to the achievement of the Sustainable Community Strategy objective of ‘Healthy and Independent Living.’, and will be aligned to the Health and Well-Being Strategy that is in development. Underpinning the achievement of these strategies is the requirement to shift resources to the community with statutory services working alongside people to take greater responsibility for their own and their families’ health.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The MTFS and QIPP have both been subject to equality impact assessments considered by Cabinet and NHS Barnet Board respectively.

5. RISK MANAGEMENT

- 5.1 There is a risk that without aligned financial strategies across health and social care of financial and service improvements not being realised or costs being shunted across the health and social care boundary. The financial planning group has identified this as a key priority risk to mitigate through work to align timescales and leadership of improvement plans which affect both health and social care through the HWBB.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Section 256 of the National Health Service Act 2006 enables Primary Care Trusts to make payments to social services authorities towards expenditure incurred or to be incurred by local authorities in connection with social services functions or any local authority function that affects the health of people in the area.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 Projects and enablement schemes linked to Section 256 funding have been reviewed. Where expenditure will not be incurred in year, as part of the financial year end process either setting up earmarked reserves will be explored or 2013/14 funding allocated to it. This is to ensure that the projects which have a clear programme of work or an approved business case are adequately resourced to deliver the agreed outcomes.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 None specifically arising from the last meeting.

9 DETAILS

- 9.1 The Barnet Health and Well-Being Board on the 26th May 2011 agreed to establish a Financial Planning Group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning group meets bi-monthly and is required to report back to the Health and Well-Being Board.
- 9.2 Minutes of the meeting of the Group held on 22nd October 2012 are attached at Appendix A.

10. BACKGROUND PAPERS

- 10.1 None

Legal – HP

CFO – JH/MGC

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Minutes from the Health and Wellbeing Board – Financial Planning Group

22 October 2012

ASCH Conference Room NLBP. 9.30 -10.45

Present: Chair: Dawn Wakeling (DW). Deputy Director, Adult Social Care and Health (ASCH) London Borough of Barnet (LBB)
 Anisa Darr (AD) Head of Finance, ASCH & Children’s Service (CS), LBB
 Matthew Kendall (MK) Associate Director, Joint Commissioning (Interim) ASCH, LBB
 Sharon Scott (SS) Interim Assistant Director, CS, LBB
 Maria O’Dwyer (MOD) attended on Ceri Jacobs behalf

Apologies:

Kate Kennally (KK) Director of ASCH and Interim Director of CS
 Adrian Williams (AW), Interim Assistant Director, CS, LBB
 Vivienne Stimpson (VS) Joint Head of Children’s Commissioning NHS Barnet CCG and LBB
 Ceri Jacob (CJ) Associate Director for Joint Commissioning, LBB / NCL
 Simon Jones (SJ) Finance Lead, NCL Barnet

ITEM	ACTION	BY WHEN
*Minutes from last meeting – 2 July 2012		
1. Once John Morton starts to check Board representative, GP or Officer. OATs possibly on forward plan for future.	Agenda	
Substantive Items (ASCH)		
(a) Frail Elderly Business Case and Savings allocation		
MK gave a verbal update on the Frail Elderly Business Case (will go to CCG, SMT, HWBB finance) is in progress. There may be some savings in managing demand. Managing more care in primary care is the goal, so not the volume of these going into residential care. Savings are £340,000 for 13/14. There is a gap in the QUIPP regarding health, 7 million.		
(b) PWC outcomes on dementia and stroke and QUIPP / MTFS priorities		
MK gave a short update on PWC, dementia and stroke, should have business case by the end of the month to go to CCG, SMT, HWBB Finance.		
2.		
*(c)Actions arising from Health and Social Care Integration Summit		
DW presented on the Health and Social Care Integration Summit which took place in July the main social care providers attended. The first board meeting took place last week and will meet every quarter. The agreed projects are now listed, which include frail elderly, dementia and stroke, learning disabilities, help with MTFS and QUIPP challenge. Further priorities from the board are:		
<ul style="list-style-type: none"> - Multi disciplinary pathway, frail elderly (pilot at scale minimum of £50,000). - GP local enhanced service (problematic care homes place pilot) - Community management regarding dementia. 		
The board have more items to be further discussed. No savings, business cases to be developed		

Information and monitoring items (ASCH)

(a) Financial report in deployment of section 256 and enablement funds

MK gave an update on S256 monies, monitoring at month 6 showed a potential underspend of £750,000. This is allocated to be spent (could lose this money if not spent) on Telecare, Frail Elderly. 2.4 million frail elderly, there is an overspend of £800,000 in care services delivery budgets.

AD

140k of 256 monies already allocated to Children's Services. AD will check if we can roll forward for reserve. We are anticipating that S256 monies is recurring for the next 2 years, after that there is some uncertainty.

(b) Update on continuing healthcare

MOD gave an update, are considering London provider / procurement, one view is to amalgamate together and set a tariff. There are huge variations regarding payment (Barnet lower, Camden higher). Procurement plan is to close these areas off around NCL before we can have further discussions with Barnet. If successful will be beneficial for all.

(c) MTFS initial priorities

3. DW gave an update on MTFS listing what savings are based on, there is a degree of risk of achievability in a lot of these.

Learning disabilities so far good results. NSCSO: New arrangement is now 12 staff Social Care are the first point of contact (half in the new general customer service outsourced) which will produce savings over the next 3 years. In 2015/16 we will have some new building schemes. this will include a retirement village. Section 75 savings in 14/15 and 15/16 to be further discussed links in with Haringey and Enfield, new deployment of social workers. Could look at some different mental health workers such as rehab workers. . Action: review mental health savings and commissioning at this meeting, lead is Temmy.

MK/TF

Agenda

(d) CCG updates – ISOP and contracting priorities

MOD gave an update regarding ISOP (Integrated Operating Commissioning Plan) in draft. MOD will check if will continue with the ISOP name. We had to submit for our authorisation plans, a first draft will go to the next HWBB, MOD will circulate, this document requires a lot of work, CCG integrated strategic plan, our LA Commissioning plan, these 3 documents to join up. CCG have a visit for authorisation 27 November QUIPP plans for this year underperforming and have substantial gap, to concentrate on filling some of the gaps and plans. Moving back to primary care, avoidance of admissions will close some of this gap. CCG are aware of gap. MOD in the new service delivery will cover QUIPP (Quality Improvement Productivity Performance) regarding transforming services and increasing productivity).

MOD

MOD

Substantive Items (CS)

a) Children's Commissioning priorities for Health and Social Care linked to HWBB Strategy

4. SS presented Children's Commissioning next steps, all to link in with HWB Strategy. Raising aspirations paper part of children and families bill next year, jointly commissioned.

- Maternity – VS new area.
- Speech and Language – therapy contract look into commissioning plan in place.
- Section 75 agreements – CAMHS next year.
- Out of borough placements
- Transitions

Various strands such as SEN and transport, proposals on Children’s Centres and obesity to come back to this group.

(b) Implications of SEN reforms

Agenda

SS gave an update on SEN reforms there will be a single education lead and healthcare plan. There will also be a requirement for personal budgets in to different areas, these smaller elements will make planning and commissioning complicated. There is a lot of work to do with Health and Children’s Service on how to manage these plans, to be implemented in 2014, planning needs to start now. Education Transition funding in the next finance year will be cut by 16.5% when this comes into the authority, **SS** will check when this starts. To develop work with Barnet and Southgate college. Schools will be responsible for re-couplement of SEN pupils, all LAs need to work with schools to have a simple approach.

SS

Information and Monitoring Items (CS)

5. Financial report on deployment of section 256 and enablement funds

Investment from 256 monies. Children’s Service to spend from this, this year.

SS

6. Commissioning plan priorities for the CCG

Discussed throughout minutes

AOB

Date of Next Meeting

KD to arrange for November, after 27 November if possible.

KD

Arrange meetings until April.

Post meeting note (KD):

HWBB Finance meetings already scheduled for:

Tuesday 11 December 3.30-5.00pm

7. Wednesday 13 February 11.00-12.30 (meetings 6 times a year?)

Agenda

OATs

Frail Elderly Business Case

PWC, Stroke and Dementia Business Case

Review mental health savings and Commissioning – Temmy

Children’s Commissioning priorities for Health and Social Care linked to

HWBB Strategy: SEN, transport, Children’s Centres, obesity

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Meeting	Health and Well-Being Board
Date	29th November 2012
Subject	Health & Social Care Integration Programme
Report of	Deputy Director Adult Social Care & Health
Summary of item and decision being sought	To note development and plans for scoping work.

Officer Contributors	Richard McSorley, Programme Lead HSCI, LBB Matthew Kendall, Associate Director, Joint Commissioning (Interim), Adult Social Care & Health, LBB
Reason for Report	To brief members on next steps towards defining the Integration Programme
Partnership flexibility being exercised	None apply to the proposals in this report. However, the programme will seek to develop business cases for integration projects that will benefit partners and these may include use of the flexibilities available under section 76 of the National Health Service Act 2006.
Wards Affected	ALL
Contact for further information:	Richard McSorley, ☎ 020 8359 3877; email Richard.mcsorley@barnet.gov.uk

1 RECOMMENDATION

- 1.1 That the Board note the outcomes of the successful Health and Social Care Integration (HSCI) Delivery Board meeting in October 2012.**
- 1.2 These include:**
 - 1.2.1 Members of the Board present agreed to sign a 'Health and Social Care Integration Concordat', which describes the high-level vision and aims of the HSCI Programme;**
 - 1.2.2 Agreement of the Terms of Reference for the HSCI Programme;**
 - 1.2.3 Attendees agreed next steps for the programme, which included further scoping and definition of the programme and development of programme controls, involving scaling up the Frail Elderly Project, setting-up a pilot to improve quality in care homes and testing stratification of risk on a pilot of 50,000 plus residents;**
 - 1.2.4 Attendees agreed that 'project sponsors' should be appointed from across all stakeholders and partner organisations for all HSCI projects.**
- 1.3 The Board consider how the NHS and specifically the Primary Care Strategy can complement the planned activity by the Health and Social Care Integration Programme and the £1.1m investment from Barnet Council to deliver the vision outlined in the HSCI Concordat.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 On the 31st May 2012, the Health and Wellbeing Board endorsed the Health and Social Care Integration Strategic Outline Case, considered the proposed vision for integration; agreed the shared governance structure and integration initiatives, and endorsed the initial commitment of £1m by Barnet Council to fund the delivery of a local health and social care integration work programme.**
- 2.2 Prior to the 31st May meeting, the Board proposed that integration in commissioning and / or service delivery should be considered in any area where health and social care overlap or are interdependent. This proposal was accepted by the Council, the Barnet Clinical Commissioning Group and NHS North Central London. The draft Health and Wellbeing Strategy was subsequently endorsed by the Board on the 22 March 2012 and the final Strategy adopted on 4th October 2012.**

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 Links to Sustainable Community Strategy

- 3.1.1 The Sustainable Community Strategy 2010-2020 is committed to achieving its objectives through working *“together to draw out efficiencies, provide seamless customer services; and develop a shared insight into needs and priorities, driving the commissioning of services and making difficult choices about where to prioritise them.”* The integration of health and social care services embodies this approach to partnership working.
- 3.1.2 Successful integration of health and social care services should promote the Sustainable Community Strategy priority of *“healthy and independent living”*.

3.2 Links To Health And Wellbeing Strategy

- 3.2.1 The Health and Wellbeing Strategy sets out the aspirations of the Health and Wellbeing Board and its member organisations. The Health and Wellbeing Board is responsible for promoting greater coordination of planning across health, public health and social care. This is recognised in the Health and Wellbeing Strategy and the linked draft Integrated Commissioning Plan.

3.3 Links To Commissioning Strategies

- 3.3.1 As noted above, a draft Integrated Commissioning Strategy is being developed as one of two delivery vehicles for the Health and Wellbeing Strategy. This commissioning plan will form part of the Barnet Clinical Commissioning Group’s overall commissioning plans for 2013/14..
- 3.3.2 The delivery of an integrated frail elderly community based service is included in the draft NHS NCL Commissioning Strategic Plan and associated QIPP (Quality, Innovation, Productivity and Prevention) plan.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Any integration of health and social care services needs to be done where this is the most appropriate option to improve outcomes and the customer experience and where there is firm evidence that this will benefit people using care in Barnet. The available research indicates it provides positive results for those with multiple or long term conditions and complex care needs.
- 4.1.2 All identified opportunities for the integration of health and social care services in Barnet will be informed by an analysis of local and national data and evidence of what has been proven to work elsewhere. It will ensure that any subsequent work on integration is informed by the local population needs identified in the Joint Strategic Needs Assessment and the priorities for health improvement and wellbeing set out in the Health and Wellbeing Strategy.
- 4.1.3 The benefits from the proposed programme of integration initiatives should enable partner organisations to identify more effective ways of meeting some of the future demographic challenges that are facing the commissioning and delivery of health and social care services in Barnet, such as the aging population and substantial growth in the numbers of frail older people.

4.2 Equalities Implications

- 4.2.1 An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its potential impact on different groups and communities in Barnet, including people within the protected characteristics of age, disability and gender as defined by the Equality Act 2010, such as older people and carers of older people or disabled people, and the requirement for any reasonable adjustment and or mitigating steps that can be put in train.
- 4.2.2 An Equalities Impact Assessment will be conducted for each health and social care integration initiative to determine its impact on staff with protected characteristics and the requirement for any reasonable adjustment.

5. RISK MANAGEMENT

- 5.1 The Strategic Outline Case document includes an initial risk register for the proposed health and social integration work programme. Work to further scope and define the programme, including establishing a central programme office, will build on the initial risk assessment and implement a shared risk management approach across all projects that will feed into a centrally managed programme risk register.
- 5.2 The NHS Transformation Programme and the wide ranging impact of major change to all aspects of the health service and all health delivery organisations, represents a major risk to delivery through the constraint on resource and competing priorities. Resourcing constraints are expected to impact local NHS organisations that are undergoing major transitions during the next 12 months. This is partially mitigated through the commitment of NHS organisations and Barnet Council to provide resources to support the delivery of social care and health integration initiatives and the investment of Section 256 monies.
- 5.3 The evidence base for health and social care integration is small but growing. Not enough documented evidences exists that demonstrates the measurable return on investment for social care integration and the timescale for benefit realisation. This risk is mitigated by building local insight through the piloting and evaluation of integration initiatives prior to a large scale commitment or long-term investment decision. Insight building and the definition of benefits measurement will be an essential component of integration project development and delivery.
- 5.4 Previously it was reported that there is a risk that partner organisations may be unwilling to commit to support and invest in integration projects that do not deliver an equal distribution of benefits and where they do not see a proportionate return on their investment. The suggested risk management approach was to mitigate the risk through a programme management approach which will ensure that the mix of benefits across the portfolio of projects are fairly distributed at programme level.

In fact, discussion at the October HSCI Programme Delivery Board demonstrated that all participants fully recognised that the benefits of the HSCI Programme will be realised at a programme level and this acknowledgement in no way diminished the enthusiasm and support for the programme, nor did it affect partner's commitment to investment and resource allocation.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Financial Implications

- 7.1.1 Integration has the potential to increase value for money of health and social care and enable public funds to meet increases in health and social care demand by:

- Reducing admissions to hospital and care homes
- Improving outcomes for people who use care, reducing demand for repeat interventions and crisis services such as emergency departments
- Increasing the opportunities for whole system efficiencies
- Reduction of duplication in assessment and provision
- Preventing demand for more intensive and high cost services such as acute hospital and residential care, through coordinated use of prevention and early intervention services

- 7.1.2 The strategic outline business case identifies that health and social care integration initiatives will contribute £3.3m savings in adult social care expenditure over three years and will contribute towards the local health economies £4.2m recurrent integrated care Quality, Innovation, Productivity and Prevention (QIPP) 2012/13 savings requirements. This represents the minimum expected savings that will be delivered by integration initiatives. Full business case development and benefits modelling will be conducted for each health and social care integration project as part of the initiation and assurance phase. An Integration Programme Office is in the process of being established and will be progressing the work on business case development.

7.2 Investment Commitments

- 7.2.1 The London Borough of Barnet has estimated the health and social care integration implementation to cost £1.1m. This will be delivered through its One Barnet Programme, subject to an outline business case for the spend being approved by CRC.
- 7.2.2 The London Borough of Barnet is currently funding a project management support delivery of health and social care integration projects.

7.3 Staffing Implications

- 7.3.1 It is expected that the integration of health and social care services will impact staff currently working for the Local Authority and NHS organisations. This will be defined as part of the development of specific project business cases and through the equalities impact assessment process described in section 4.2.2 above.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 A list of key stakeholders involved in the development of a shared position statement on health and social care integration was included in the strategic outline case. This work recognises that stakeholders have different strategic requirements and this is reflected in the shared position described in the outline business case.
- 8.2 Service users, carers and key stakeholders have been involved in the development of the integrated commissioning plan through a series of engagement events. The output from these events has informed the development of the strategic outline case and the integration opportunity priorities.
- 8.3 This work will now be refreshed by the scoping and definition exercise, the HSCI Programme Delivery Board and the appointment of project sponsors.
- 8.4 Local service user and voluntary groups will be included in the membership of programme and project delivery boards and will provide input and assurance on all health and social care integration projects.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 All provider organisations were invited to the October HSCI Programme Delivery Board and most attended. This quarterly Board will ensure providers are involved in all decision-making and with aligning strategic direction. The next Board is planned for January.
- 9.2 Board members from provider organisations will be invited to be 'project sponsors' to ensure continual commitment and ownership of the programme's work.
- 9.3 Provider organisations have been involved in the development of both the strategic outline case and integrated commissioning plans. These recognise the important role providers have to play in improving levels of integration an innovation within the local system of care and this is reflected in the prioritisation of a health and social care

summit which seeks to engage providers in the transformation of health and social care in Barnet through integration.

10. DETAILS

10.1 This report provides an update on the work of the HSCI Programme and the outcome of the October HSCI Programme Delivery Board, which meets quarterly. This report was preceded by the approval of a Strategic Outline Case and a draft Integrated Commissioning Plan which describe the initial scoping of the programme and how it will contribute to the delivery of the Health and Wellbeing Strategy and meet the needs outlined in the Joint Strategic Needs Assessment (JSNA).

10.2 On the 17th October, the Health and Social Care Integration Programme Delivery Board met with representatives from the majority of provider organisations, the Barnet Shadow Clinical Commissioning Group, the North Central London NHS Cluster and Barnet Council. The formal minutes of the meeting are provided in 'Background Papers'.

10.3 The Board discussed and formally approved a number of significant definition documents and outlined next steps. The definition documents discussed were:

- The Health and Social Care Integration Concordat
- The terms of reference for the HSCI Programme Delivery Board
- The Gateway Review of Projects and the Project Prioritisation document

10.4 The Health and Social Care Integration Concordat
The Concordat (included at Appendix A) describes the vision and aims of the programme through a description of a fictional resident ("Mr. Colin Dale") and his experience with health and social care services. In this blueprint for future integrated health and social care services, delivered through multi-disciplinary and multi-skilled teams, Mr. Dale is offered a seamless and integrated service with the result that the patient experience and outcomes are greatly improved and savings are realised throughout the system through reduced hospital admissions and reduced admissions to care homes.

10.5 The principles underpinning the integrated service are stated as:

- *A single point of contact*
- *Quick and responsive services*
- *To tell their story once*
- *Professionals and services that talk to each other.*

10.6 The Concordat contains a commitment for all health and social care organisations to work cooperatively together to deliver the vision for integration in Barnet and through it create substantially improved outcomes for patients, service users and their families and carers. All organisations and providers present signed up to the Concordat

signalling their continued commitment to leading on and delivering integrated health and social care.

- 10.7 The terms of reference for the HSCI Programme Delivery Board
The Terms of Reference (included as Appendix B) outlines the governance arrangements to control the programme and bring together all key partners to make decisions.
- 10.8 A number of amendments were proposed at the meeting, including the need for forward planning and to define the scope and substance of the issues and decisions considered by the Board. All attendees signed up to the Terms of Reference on the basis of these amendments; the document attached to this report includes all revisions.
- 10.9 Importantly it was recognised by participants and explicitly stated in the Terms of Reference, that benefits would be realised across the system and not necessarily evenly or proportionate to investment. This is an important point and signals the commitment of all organisations and providers to delivering improvements to the patient experience and efficiencies in health and social care delivery irrespective of organisational boundaries.
- 11 The Gateway Review of Projects and the Project Prioritisation document
The latest Gateway Review of Integration projects (included at Appendix C) was used as the basis of a discussion on next steps and the work required to define programme scope and realise benefits.
- 11.1 Most 'projects' are at concept stage and require scoping and definition. To aid understanding of the issues and to provide examples of successful initiatives, James Reilly, Chief Executive of the Central London Community Health NHS Trust, presented on the NHS NWL Whole System Integrated Care programme.
- 11.2 His presentation illustrated how the patient experience can be improved and savings made by responding quickly to treat multiple co-morbidities and complex social and health needs outside of hospital or care home settings. The illustrative case of 'John' was used to explore how collaborating in multi-disciplinary teams to reduce unplanned hospital admissions brought an improved level of care and led to financial savings.
- 11.3 This Integrated Care programme on was supported by a shared system platform, involving user engagement, aligned incentives, joint decision making and accountability, clinical leadership and culture development, and information sharing initiatives.
- 11.4 Maria Kane, Chief Executive of the Barnet, Enfield, Haringey Mental Health Trust, followed the Integrated Care presentation by exploring the options for integrating

older people's mental health services, and developing new patient pathways involving mental health.

- 11.5 After consideration, the Board agreed the next steps for the HSCI Programme:
- **further scope and define the programme and programme controls** – an HSC Integration Programme Office will be established to centrally manage the assurance and governance work, and assist with the definition of projects;
 - **scale up the Frail Elderly Project** – the 2nd phase element of this service transformation is upstream and focused on prevention and early intervention through;
 - **set-up a pilot in a 'problem' care home** – a pilot to support a care home with health and social care support, focused around reducing A&E and acute admissions, improving safeguarding and reducing demands on GPs and out-of-hours (for example, through interventions to reduce pressure ulcers);
 - **and test out stratification of risk on a pilot of 50,000 plus residents** (possibly in North Barnet) - that is 'place based' and involves multidisciplinary care planning and coordination, using multi-skilled workers, information sharing arrangements and potentially data warehouse tools to support risk stratification and reconfiguring of patient lists
- 11.6 Attendees also agreed that 'project sponsors' should be appointed from all stakeholders and partner organisations for all HSCI projects to ensure 'ownership' and continued commitment to the programme's aims and vision.
- 11.7 Work is now underway at Barnet Council's HSCI Programme Team to realise and implement the decisions of the Board. Initial work estimates that the programme will be further defined by the New Year. Work has already progressed on Phase II of the Frail Elderly Project and a business case has been prepared; the Integration Programme Team will align this work within the wider remit of the HSCI Programme. Currently a short briefing document is being developed to contextualise the existing project work and identify where there are gaps in provision that need to be filled. The concept of a pilot in to improving quality in care homes also requires definition to deliver the objectives of reducing A&E and unplanned hospital admissions, improve safeguarding and reduce pressure on out-of-hours GPs.
- 11.8 Finally, work is planned to develop a central programme office hosted by Barnet Council to control all projects, link in with existing governance and assurance systems, report against indicators and performance manage the programme's benefits. It is anticipated that the HSCI Programme Office will report to the Board and assure delivery of the Programme aims.

12 BACKGROUND PAPERS

- 12.1 None other than those attached as Appendices

Legal- HP
Finance- JH

APPENDIX A- The Health and Social Care Concordat

Barnet Health and Social Care Integration: our vision A concordat to guide the integration programme*

Mr. Dale is an 82 year old gentleman living in Oakleigh. He has multiple needs and medical conditions and is receiving a range of services and support from health, social care and the voluntary sector. He has been admitted to hospital twice in the last year and on both occasions his family have felt that the system has not worked very well together and that the responsibility for his overall care and support is not properly co-ordinated and they find it difficult to know who is responsible for what. Mr. Dale's wife died 10 years ago and he lives alone with his dog, Sally. His daughter, Louise and her family live in East Finchley.

What do Mr. Dale and his family want for him when he needs help?

- A single point of contact
- Quick and responsive services
- To tell their story once
- Professionals and services that talk to each other.



We will work together tirelessly to deliver the Barnet vision of integrated care so that Mr. Dale and others like him enjoy better and easier access to services. This is our vision for integrated care:

Care integration in Barnet will place people and their carers at the heart of a joined up health and social care system that is built around their individual needs, delivers the best outcomes and provides the best value for public money. Integrated care will be commissioned by experts in collaboration with care providers and delivered seamlessly by a range of quality assured health, social care, voluntary and private sector organisations.

What does this mean for Mr. Dale?

Mr. Dale deserves the best care, at the right time and the right place. When Mr. Dale needs treatment, support or care, he will cross organisational boundaries effortlessly, supported by professionals who take responsibility for his whole care and treatment journey, regardless of who they work for. Services offered to Mr. Dale will be personalised to his individual needs and will promote his independence. Mr. Dale and his family can expect to be at the heart of what we offer.

We want to deliver excellence for everyone through integrated care. These are our integrated care commitments:

- People in Barnet will feel like they are dealing with one care organisation
- They will have access to accurate information which will enable them to make informed choices and take responsibility for their health and wellbeing
- They will be able to get the right care and treatment quickly without having to deal with lots of people
- Personal information will only have to be provided once and will be shared securely with other organisations involved in the person's care
- Care will be provided safely by well trained teams, at home or at a place that is convenient for them

- Someone will always take responsibility for making sure care is coordinated and the person being cared for, their family and carers, are kept informed
- People will be supported to be as independent of public services as possible through a local care system that encompasses prevention, self care and supportive communities

How will we ensure we deliver on these commitments?

We, the leading organisations of the health and social care system in Barnet are committed to working together through the Barnet Integration Programme to make a difference to Mr. Dale, his family and others like them. Through the Programme, we aim to deliver the vision for integration in Barnet and through this, create substantially improved outcomes for patients, service users and their families and carers.

We commit to remove the barriers and to develop momentum and pace for health and social care integration in Barnet for the benefit of patients, service users and their families and carers.

All the undersigned organisations have committed to participate in the leadership and delivery of integration in Barnet and to strive for the best solution, so that Barnet offers Mr. Dale and his family world class care and support.

Agreement

The following Organisations have agreed to work together within the terms of this Concordat and adhere to its principles:

Organisation	Signatory Name And Position	Signature
Barnet and Chase Farm Hospitals NHS Trust		
Barnet Council		
Barnet Enfield and Haringey Mental Health Trust		
Central London Community Health NHS Trust		
Community Barnet including Barnet Link		
Enara		
Housing 21		
London Care		
NHS Barnet Clinical Commissioning Group		
Personnel and Care Bank		
Royal Free London NHS Foundation Trust		

Signed: October 2012
Review date: October 2013.



S:\Health & Social
Care Integration Proç

Attached: pdf of signed Concordat

BARNET
HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME BOARD
Terms of Reference

Date:	7 th November 2012
Version:	4
Version history:	V1 Discussed at HSCI Board: amendments noted
	V2-4 Additional amendments from LBB, inc. H&WB Finance Subgroup

1. Introduction

The Health and Wellbeing Board has developed a vision for health and social care integration in Barnet and prioritised a programme of opportunities to deliver this. Commissioners, providers and partner organisations are now working on coordinated action that will ensure care is joined up and delivers the very best outcomes for patients and people who use care in Barnet.

At the Barnet Health and Social Care Integration Summit meeting held on the 27th July 2012, leaders of the main health and social care commissioning and provider organisations agreed a governance structure to support this which includes the establishment of a single Integration Programme Delivery Board. The governance arrangements will be proportionate to the level of investment and complexity of the work programme being delivered and will promote rather than hinder delivery of initiatives and benefits realisation.

The work of the HSCI Programme Board is within the context of the terms of reference of the Health and Wellbeing Board, the Barnet Council Constitution and the Barnet Clinical Commissioning Group governance arrangements.

2. Aims

2.1 The Integration Programme Board will:

- a) Deliver the vision for integration in Barnet with substantially improved outcomes for patients, service users and their carers through the successful implementation of a health and social care integration programme
 - b) Continuously identify greater opportunities for health and social care integration and innovation across the local system of care in Barnet
-

3. General Principles

3.1 All organisations working within the programme will:

- a) Work in an open and constructive way to support and promote health and social care integration
- b) Actively participate in the leadership and delivery of the agreed integration work programme
- c) Encourage constructive challenge and strive for the best rather than the easiest solution
- d) Value the contribution that each participating organisation has to make
- e) Work to protect and increase the momentum and pace of the health and social care integration programme
- f) Make the best use of the collective resources available to support the integration programme
- g) Work collaboratively to actively remove the barriers and identify the opportunities for integration
- h) Actively share knowledge and insight
- i) Keep each other informed of changes to organisation policies and plans which may impact the integration programme
- j) Provide executive or director level representation on the Integration Programme Delivery Board with a clear mandate to take decisions and commit resources on behalf of your organisation
- k) Ensure attendance at all Integration Delivery Board meetings and take responsibility for making sure your Organisation owns and completes its agreed actions
- l) Respect organisational differences, constraints, operating and professional boundaries
- m) Act with integrity and ensure probity in all relationships and activities associated with the integration programme
- n) Willingly disclose conflicts of interest at the earliest opportunity
- o) Participating organisations openly acknowledge and declare conflicts of interest and are permitted to withdraw from discussions or certain activities where appropriate to protect the integrity of the integration programme;
- p) All members will provide assurance that activities undertaken as part of the HSCI Programme do not place them at an unfair competitive advantage to providers who are not directly involved with this work, and also place the aims of the HSCI Programme over and above individual organisation's profits
- q) The benefits generated by the overall programme will be realised for patients, service users and residents and at system level and will not necessarily be proportionate to any individual organisation's investment or participation.
- r) The Programme Board does not supersede individual commissioning organisation's wider market development or procurement arrangements; rather it is a core and complementary part of them.

4. Membership

The Programme Board will comprise chief executive or director level representation from the following organisations:

- Barnet and Chase Farm Hospitals NHS Trust
- Barnet Enfield and Haringey Mental Health Trust
- Central London Community Health NHS Trust
- Community Barnet
- Enara
- Healthwatch
- Housing 21
- London Borough of Barnet
- London Care
- NHS Barnet Clinical Commissioning Group
- Personnel and Care Bank
- Royal Free London NHS Foundation Trust

Each organisation may nominate two representatives maximum.

Members of the Integration Programme Delivery Board must sign the Concordat and agree to these terms of reference.

Programme Board Membership may be reviewed if an organisation consistently fails to attend Board meetings or provide a representative with an appropriate mandate to make decisions on its behalf.

The board may decide to add additional organisations to the membership list if/when a need arises.

5. Chair

The Chair, **the Chair of the Barnet CCG**, shall convene the Integration Programme Delivery Board meetings for the next *two* meetings to provide initial stability and continuity.

If the designated Chair is not available, then **the Deputy Director Adult Social Care and Health** (referred to as the Acting Chair) will be responsible for convening and conducting that meeting. The Acting Chair is responsible for informing the Chair as to the salient points/decisions raised or agreed to at that meeting.

After the April 2013 meeting, the HSCI Board will review chairing arrangements with the possibility of a revolving chair or external chair.

6. Programme Board and Member Responsibilities

- a. The Integration Programme Board will have responsibility for defining the outcomes, content and projects of the integration programme (the programme plan) and for the overall delivery of the programme, accountable to the Health and Wellbeing Board
- b. The Programme Board is responsible for the approval of business cases and agreeing the initiation of new projects, tracking delivery and ensuring benefits are realised and optimised across the local system of care
- c. It will approve individual project business cases, definition documents and plans within the scope and tolerances agreed by member organisations and the Health and Wellbeing Board

- d. The Programme Board will define the necessary resources and skills requirement to deliver the integration programme and secure the necessary resources and investment within member organisations and via the Health and Wellbeing Board
- e. The Programme Board will oversee programme and project reporting and ensure this is provided to the Health and Wellbeing Board on a regular basis
- f. Programme Board members will be responsible for disclosing any conflicts of interest and ensuring these are recorded on a register of interests which will be maintained by the Integration Programme Management Office
- g. The Board will establish and resource a shared programme management office function to support and accelerate delivery of integration work programmes
- h. Programme delivery will use existing structures within member organisations where possible, ensuring the most efficient use of time and resources
- i. The Programme Board membership should include any providers that are identified as critical to the delivery of the work programme and realisation of benefits
- j. The Programme Board will ensure the implementation of agreed programme and project management processes including change control, risk and issues management within agreed tolerances agreed by member organisations
- k. The Programme Board will ensure and facilitate broader consultation and engagement where required

7. Scope of the Delivery Board's Decision-making

The following items* will be submitted to the Programme Board for decision-making:

- All changes to the scope of the programme (i.e. inclusion or exclusion of projects)
- All changes to the scope and quality of key programme deliverables
- Changes to the overarching strategy and aims of the programme; and the Integration Programme Concordat
- Changes to the programme membership/stakeholders
- Changes to the overall programme budget / finances
- Major expenditure over £xxx [TBC]
- The Threshold for Business Cases sent to the Board is £xxx [TBC]
- Completion or slippage of programme key milestones; changes to the critical path and/or overall programme timeline
- Reporting of Key Performance Indicators
- Realisation of programme benefits / reporting on outcome indicators
- Key strategy issues and risks

*As defined in the following definition documents and programme controls:

- Programme Definition Document / Strategic Outline Case
- Programme Plan

- Programme Budget
 - Programme Risk Register
 - Benefits Realisation Plan
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8. Frequency

The Programme Board will meet at least quarterly although the frequency maybe increased depending on the scale and complexity of the agreed Health and Social Care Integration Programme.

9. Reporting and Forward Planning

The Programme Board will report to the Health and Wellbeing Board every six months or more frequently on request.

All necessary decisions required to go through individual organisational governance processes or consultation should be completed by all programme board members *in advance of* the next Programme Board in order to expedite and facilitate decision-making.

10. Sub-group: Health & Wellbeing Finance Group-

Interim decision-making within the tolerances set out under '7. Scope of the Delivery Board's Decision-making', will be undertaken by the Health & Wellbeing Finance Sub-group. The sub-group will report to the HSCI Board on decisions made and the same secretariat will serve both Board and Sub-group to ensure agendas and forward planning is aligned.

11. Benefits Realisation

Main benefits intended to b:

1. Patient, Service User and Resident benefits
2. Financial and productivity benefits to support a sustainable health and social care system

A Benefits Realisation Plan will be developed once the programme has been scoped and the projects defined. This will describe how outcome measures will indicate when benefits have been secured. It is anticipated that both financial and quality of care benefits will not accrue evenly over time or across organisations. The timing of benefits realisation will not be known until all scoping and definition work has been completed. It is anticipated that some benefits as described by health indicators such as Quality-Adjusted Life Years (QALYs) and Disability-Adjusted Life Years (DALYs) will only be realised in the long-term.

Financial benefits will be carefully forecast and streams of costs and benefits will be converted into Net Present Values (NPVs). That is, costs or benefits which accrue in the future need to be discounted back into the present and aggregated.

12. Conflicts Of Interest and Disputes

It is expected that during the operation of the Integration Programme Board and implementation of plans, conflicts of interest may arise from time-to-time. All Programme Board members will be expected to declare any interests relating to themselves or the organisations that they represent which might unduly influence the operation and decisions of the Programme Board. These will be recorded in a register of interests which will be maintained by the Programme Management Office and reviewed at the start of each Programme Board meeting.

Board members will not take part in discussions or decisions where there is a conflict of interest that would result in unfair advantage. [Further section to be included here on competition TBC]

Every effort will be made by participants to resolve disputes in relation to the programme. Where these cannot be resolved between the parties involved, these will be referred to the Programme Board for consideration and decision. This may take place in a full board meeting or an agreed ad hoc meeting.

13. Confidentiality of Information

All Board members will, subject to any freedom of information considerations or legal obligations, maintain the confidentiality of any information received from each other in confidence. The party providing the information will clearly state what restrictions or considerations if any should be applied.

14. Programme Management Office

Barnet Council has agreed to offer some resource to operate the Integration Programme Management Office and set up management and reporting processes and systems. It will also provide administrative support to operate the Integration Programme Board. These arrangements will be reviewed in the light of the confirmed Integration Programme Plan.

15. Agreement

The following Organisations have agreed to these terms of reference:

Organisation	Signatory Name And Position	Signature
Barnet and Chase Farm Hospitals NHS Trust		
Barnet NHS Clinical Commissioning Group		

Barnet Council		
Central London Community Health NHS Trust		
Community Barnet		
Enara		
Healthwatch		
Housing 21		
London Care		
NHS NCL Barnet		
Personnel and Care Bank		
Royal Free London NHS Foundation Trust		

APPENDIX C HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME

GATEWAY REVIEW REPORT – OCTOBER 2012

Overview

The Board agreed that current relevant projects would now be managed within the Barnet Health and Social Care Integration (HSCI) programme. A gate review was carried out in September 2012 by Mathew Kendal and Dawn Wakeling to identify the group of projects to be included.

This report:

1. Sets out these projects and their current status
2. Asks Board members to confirm this list
3. Asks Board members identify any other current projects to be included.

Project list

The following projects will be reported as part of the programme and managed using a standard approach, with robust monitoring of benefits realisation and dependencies. Existing project managers will continue to manage their projects but will report into the programme. Projects may still be reported to other groups if required.

Programme Delivery Dashboard				
Project Description	Project Initiation RAG Status	Delivery (Plan Completion) RAG Status	Workstream Resourcing RAG Status*	Delivery Risk RAG Status
Integrated Programme Delivery	Plan Delivery	GREEN	GREEN	GREEN
Frail Elderly Pathway	Plan Delivery	RED	AMBER	AMBER
Dementia Care Pathway	Definition	GREEN	GREEN	AMBER
Stroke Care Pathway	Definition	GREEN	GREEN	AMBER
Telehealth and Telecare Integrated Service Commissioning	Definition	GREEN	GREEN	AMBER
Learning Disabilities Service Integration	Plan Delivery	AMBER	GREEN	AMBER
Data Sharing Agreements & Single Case Record	Definition	GREEN	GREEN	AMBER

Gateway Review Status Updates

Frail Elderly Pathway

Phase 1 – The **Integrated Intermediate Care Team (Rapid Response service)** project has been completed and are in the benefits realisation stage. The service aims to prevent acute admission and promote recovery by responding to those at risk of admission within 2 hours. Referrals can be from GPs or A&E. There has been a substantial shortfall in the expected benefits because of lower than expected referrals to the Rapid Response Service from Barnet and Chase Farm Hospital and from GP Practices. Expected activity was 4 referrals per day or 15 on caseload at any one time. However referrals are averaging 4 per week.

The **Palliative Care Support Service** has also been implemented. This is showing an increase in the numbers of patients using the service who died at a place of their choice, although overall numbers are small, e.g. 15 users of the service in August 2012.

The **Nursing Home GP Local Enhanced Service (Advanced Care Planning)** has been successful for the patients who have used the service. For example, of the 15 patients given a care plan in April, only 1 had an unscheduled attendance over the next 2 months. Numbers going through this service are limited at the moment and the intention is to extend this.

Phase 2 – This phase is focused on the establishment of **multi-disciplinary team panels** for assessment and case review. This is dependent on the application of risk stratification tools, funding for a consultant to chair the panel and premises with sufficient space to accommodate the panel meetings. There are a number of issues including adequate resourcing that need to be resolved if delays to the project are to be avoided.

There are synergies with a number of other potential projects in the Integration programme including telehealth/telecare, Community Rehab, integrated intermediate care and rapid response short-term intermediate bed based care.

Project investment: £300k Section 256 funding

Reason for rating: red given due to benefits realisation issues from phase 1; and issues to be resolved in phase 2.

Dementia Care Pathway

This project is reviewing the community pathway for people with dementia, using workshops and modelling supported by Price WaterhouseCoopers. The project is currently modelling business cases for agreed interventions for inclusion in the pathway.

Project investment: £200k Section 256 funding

Reason for rating: at the initiation and scoping stage

Stroke Care Pathway

This project is reviewing the community pathway for people who have suffered a stroke, using workshops and modelling supported by Price WaterhouseCoopers. The project is currently modelling business cases for agreed interventions for inclusion in the pathway.

Project investment: £200k Section 256 funding

Reason for rating: at the initiation and scoping stage

Telehealth and Telecare Integrated Service Commissioning

Community Gateway CIC have been engaged to produce a business case, implementation plan and benefits realisation roadmap for telehealth and telecare integration. This on track to be completed by the end of November 2012. This project links with a number of the other projects in the programme and will provide an alternative low cost care delivery channel for the frail elderly pathway and primary care long-term-conditions management and self-care.

Project investment: £750k Section 256 funding

Reason for rating: at the initiation and scoping stage

Learning Disabilities Service Integration

The current approved project is on track to deliver an integrated health and social care service for people with learning disabilities under a section 75 agreement and a service contract between the Council, CLCH and BEHMHT. This project is expected to develop and establish the model of care and improve the quality of care and outcomes for patients and service users. Cashable savings are being delivered on social care placements as a result of the team's approach to re-assessment and review.

There is an opportunity to develop this service further with scope for integrated purchasing budgets across health, social care and education leading to improved value for money.

Project investment: (Not including core service costs) £50k Section 256 funding

Reason for rating: amber given as although the service is up and running, work is still underway to complete the establishment of the pooled budget and to remodel the team to MDT working.

Data Sharing Agreements & N3

An information sharing project has been initiated which focuses on the establishment of an N3 connection to access data securely from the NHS data spine. In order to be granted access to the data, the Local Authority must complete the NHS Information Governance (IG) Toolkit and comply with its various conditions. This includes the establishment of information sharing agreements (ISA) for Learning Disability, Mental Health and Public Health. Work is underway to scope the project, to complete the IG Toolkit and install an N3 connection by 31st March 2013. This project is a critical enabler for all integration initiatives with NHS organisations.

Project investment: £100k Section 256 funding

Reason for rating: at scoping stage

Document control: V1. Integration programme board, 17th October 2012

HSCI Project Prioritisation

Integrated Programme – Project Longlist

Status	Resource	Commissioning & Care Pathways	
Live		Frail Elderly Pathway	Reduce elderly admissions to hospital & residential care (reduce the need for care packages)
Live	PWC	Dementia Care Pathway	Pathway design, including prevention and outcome modelling
Live	PWC	Stroke Care Pathway	Pathway design, including prevention and outcome modelling
Live	?	Telehealth & Telecare Commissioning	Extend the uptake and usage of existing telephone services; and develop an Integrated Service
X		Learning Disabilities Services	Identify and define an ideal community delivered pathway (inc. prevention and outcomes)
X		Mental Health - Dual Diagnosis	Development and commissioning of dual-diagnosis integrated care pathways
X		Longterm Conditions: Physical & Sensory Impairment	Design and develop integrated pathways for people with LD and PSI
X		Integration Care Pilot – Care Home	Establish a pilot in a problem care home
X		Continuing Care Commissioning	Identify opportunities to jointly commission continuing care.
X			
X		Workforce	
X		Integrated Multi-agency Children's Services Teams	Development and commissioning of integrated teams
X		Long-Term Conditions: Int. PC Multi-Disciplinary Services	Establishment of multidisciplinary (MDT) health and social care assessment & delivery teams
X		Enablers: infrastructure & delivery	
X		Data Sharing Agreements & Single Case Record	Overarching data sharing agreement for health and social care providers
X		Co-Location Opportunities	Co-location and physical integration
X		Integrated Programme Plan Delivery	Integrated PPM structures, processes and governance/assurance systems

Meeting	Health and Wellbeing Board
Date	29 November 2012
Subject:	Winterbourne View- One Year On
Report of	Associate Director- Joint Commissioning (Interim)
Summary of item and decision being sought	<p>This report provides the Board with an update on Barnet's position following the serious case review on Winterbourne View Hospital commissioned by South Gloucestershire's Adult Safeguarding Board and the Department of Health's (DH) interim report outlining action for the NHS and Local Authorities.</p> <p>It also seeks comments on the draft action plan attached in Appendix B.</p>

Officer Contributors	<p>Mathew Kendall: Associate Director, Joint Commissioning (Interim)</p> <p>Temmy Fasegha: Joint Commissioner Mental Health & Learning Disability</p> <p>Alan Brackpool: Senior Commissioning Manager & Continuing Healthcare Lead</p> <p>Helen Duncan-Turnbull: Head of Integrated Learning Disability Service</p>
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Reason for Report	To update the Board on actions already taken and being planned in response to the reviews following the reported abuse that took place in Winterbourne View Hospital run by Castlebeck.
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Partnership flexibility being exercised	NA.
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Wards Affected	All
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Contact for further information: Temmy Fasegha- Joint Commissioner Mental Health & Learning Disability (temmy.fasegha@barnet.gov.uk; 0208 359 2841)

1. RECOMMENDATION

- 1.1 To note the actions being taken and planned in respect of Barnet's response to the South Gloucestershire Serious Care Review and the Department of Health's interim report following the Care Quality Commission's national review of services after the reported abuse that took place in Winterbourne View Hospital run by Castlebeck Care Ltd.
- 1.2 To comment on the draft action plan to take forward the recommendations of the reviews as set out in Appendix B.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Not applicable

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Sustainable Community Strategy 2010-2020 is committed to achieving its objectives through working *"together to draw out efficiencies, provide seamless customer services; and develop a shared insight into needs and priorities, driving the commissioning of services and making difficult choices about where to prioritise them."*
- 3.2 This report focuses on the safeguards and safety of people with learning disabilities. Safeguarding is one of the key responsibilities of the HWB. The *'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse'* sets a framework for joint action and partnership working across the local authorities, the NHS and other agencies.
- 3.3 The safeguarding agenda links directly with the four main themes of the Health and Wellbeing Strategy 2012-15; *'Preparing for a healthy life'*, *'Wellbeing in the community'*, *'How we live'*, and *'Care when needed'*.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Barnet's Joint Strategic Needs Assessment¹ shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases.
- 4.2 To improve health outcomes for people with learning disabilities, the CCG has agreed funding for a year long Primary Care Learning Disability Nurse role, which will be responsible for coordinating arrangements with GPs networks to ensure access to annual health checks and screening programmes. Working with primary care, the integrated Community Learning Disability Service (CLDS), acute and community services, the primary Care learning Disability Nurse will support the development of systems to track people with learning disabilities across the pathway to ensure that they have appropriate, safe and timely access to treatment and support when required. The Primary Care Learning Disability Nurse will work closely with the CLDS, Acute Liaison Nurse and community health services to improve coordination and outcomes.

¹ Barnet Joint Strategic Needs Assessment- 2011

5. RISK MANAGEMENT

- 5.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the council and Barnet Clinical Commissioning Group (CCG). Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is lead agency through the Barnet Multi-agency Safeguarding Adults Board. As such both members and senior officers carry a level of accountability for safeguarding practice in Barnet.
- 5.2 The action plan responds to the recommendations following the South Gloucestershire Serious Case Review and in the Department of Health's interim report and aims to provide further assurance and ensure effective arrangements are in place to safeguard and protect people with learning disabilities.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Mental Capacity Act 2005 Deprivation of Liberty Safeguards implemented in April 2009 supports the identification of residents in care homes and patients in hospitals who are being deprived of their liberty and sets out appropriate procedures that will be invoked for authorisation. Barnet safeguarding adults' procedures can be invoked to investigate poor care practice, neglect or abuse and plans can be put in place to protect people affected.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The integrated Community Learning Disability Service (CLDS) and the CCG Continuing Health Care Team are responsible for coordinating and reviewing care plans of people with learning disabilities in health and social care placements. The Council's Supply Management Team and the NHS North Central London have responsibility for coordinating contract monitoring arrangements including managing and monitoring quality of council and NHS contracted services respectively.
- 7.2 Following discussions at the Adult Social Care and Health Senior Management Team and the CCG Quality and Clinical Risk Committee, a business case and options appraisal will be developed by the Joint Commissioner. Building on the draft Integrated Commissioning Plan, the business case will identify opportunities for further pooling of health and social care budgets to enable development of cost-effective, safe, flexible and community-based step down resources to reduce and prevent the use of inpatient assessment and treatment services and other locked units.
- 7.3 As part of the Health and Social Care Act 2012, statutory responsibility for the Deprivation of Liberty Safeguards (DOLS) in hospital passes to the Council from April 2013, this is in addition to the Council's current responsibility in respect of DOLS in residential settings. Following discussions at the CCG's Quality and Clinical Risk Committee on 15 November 2012 a report is due to be presented to the CCG QIPP Board to secure recurrent contribution from the CCG to ensure the Council develops a DOLS Office to fulfil the new responsibilities for DOLS in hospital settings including roll out of training for additional Best Interest Assessors. This will enable the implementation of effective statutory supervisory oversights and DOLS in hospital and residential services commissioned by the CCG and the Council. The impact on the Council will be met from existing mental health budgets.

7.4 There has been an increase in the number of DOLS requests to the CCG and Council as awareness has increased. In 2011/12, twenty one DOLS applications were made to the CCG making it the highest across London CCGs while forty three DOLS application were made to the council, the second highest across London Councils.

7.5 Responsibility for the commissioning of Independent Mental Health Advocacy also passes to the council from April 2013. The Independent Mental Health Advocacy service commissioned by the CCG through Mind in Barnet is already included in the Section 75 Agreement for 'Voluntary Services Commissioning within a Prevention Framework', which was entered into by the Council and CCG in February 2012 and as such there is no anticipated financial impact on the Council.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Barnet Learning Disability Partnership Board (LDPB), a multi-agency partnership arrangement bringing together people with learning disabilities and autism, family carers and professionals from the council, NHS, voluntary sector and other mainstream services has played an important role in fostering a partnership approach to keeping people safe. The actions identified in appendix A, reflects feedback and comments received from the LDPB, in particular, the need for developing better information sharing arrangements and to increase local community based services for people with complex needs.

8.2 The LDPB is co-chaired by a person with a learning disability in order to ensure that our priorities reflect the experiences of people with a learning disability in Barnet. The Partnership has supported the set up of the Learning Disability Parliament which is a key mechanism for engaging and consulting with people with learning disabilities in Barnet. The Board has an active carers' subgroup made up of family carers and they are represented as full members of the board.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Barnet Safeguarding Adults Board (SAB) provides an inter-agency framework for coordinating actions in respect of safeguarding with representation from the council, CCG, NHS Trusts, the voluntary sector, the police and service users. In response to the Winterbourne View, NHS London updated and strengthened the annual Learning Disability Health Self-assessment Framework. This included the requirement for local NHS Trust to complete and submit to the local SAB, a Safeguarding Assurance Framework setting out their assurance processes for ensuring that people with learning disabilities using their services are safeguarded and that reasonable adjustment are made to improve access and outcomes. The SAB was recently involved in reviewing the NHS Trust submission in respect of their implementation of the Safeguarding Assurance Framework. The Board will continue to oversee the implementation of the providers' improvement plans resulting from this process.

10. DETAILS

10.1 An undercover investigation broadcast by Panorama on 31st May 2011 provided harrowing evidence of the physical and emotional abuse experienced by adults with learning disabilities living in Winterbourne View Hospital, Bristol. Winterbourne View (which has now closed) was an independent sector hospital owned by Castlebeck Care Ltd.

- 10.2 The programme garnered immediate and overwhelming media, public and political reaction, compelling action to be taken at all levels. It prompted a Serious Case Review into Winterbourne View commissioned by South Gloucestershire Adults Safeguarding Board. Nationally, in response to the programme, the Minister for Care Services set up a review to establish the facts and bring forward actions to improve care and outcomes for people with learning disabilities or autism and behaviour problem that challenge services and providers.
- 10.3 A letter issued by the Department of Health (DH) in February 2012 reminded health bodies and local authorities of the minimum actions expected to drive up local standards. This was subsequently followed up by a further letter in June 2012 asking CCG's and Local Authorities to work together to assure themselves that they are continuing to take all actions needed to improve outcomes for people with learning disabilities in line with the interim report and in preparation for the outcomes of the final report into the events at Winterbourne View.
- 10.4 The [DH interim report](#) issued in June 2012:
- Sets out the strategic direction, outcomes and how the DH and the NHS Commissioning Board will measure progress;
 - Seeks to ensure that commissioners, providers and the workforce are clear about their roles and accountabilities, and understand good models of care;
 - Creates the framework within which local action should take place;
 - Sets out proposed actions at a national level to drive good practice and focus on improving outcomes for individuals with learning disabilities or autism and behaviour which challenges.
- 10.5 The [South Gloucestershire Serious Case Review](#) report published in August 2012 made 43 recommendations of which most notably included:
- A call for greater investment in community-based care in order to reduce the need for in-patient admissions at assessment, treatment and rehabilitation units such as Winterbourne View Hospital
 - A call for notifications of concern, including safeguarding alerts, hospital admissions and police attendances to be better coordinated and shared amongst safeguarding organisations to allow earlier identification of potential problems and earlier action to be taken.

Implications for Barnet

- 10.6 As an immediate response to the BBC Panorama broadcast, the council and the NHS carried out an audit to identify if there were any Barnet residents in any service run by Castlebeck Care Ltd, the organisation that ran Winterbourne View Hospital. The audit identified that Barnet did not have any service users placed in any of their services.
- 10.7 NHS London through NHS NCL put in place an 'Enhanced Assurance Framework' to ensure that proactive arrangements are in place to coordinate information sharing in respect of safeguarding concerns and to ascertain reviews and monitoring of all placements in hospital settings. The outcome of the audit was reported to NHS London in November 2011 and July 2012. It found that NHS Barnet CCG placed 11 people in locked wards including Assessment and Treatment Units. A further 8 people are in the Harperbury Hospital Specialist Residential Unit and are part of the NHS Campus cohort reflected in the Section 75 Agreement for the Campus Reprovision Pooled Budget. An update on the current NHS Barnet CCG placements including Continuing Health Care can be found in Appendix A.

- 10.8 In November 2011, the council hosted a workshop bringing together health and social care staff to review and consider the implication of Winterbourne Views on practice to help inform service development. This resulted in the development of the multi-disciplinary Move On Team in the CLDS.
- 10.9 In April 2012, the then Head of Strategic Commissioning Team presented a report to the Safeguarding Adults Partnership Board on the outcome of audits of health and social care placements with particular focus on out of area placements. Following discussions about the South Gloucestershire Serious Case Review report in October, the Board has requested a further report on Winterbourne View to be presented in January 2013. This will also take account of the recommendations set out in the final report of the Department of Health.
- 10.10 In July 2012 the Safeguarding Overview and Scrutiny Committee received a position statement which set out the overarching approach to promoting and monitoring quality in care homes, with particular reference to safeguarding, and proposals for strengthening the approach in partnership with other statutory organisations in particular between social care and primary care.
- 10.11 Work is currently being undertaken with key staff in the council and CCG to complete a more comprehensive review against the recommendations from the serious case review and interim DH report. The initial findings and action plan, which is attached in Appendix B was presented to the council's Senior Management Team and the CCG's Quality and Clinical Risk Committee earlier this month.
- 10.12 Some of the actions identified from this exercise are already reflected in the draft Integrated Commissioning Plan, the council's 2012/13 Adult Social Care Business Plan and the draft CCG 2012/13/14 Commissioning Intentions for Learning Disabilities
- 10.13 Although the review is centred on Learning Disability services, there is relevance in using this as an opportunity to apply a whole system approach to service change. There are key findings and recommendations that will affect national policy which equally apply to other care groups across the service. Any transformational change programme will take this into account to ensure high quality, equitable services for the people of Barnet.

Next Steps

- 10.14 To summarise, there are no serious implications for Barnet but the following steps are being taken as detailed below:

Barnet Integrated Community Learning Disability Service (CLDS) and Continuing Health Care Team

- 10.14.1 The Council and CCG entered into a S75 Agreement for the provision of an integrated and specialist community Learning Disability Service to provide multi-disciplinary support and care coordination for people with learning disabilities. Significant progress is being made to develop an integrated service structure which was informed by a needs assessment of current service users and by the findings of the Barnet Joint Strategic needs Assessment.
- 10.14.2 Development of the integrated service within a multi-disciplinary framework takes account of the demographic and financial challenges Barnet faces with an expected increase in the number of people with learning disabilities who have complex, profound and multiple needs. This also includes consideration of the skills and professional mix of workforce and partnerships required to better meet

these challenges. The proposed structure is currently out for consultation, which ends on 1 February 2013.

- 10.14.3 Specialist placements are also monitored by the Barnet Learning Disability Service (CLDS) via multi-disciplinary approach, providing active case management and clinical oversight. These arrangements are being enhanced by CLDS to include wider service quality, safeguarding and effectiveness of treatment and care planning issues.
- 10.14.4 A multi-disciplinary 'Move on Team' funded through s256 has been set up in the service to take a more active role in the reviewing and step-down planning arrangements for Barnet placements out-of-area services.
- 10.14.5 In October, commissioners in Hertfordshire County Council convened a meeting to discuss future plans for the NHS Campus clients in the Specialist Residential Units in Harperbury Hospital. The meeting was to consider options for the people who have been subject of a Consent Order following a Court of Protection ruling in summer 2011. Of the 8 Barnet placements, 6 are subject of Consent Orders and a further 2 are sectioned under the Mental Health Act. Following legal advice received at the meeting, the CLDS is now undertaking a multi-disciplinary review of all 8 Barnet placements. The review will inform decisions regarding move on options from Harperbury. The CLDS had successfully moved on 2 other Barnet NHS Campus clients from Harperbury Hospital in February and August.

Acute Liaison Nurses and Primary Care Nurse

- 10.14.6 Two Acute Liaison Nurses are funded by NHS Barnet CCG and NHS Enfield CCG to support people with learning disability using local acute hospital services at the Royal Free, Barnet General, Chase Farm and North Middlesex hospitals. Highly valued by self-advocates and their carers, the acute liaison nurses help with the planning of hospital admissions and discharges including liaising with relevant CLDS and other community services to prevent delayed discharges. They ensure that reasonable adjustments are made by acute hospital staff and also provide training to ward and hospital staff raising awareness and understanding of learning disabilities and use of deprivation of liberty safeguards.
- 10.14.7 Self-advocates and their carers in the Barnet Learning Disability Partnership Board have requested that similar liaison arrangements are put in place in Edgware Community and Finchley Memorial hospitals. Work is underway to scope the use of volunteers in both hospital sites to improve sign posting support for people with learning disabilities using both hospitals.
- 10.14.8 To support the implementation of the NCL Primary Care Strategy, NHS Barnet CCG has agreed the recruitment of a Primary Care Learning Disability Nurse. This fixed term role will be responsible for coordinating arrangements with GPs networks and will support the development of systems to track people with learning disabilities across the pathway to ensure that they have appropriate, safe and timely access to treatment and support when required. The Primary Care Learning Disability Nurse will work closely with the CLDS, Acute Liaison Nurse, and community health services to improve coordination and outcomes.

Contracting & Monitoring

- 10.14.9 In its current consultation on the structure of the Adults and Communities Delivery Unit the council is proposing to create an 'Integrated Quality in Care Home Team' which will enhance capacity to undertake quality monitoring audits and visits of providers. The team will also:
- Undertake provider workforce development;
 - Provide project management linking My Home Life, with all of the other safeguarding and quality interventions taking place;
 - Work with providers to co-produce a performance toolkit and embedding a sector led approach to improved quality.
- 10.14.10 Management of NHS contracts is via the NHS North Central London that coordinates monitoring meetings and actions with involvement of local commissioners and CCG representatives. The contract meetings which take place at least once every two months focuses on performance and quality. Outcomes and findings from these meetings are escalated as appropriate through NCL and the local borough presence. From April 2013, responsibilities for the management of NHS contracts will pass to the NHS North and East London Commissioning Support Unit.

Safeguarding Practice and Board level responsibility

- 10.14.11 All health and social care partners on the Barnet SAB have established agency safeguarding boards/committees to drive developments of internal systems and safeguarding practice and monitoring uptake of training. Each Health Trust on the Barnet Safeguarding Adults Board provide regular updates to the Board outlining their progress and future work planned in respect of meeting their statutory safeguarding responsibilities to the Board.
- 10.14.12 A review of safeguarding alerts in hospital and police involvement to ensure better co-ordinated and shared approaches by all safeguarding organisations is now in place. They also report on a number of domains including, outcomes of patient experience surveys, their implementation of 'dignity in care' standards and the Mental Capacity Act.
- 10.14.13 In light of Winterbourne View, the DH updated and enhanced the reporting requirements and improved the 2011/12 Learning Disability Health Self-assessment Framework standards. Local NHS Trusts were required to submit Safeguarding Adults Assessment Framework (SAAF) to the relevant SAB. The Board will continue to oversee the implementation of the providers' improvement plans resulting from the SAAF.

Commissioning

- 10.14.14 The DH interim report recommended that specialist assessment and treatment services should be regarded as 'high risk services'. Accordingly they require more than the standard approach to inspection and quality assurance, with frequent, more thorough, unannounced inspections and exacting safeguarding investigations. Commissioning and contracting will need to take this into account in delivering against a compliance and quality assurance framework fit for the future. Whilst CQC will change their approach to assuring compliance against the essential standards, commissioners will locally apply a stringent reviewing cycle to monitor the effectiveness of services, outcomes for individuals and safeguarding practices. This is being incorporated as part of the transactional work plans of CLDS and the NHS Continuing Health Care Team.

- 10.14.15 The report also makes specific recommendations for Clinical Commissioning Groups (CCG) and Local Authorities in terms of their future commissioning priorities, and the need to take steps to reduce the number of people needing to use in-patient services by investing in intensive community support and enhancing the capacity of mainstream services. Work is currently underway to develop a 'Complex Care Pathway as part of the draft Integrated Commissioning Plan. This will include consideration for development of appropriate community services to prevent and/or reduce the need for these types of services. It will also include mapping of the NHS and council's investment with a view of identifying opportunities for joint planning and commissioning of services in order to achieve better outcomes and financial efficiencies. This work will also link into the market position statement currently being developed by the council.
- 10.14.16 Further work will be finalised to ensure contractual documents and service specifications for all people with Learning Disabilities placed in Assessment and Treatment units and the specialist residential placements highlight clear expectations around safeguarding, use of the Mental Health Capacity Act and DOLS.
- 10.14.17 Reports on progress with the implementation of the action plan will be presented to the Barnet SAB and the CCG Quality and Clinical Risk Committee. The action plan will be updated to take account of any additional recommendations that may result from the publication of the Department of Health's final report on Winterbourne Views.

11 BACKGROUND PAPERS

11.1 None.

Legal –HP
CFO – MGC

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APPENDIX A:							
1: NHS Barnet CCG Learning Disability Placements & Continuing Healthcare- November 2012							
Setting	Numbers	Length of Stays					
		1-6 months	7-12 months	1-2 years	2-4 years	4-5 years	Over 5 years
Assessment & Treatment	2	0	2	0			
Residential Care*	15	2	1	2		7	3
Nursing Care*	7	1				6	
Rehabilitation/specialist**	14			3	2	2	7
Own/Family*	8	1	1		3	1	2
Medium Secure	1			1			
Total	47	4	4	6	5	16	12
Total in Inpatient/Hospital Settings	11						
In Borough	29						
Out of Borough	18						
<i>* Mainly Continuing Health Care Placements and packages</i>							
<i>** Includes 8 long term NHS Campus patients who form part of the S75 Agreement. 6- subject of Court of Protection Consent Order; 2- sectioned under MHA</i>							

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APPENDIX B: Barnet Self-Assessment against Winterbourne View Reviews

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/Planning to Do	Gaps Identified/Further Actions Recommended
<p>1: Redesign services to invest in flexible good quality local services and away from sending people away from home. The use of in-patient services for assessment and treatment varies hugely across the country in terms of numbers of people and length of stay.</p> <p>1A.i: clear vision of what we want to offer, a shared value base and a commitment to see it delivered;</p> <p>1A.ii: The voice of users and families is heard and acted on;</p> <p>1A.iii: All parts of the system understand and apply the law;</p> <p>1A.iv: There is good understanding and application of positive behavioural support and that physical restraint is only ever a last resort.</p> <p>1A.v: Providers, commissioners, the workforce and regulators are clear about their roles and act on their</p>	<p>1B.i: Health and Wellbeing Strategy (Integrated Commissioning Plan), JSNA, NCL Primary Care Strategy, ASCH Business Plan and CCG Commissioning Intentions set a clear vision for the provision of integrated services closer to people's home.</p> <p>1B.ii: Good examples of involving PWLD and family carers in service development and design through the LDPB and it's subgroups as well as the LD Parliament.</p> <p>Service users also involved through the Safeguarding User Forum, a subgroup of Barnet Safeguarding Adult Board.</p> <p>1B.iii & 1B.v: Contract framework in place providing clarity of roles and responsibility in respect of the law</p> <p>1B.iv: Workshop in November</p>	<p>1C.i: As part of the Integrated Commissioning Plan, work has commenced on the development of Complex Care pathway. It includes consideration for alternatives to out-of-area services for people with complex needs and behaviour that challenges services</p> <p>1C.v: LBB creating the Integrated Quality in Care Home Team' to monitor quality of services. (Identified Lead- Helen Coombes)</p>	<p>1D.ii: Ensure PWLD and their carers are involved in decisions about placements, move on and discharge planning by monitoring access to independent advocacy and involvement of family carers in review meetings. (Identified Lead- Alan Brackpool)</p> <p>1D.iv: Monitor workforce training on safeguarding, use of restraint, MCA and DOLS as part of NHS contract monitoring process and via the Barnet SAB.</p> <p>1D.v: Implementation of a notification system to relevant agencies (local CLDS/GP/Commissioners) for people returning back or</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>responsibilities;</p> <p>1A.vi: Incentives in the system to ensure good models of care which give the best care and outcomes for individual people</p>	<p>involving health and social care staff to review the impact of Winterbourne on practice.</p> <p>There is evidence of training to provider staff on use of physical restraint, MCA and DOLS</p> <p>1B.v: Clear structures in place in respect of safeguarding using the Pan-London Safeguarding Protocols. Barnet, Safeguarding Adults Board, a multi-agency arrangement has strategic oversight for safeguarding in Barnet.</p> <p>1B.v: A multi-disciplinary Move On Team set up in the CLDS to ensure effective move on & step-down arrangement of all placements. Move on Procedure developed to clarify process and responsibility. CLDS also has systems in place for reviewing all patients in Assessment & Treatment Units and patients readiness to be discharged and coordinating this with the A+T service provider (identified</p>		<p>being place out of Borough.</p> <p>1D.vi: Need to consider pooling of health and social care resources and opportunities to collaborate across CCGs to develop alternative community based services for people with complex needs.</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
	Lead- Helen-Duncan-Turnbull)		
<p>2: Voice of people with learning disabilities and their families</p> <p>2A.i: Providers need to actively promote open access for families and visitors, including advocates and visiting professionals. This is about increasing transparency.</p> <p>2A.ii: The DH is establishing HealthWatch both locally and nationally. It will act as a champion for those who use services and for family carers, ensuring that the interests of people with learning disabilities are heard and understood by commissioners and providers of services across health and social care.</p>	<p>2B.i: Barnet LINK leading on developing Enter & View programme on residential services, primary care access and mental health inpatient services.</p> <p>Service users involved in the Safeguarding Adults Board, validation process in respect of the 2011/12 provider Safeguarding Adults Assurance Framework.</p> <p>There are robust structures in place to engage people and their carers through the Barnet Learning Disability partnership Board and it's subgroups as well as the Learning Disability Parliament.</p> <p>2B.ii: LBB leading on the development of HealthWatch service specification to increase consumer voice including the procurement of new service (Identified Lead- Andrew Nathan)</p>	<p>2C.i: HealthWatch to commence April 2013 (Identified Lead- Andrew Nathan)</p>	<p>2D.i: Review and update information provided to PWLD and family carers at point of placements and monitor involvement of PWLD and carers via placement and contract reviews</p> <p>2D.ii: Liaise with Barnet LINK & HealthWatch (once in place) to involve PWLD and carers on 'Enter & View' programme (Identified Lead- Temmy Fasegha)</p>
3: Implementing Personalisation	3B.i: See 1B.ii above		3D.i: Involving PWLD and

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p><i>The Department expects the NHS and local authorities to demonstrate that they have taken action to assure themselves and the public that they provide personalised care and support with choice and control in all settings – including hospital. Criteria includes;</i></p> <p>3A.i: Co-production - involving people who use services in designing and planning them;</p> <p>3A.ii: Community building - and moving towards community based support;</p> <p>3A.iii: A capabilities approach to disability - looking at people's strengths and promoting what they can do;</p> <p>3A.iv: Integrated services, covering health, care, housing and leisure; and</p> <p>3A.v: Personalisation as a foundation on which other strategies build.</p>	<p>3B.ii: Development of other flexible housing options in Barnet (Warren Shawe Lane, Pert Close, Sarnes Court), which also involved PWLD in the development and design of the services. A bid for funding of further housing support developments is being made and due to go to the Cabinet late November.</p> <p>3B.iv: Integrated CLD Service and pooled budget agreed in Feb 2012. MDT structures being implemented informed by audit of user population and JSNA findings.</p> <p>3B.v: Barnet is a trailblazer site for 'Right to Control', a MDT approach to support planning and budgets.</p> <p>Progress is being made to embed personalisation and self-directed support in Barnet. 620 people with learning disability have a personal budget or direct payment. Barnet Centre for Independent Living a user led and run organisation also provides</p>		<p>carers in 'Complex Care Pathways development through LDPB, LD Parliament and other existing forums.</p> <p>3D.ii: See 1D.vi</p> <p>3D.v: CCG to explore learning from personal health budgets pilots with view of implementation in Barnet for continuing health care.</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>4: Providers and Ensuring Quality of Service</p> <p>4A.i: The Department expects providers to deliver high quality services. The Department will also discuss with providers action to develop a voluntary accreditation scheme</p> <p>4A.ii: The Social Care Institute for Excellence (SCIE) is shortly to publish <i>Making it Real</i> outcomes with a generic quality frameworks that providers may need to adopt</p> <p>4A.iii: Department of Health (DH) is working with the <i>Think Local, Act Personal</i> group and providers to identify the barriers in the housing market to increasing the availability of different housing options for people with learning disabilities with behaviour which challenges and to encourage and facilitate local</p>	<p>support planning, information, advice and sign posting.</p> <p>4B.iv: Integrated CLDS and Continuing Health Care Team responsible for review placements and reporting of concerns to Safeguarding Leads.</p> <p>Contract arrangements in place across the NHS & LBB to monitor services and provide assurance on service quality. CCS leads on contract management on behalf of NHS Barnet CCG with monthly/bi-monthly meeting in place. Supply Management team on behalf of LBB.</p> <p>Pan-London safeguarding protocols in place to ensure timely sharing of safeguarding incidents and alerts.</p>	<p>4C.iii: LBB leading on a framework procurement exercise supported living services for vulnerable adults. (Identified Lead- James Taylor)</p> <p>4C.iv: Proposals between the CCG and Council to develop joint procurement arrangements for Continuing Health Care.</p> <p>4C.iv & 4C.v: To use findings from the 2011/12 LD Health Self Assessment Framework and provider returns from Local Safeguarding Adult Assessment Framework to update contractual monitoring arrangements.</p> <p>Develop network of key professionals including CLCS, Acute Liaison Nurse, Carers'</p>	<p>4D.iv: Set up system for NHS Barnet CCG to share placement information with LBB to ensure better information sharing</p> <p>Also refer to 1D.v</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>solutions. The project should be completed by April 2013.</p> <p>4A.iv: Commissioners responsible for funding placements should be proactive in ensuring that patients are safe. If responsibility for monitoring a placement or the ongoing coordination of care is delegated to nurses and social workers, then commissioners should ensure that they are informed about safeguarding concerns and alerts. Decisions about funding placements should be based on outcome data. Arrangements should be in place for sharing information about safeguarding incidents and alerts between those responsible for monitoring patient safety, the provider and commissioner and this should be routinely monitored through contracts</p> <p>4A.v: Organisations providing NHS funded care should be required to demonstrate accountability for effective governance to</p>		<p>Nurse and Primary Care Nurse to ensure better coordination across the pathway and to improve information sharing (Identified Lead: Temmy Fasegha & Jasvinder Perihar)</p>	

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>commissioners and Council Adult Safeguarding</p> <p>5: Commissioning and Contracting:</p> <p>5A.i: DH will provide statutory guidance to support health and well-being boards to develop joint health and well-being strategies, and will revise statutory guidance for the Joint Strategic Needs Assessment (JSNA) to reflect the needs and circumstances of the new system.</p> <p>5A.ii: The Department is working with the NHS Commissioning Board Authority and ADASS to develop a model service specification by March 2013.</p> <p>5A.iii: Assessments for NHS CHC need to be undertaken by professionals who have clear knowledge of NHS CHC domains and with understanding of learning disabilities. There is anecdotal evidence that commissioning of care packages could be improved, looking at more innovative models often</p>	<p>5B.i & 5B.viii: Barnet has a published JSNA and Health and Wellbeing Strategy, which reflect needs of PWLD and other vulnerable groups.</p> <p>5B.ii: Barnet Continuing Health Care Team composed of multi-disciplinary professionals that undertake CHC assessments making use of national mandated assessment and decision making tools.</p> <p>5B.vii: LBB has led on programme of reviewing and updating contracts and service specifications to ensure compliance.</p> <p>See 4b for further details.</p>	<p>5C.iii: See 4C.iv</p>	<p>D5.iv: Map social care and health resources invested in the care of people with complex needs and who challenge services as part of the 'Complex Care are workstream of the Integrated Commissioning Plan with a view of achieve better outcomes and value for money. (Identified Lead: Vivienne Stimpson)</p> <p>5B.ix: Update contracts and Individual Placement Agreement to include additional reporting requirements as set out in 5A.ix. (Identified Lead: Individual placements-Alan Brackpool/LBB Contract-Supply Management/NHS Contracts- Commissioning Support Service)</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>commissioned by local authorities. NHS commissioners can make arrangements for local authorities to commission on their behalf. Local authorities need to stay engaged with CCGs about people with learning disabilities accessing CHC.</p> <p>5A.iv: Health and care commissioners need to work together to review funding arrangements for people with behaviour which challenges and develop local action plans to deliver the best support to meet individuals' needs.</p> <p>5A.v: The Department will work with the NHS Commissioning Board Authority to agree by January 2013 how best to embed Quality of Health Principles in the system using NHS contracting and guidance. These principles will set out the expectations of service users in relation to their experience</p> <p>5A.vi: We will also work with the</p>			

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>Towards Excellence in Adult Social Care (TEASC) ²³ to agree how similar Quality of Life principles should also be adopted in social care contracts to drive up standards.</p> <p>5A.vii: Local authority commissioners should review existing contracts to ensure they include an appropriate specification to meet the needs of the individual and appropriate information requirements to ensure the commissioner is able to monitor the care being provided.</p> <p>5A.viii: CCGs, Local Authorities and the NHS Commissioning Board should be commissioning services with regards to the needs identified in the Joint Strategic Needs Assessment, the priorities agreed in joint Health and Wellbeing Strategies and where appropriate, the health aspects of the National Planning Policy Framework.</p>			

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>5A.ix: Commissioners funding placements should ensure that they have up to date knowledge of services e.g. (a) adverse incidents/untoward incidents, including the injuries of patients and staff, (b) absconding, (c) police attendances in the interests of patient safety, (d) criminal investigations, (e) safeguarding investigations, and (f) the occurrences of Deprivation of Liberty Safeguards applications and renewals</p>			
<p>6: Workforce</p> <p><i>The Academy of Royal Colleges and the professional bodies that make up the Learning Disability Professional Senate will work to develop core principles on a statement of ethics which will reflect wider responsibilities in the new health and care architecture</i></p>	<p>6B.iii: Whistle-blowing policies embedded in health and social care contracts. All health and social care providers contracted by the CCG and Council are required to have robust whistle-blowing arrangements in place and reminders of this are regularly given to providers.</p>	<p>6Cii & 6Ciii: Monitor implementation of whistle-blowing policies and procedures as part of contract reviews. (Identified Lead: Individual placements- Alan Brackpool/LBB Contract- Supply Management/NHS Contracts- Commissioning Support Service)</p>	<p>6Di: Use Skills for Care guidance to review workforce requirements and ensure monitoring through contract reviews. (Identified Lead: LBB Contract- Supply Management/NHS Contracts- Commissioning Support Service- CSS)</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>6A.i: Skills for Care, the sector skills council for adult social care in England, is developing a framework of guidance and support on commissioning workforce solutions to meet the needs of people with behaviour which challenges. This will be consulted on and tested in action in summer 2012, and launched by the end of 2012</p> <p>6A.ii: There should be a condition of employment on all health and social care practitioners (registered or unregistered) to report operational concerns to (a) the Chief Executive and Boards of Hospitals, (b) the regulators</p> <p>6A.iii: All registered Health and Social Care employers should be required to advise their employees in their contracts to whom they can whistleblow, the response that the employee can anticipate from the employer and what to do if this is not forthcoming. This should include</p>			

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>information about the provision in the Employment Rights Act 1996 which gives protection to those making disclosures in the public interest</p>			
<p>7: Safeguarding</p> <p>7A.i: The guidance associated with the legislative framework for placing Safeguarding Adults Boards (SABs) on a statutory footing, and any subsequent review of safeguarding guidance, should reflect the findings of all the reviews associated with Winterbourne View Hospital</p> <p>7A.ii: Council Safeguarding Adults personnel must ensure that the hospital patients subject to Deprivation of Liberty Safeguards and the Mental Health Act detention, who are restrained and/or make a complaint, have opportunities to access, in private, independent professionals such as Social Workers , LA Deprivation of Liberty Safeguard Assessors, Independent Mental Capacity</p>	<p>7B.i & 7B.iii: SABs were involved in the validation of provider ‘Safeguarding Adults Assessment Framework (SAAF)’ as part of the 2011/12 LD Health Self-assessment process.</p> <p>Barnet SAB has played an active role in engaging health partners including monitoring of their safeguarding assurance arrangements.</p> <p>NHS Barnet CCG and GPs are also represented on the SAB.</p> <p>7B.ii: Arrangements in place in the Council and CCG for DOLS and MCA including MHA detention. CCG currently responsible for DOLS application made by hospitals and the Council for DOLS application made by residential services. There has been an increase in the number of DOLS requests to the CCG and Council as</p>		<p>7D.ii, 7D.iii: Monitor provider progress in implementing improvement actions identified in their Safeguarding Adults Assessment Framework (SAAF) submissions. (Identified Lead- SAB/CSS)</p> <p>Barnet CCG QIPP Board to discuss report on CCG recurrent transfer of resources to enable Council to develop capacity to fulfil new statutory responsibilities in respect of DOLS in hospitals.</p>

Recommendations of DH Review and the Serious Case Review	Barnet Current Position/Action Already Taken	What we are doing/ Planning to Do	Gaps Identified/Further Actions Recommended
<p>Advocates and Independent Mental Health Advocates and Mental Health Act Commissioners for those detained under the Mental Health Act 1983</p> <p>7A.iii: When a hospital fails to produce a credible safeguarding investigation report within an agreed timeframe, the host Safeguarding Adults Board should consult with the relevant commissioners and the regulator to identify remedies</p>	<p>awareness has increased. 21 DOLS applications were made to the CCG in 2011/12 making it the highest across London CCGs. 43 DOLS applications were made to the council, the second highest in London. Responsibility for DOLS in hospitals and for the commissioning of IMHA transfers to the Council in April 2013. Current IMHA service already included in the S75 Agreement for Prevention Service entered into by the CCG and Council in February 2012.</p>		

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Meeting Health and Well-Being Board

Date 29 November 2012

Subject Forward Work Programme

Report of Director of Adult Social Care and Health/Interim
Director of Children's Services

Summary of item and decision being sought To present an updated work programme of items for the Health and Well Being Board for 2012/13

Officer Contributors Andrew Nathan- Chief Executive's Service

Reason for Report To allow the Board to schedule a programme of agenda items that will fulfil its remit

Partnership flexibility being exercised The items contained in the work programme will individually take forward partnership flexibilities including the powers Health and Well-Being Boards will assume under the Health and Social Care Act 2012.

Wards affected All

Contact for further information Andrew Nathan, Strategic Policy Advisor, Tel: 020 8359 7029

1. RECOMMENDATION

- 1.1 To note and comment on the draft forward work programme attached at Appendix 'A'.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Shadow Health and Well Being Board – 26 May 2011- agenda item 9
- 2.2 Shadow Health and Well-Being Board- 19 January 2012- agenda item 11
- 2.3 Shadow Health and Well-Being Board- 22 March 2012- agenda item 2
- 2.4 Shadow Health and Well-being Board- 4 October 2012- agenda item 13

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; JOINT HWB STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Work Plan has been designed to cover both the statutory responsibilities of health and well-being Boards and key projects that have been identified as priorities by the Board at its various meetings and development sessions.
- 3.2 The Health and Well-Being Strategy was agreed by the Board at its meeting of 4 October 2012. It will be the most significant determinant of future work programmes and regular performance reporting will be included in the forward work programme.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 None specifically arising from this report- but all items listed will demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the options chosen, including differential outcomes between different communities.

5. RISK MANAGEMENT

- 5.1 A forward work programme reduces the risks that the Health and Well-Being Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The forward work programme has been devised to incorporate the legal responsibilities contained in the Health and Social Care Act 2012. The HWBB has been operating in shadow form since May 2011 in readiness for the changes to the legislative framework. The HWBB will begin to discharge their statutory functions from April 2013..

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 None specifically arising from the report. The programme is co-ordinated and monitored by the Chief Executive's Service as part of their support to the Board.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The programme has been devised through consultation with Council and NHS managers, but the Barnet LINK through their membership of the Board have the opportunity to refer matters or suggest agenda items. The same will be true of the Healthwatch representative.
- 8.2 The Health and Well Being Board on 4 October 2012 agreed new arrangements for strategic partnerships with customers, carers and communities, including establishing a twice yearly summit involving members of all the Partnership Boards, together with members of the Health & Wellbeing Board. This will provide a more effective channel for users, carers and community representatives to discuss the work of the Board and to suggest agenda items and have an input into them.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 None at this stage, although feedback from providers should guide the choice of future agenda items.

10. DETAILS

- 10.1 At its meeting on 22 March 2012, the Board considered a forward work programme for the whole of 2012/13, with items reflecting the Board's future statutory responsibilities; key strategies and projects currently in progress; and the precedents set during the HWBB's first year in operation.
- 10.2 It was also agreed that future meetings should be divided into two parts, the first, as now, a public meeting which considers formal written reports for information and decision; and the second informal workshop style sessions between Board members which would take place on the conclusion of the formal meeting and not by themselves take any executive decisions. The work plan therefore marks with a 'B' items to be handled as formal business, and with a 'W' those which are discussion items to be handled through informal workshops at this stage.
- 10.3 An updated work programme is attached at Appendix 'A' for the Board's comments.
- 10.4 There is a key role for the LINK representative in pressing for the forward plan to take into account issues of community concern, as well as any specific LINK reports or requests for information.

11 BACKGROUND PAPERS

None

Legal – HP
CFO- JH

APPENDIX A

CURRENT SCHEDULE OF HEALTH AND WELL BEING BOARD BUSINESS 2012/13 (agreed at 22/3/12 HWBB and revised)

item	31 January 2013	4 April 2013	Notes
STANDING OR GOVERNANCE ITEMS			
Financial Planning Group minutes	B	B	
HWB Implementation Group- minutes	B	B	
Governance arrangements, ie review Terms Ref Membership etc		B	4/4/13 will approve conversion from shadow to full statutory status
Development of HWBB		W	
JSNA, HWBS AND RELATED STRATEGIES			
Joint Strategic Needs Assessment- update/review/refresh		B?	Not sure what requirement is to refresh. Might benefit from a more discursive workshop format.
Integrated Commissioning Plan	B?		If not going November. Deferred from July and October
Substance Misuse Plan	B?	B?	Deferred from July October and November
Performance Report against HWBS targets	B?		
In depth report on one issue in DPH's Annual Report	B	B	
NEW PRIMARY CARE COMMISSIONING ARRANGEMENTS			
Clinical Commissioning Group- update on organisational progress		B	
Clinical Commissioning Group- sign off of commissioning plans etc for 13/14	B		29 Nov workshop to discuss draft CCG Commissioning Plan
Commissioning Support Organisation- update on proposals			

PUBLIC HEALTH/ DETERMINANTS/ PREVENTION MATTERS	31 Jan 13	4 Apr 13	
Leisure Services- Strategic Review- Comments on Outline Business Case		B	SOC going 29 Nov. Need to check this not too late to inform OBC.
Early Intervention and Prevention- strategic review			Essential to taking forward Marmot actions and the HWB Strategy
Annual Report of Director of Public Health		B	
Children and Young People Health Outcomes	B		Barnet's response to DH outcomes framework just issued
H and SC- contribution to economic well being	W ?		A possible idea, as high priority for council and partners - how can the health and care system make its own maximum contribution to ensure people well enough and supported enough to retain or gain employment? The prevention plan will set out much of this but could benefit from a discussion of its own.
WORK WITH VOLUNTARY AND COMMUNITY SECTOR/ REPORTS OF PARTNERSHIP BOARDS			
Chair's meeting with Partnership Board chairs- minutes		B	
	31 Jan 13	4 Apr 13	Notes
SAFEGUARDING/QUALITY AND SAFETY ISSUES			
Safeguarding Adults Board- Annual Report			Annual Report (provided in July)
Safeguarding Children Board- Annual Report			Annual Report (provided in July)
Quality and Safety Matters in NCL	B		To be provided 6 monthly
Whole system working to reduce pressure ulcers	B		(identified in quality and safety discussion at Jan HWBB)- might be workshop format depending on complexity of issue/which providers need to be involved? Deferred from July and Nov 2012
Care Homes- joint quality spec/principles for	B		Identified at HWBB 26 July during Quality and Safety discussion

whole system working			
USER AND CARER ENGAGEMENT			
Local HealthWatch- spec and tender process		B	report of new contractor how service planned to be delivered
LINK- Annual Report		B	12/13 reports as part of LINK/LHW handover
HEALTH AND CARE INTEGRATION			
HSC Integration Scoping project	B	B	Workshop was held Mar 2012.
HSC Integration- specific projects that result			
Ageing Well	B		
New or amended Section 75 agreements			As identified through the Financial Planning Group
System Risk Assessment- MTFS and QIPP			
Allocation of Section 256 funds	B ?		Will we still be getting these on an annual basis?
Mental Health- plan for better joining up across system	B?		Need for this agreed at our workshop on 26 July- should come back in January incl. input from BEHmHT
OTHER HEALTH ECONOMY	31 Jan 13	4 Apr 13	Notes
Barnet Chase Farm Update on foundation status			
Barnet, Enfield and Haringey Clinical Strategy- Next steps/ Investment Plans			

HWBB will exercise statutory functions from 4 April 2013 meeting.

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Meeting	Health and Well-Being Board
Date	29 th November 2012
Subject	Towards a borough strategy to promote healthy weight
Report of	Director of Public Health, Barnet and Harrow
Summary of item and decision being sought	<p>This paper seeks to direct local authority and partnership priorities to promote healthy weight by providing:</p> <ul style="list-style-type: none"> • a brief summary of the evidence based interventions available to promote healthy weight and tackle obesity • a high level assessment of current provision and additional opportunities in Barnet • proposed aims of a strategic approach to healthy weight

Officer Contributors	Jeffrey Lake, Locum Consultant in Public Health
Reason for Report	This report is a follow up to the Annual Report of the former Director of Public Health in May 2012. The Board agreed that each of the issues identified be brought back to the Board for a more detailed report.
Partnership flexibility being exercised	N/A
Wards Affected	The health consequences of obesity affects all wards but disproportionately those that are most deprived.
Contact for further information: jeffrey.lake@nclondon.nhs.uk	

1. RECOMMENDATION

- 1.1 To note the potential for evidence based intervention to promote healthy weight and tackle obesity in Barnet and commit to the development of a strategic approach across the borough

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The Annual Report of the Director of Public Health 2012-13 was approved by the Board on 31 May 2012. It examined the problems of overweight and obesity in Barnet and demonstrated that they present a significant and increasing burden. It noted that there has been no strategic approach to managing overweight and obesity and that this needs to be rectified to improve wellbeing and help reduce future health and social care costs through encouraging people to eat sensibly and be more active in their everyday lives, to lose weight if they are overweight and seek specialist help when necessary.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 Integrated Prevention Plan

The integrated prevention plan recognises the importance of physical activity promotion and overweight and obesity prevention with greater priority afforded only to smoking cessation. The need to link physical activity and obesity prevention initiatives is noted.

3.2 Barnet Health and Wellbeing Strategy

The Barnet Health and Wellbeing Strategy recognises the problems of obesity and outlines commitments to reduce rates in Barnet and to promote a more healthy environment such as through the provision of leisure, parks and physical activity opportunities. It also includes broader commitments to reduce risks to children and support people to keep well and independent.

- 3.3. The Sport and Physical Activity Review strategic outline case (elsewhere on this agenda) recognises the need for a sport and physical activity strategy that goes beyond a narrow focus on managing leisure contracts to a far broader strategy that considers the interest and needs of diverse sections of the population and seeks to target activity to need. This review will make a significant contribution to delivering a variety of objectives in the Health and Well-Being Strategy. The promotion of activity that will help people to lose weight will be a major vehicle for implementing the Health and Well-Being Board's strategic approach to promoting healthy weight.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 A Sport and Physical Activity Needs assessment has recently been drafted and is under review by the Sport and Physical Activity Board. It identifies that physical activity and obesity are associated with deprivation and that sedentary behaviours are most common amongst older people, the disabled, women, and ethnic minorities.

5. RISK MANAGEMENT

- 5.1 Key risks and their management will need to be identified in any developed strategies.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Legal powers and implications will need to be identified in any developed strategies

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 Any projects not currently funded will need to be supported from existing budgets from public health, the NHS or social care. These will need to be considered within the framework of the Public Health Commissioning Intentions for 13/14 and prioritising allocation of these budgets against the outcomes set out in the Health and Wellbeing Strategy and the Integrated Prevention Plan.
- 7.2 Public health allocations for the 13/14 Financial Year have not yet been announced and so at present it is unclear if any funds might be available to invest in health weight initiatives. If there are unallocated funds after the delivery of statutory public health services then height weight promotion is expected to be a priority area for investment.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 A stakeholder consultation has informed the recently drafted Sport and Physical Activity Needs assessment. A robust strategy to promote physical activity and healthy weight would incorporate a communication and engagement plan.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Provider consultation has informed the recently drafted Sport and Physical Activity Needs assessment.

10. DETAILS

- 10.1 It has increasingly been recognised in recent years that social and environmental changes have operated to remove incidental physical activity from daily life while the availability and affordability of energy dense foods has never been greater. While there are no simple solutions to the problems of sedentary behaviour and obesity, there are nevertheless a wide variety of evidence based interventions that make a contribution. These are summarised in the appendix.
- 10.2 The Sport and Physical Activity review, elsewhere on this agenda, sets out the Borough's ambitions to increase the number of adults participating in physical activity by 3% by 2015. There are also other examples of work in progress in Barnet that contribute to healthy weight promotion, for example:
- Regeneration plans consideration to how easily people will be able to move around developments;
 - a healthy catering award is operated through Environmental Health.
 - Seven volunteer walks are coordinated each week.

While these are examples of existing good practice, the scale of these interventions may not be adequate to have any significant impact at the population level. Relatively little attention appears to have been given to active travel or the promotion of incidental

physical activity through environmental design. The borough also lacks weight management programmes.

- 10.3 The Borough might also draw on experience at Harrow where childhood obesity has fallen since a healthy eating programme was introduced 16 children's centres in 2008 at a cost of approx £5000 a year and with volunteer input. The programme includes:
- Nutrition/healthy eating workshops
 - Exercise sessions for parents and staff
 - Exercise sessions for after school clubs
 - Cookery demos
 - Cook and eat sessions
 - Healthy lunchbox sessions
 - Training for children centre staff

Public health funds have been identified to replicate this programme in Barnet and a schedule for implementation is under development accelerating the eighteen months that were required in Harrow where possible.

Harrow has also recently invested in the development of outdoor gyms (approx £15,000 each) although their use has yet to be evaluated locally.

- 10.4 The development of a robust health weight strategy necessitates a comprehensive review of opportunities with consideration of their potential to contribute to outcomes across Barnet within available resources. Public health would wish to support any efforts to assess and capitalise on opportunities across public policy areas.
- 10.5 Any significant change in outcomes necessitates multi component interventions alongside careful attention to the broad range of public policies that can have an impact. With this in mind healthy weight intervention needs to be driven by a broad strategic vision and supported by clear partnership arrangements and internal governance structures.
- 10.6 Whilst it is important that there is strategic oversight of the various policy areas that influence healthy weight, particular components can be directed from a variety of sources. The overlap between physical activity and healthy weight promotion and the potential synergies in coordinating work across these areas has already been noted. It is important however that the breadth of the activity needed to tackle obesity and promote is not overlooked or that particular components are given insufficient attention. A strategy for tackling obesity and promoting healthy weight must incorporate treatment pathways, targeted and universal prevention, healthy eating as well as physical activity promotion and incidental physical activity and active travel in addition to sport and leisure.
- 10.7 It is proposed that the health and wellbeing board oversee a broad healthy weight strategy and that consideration be given to opportunities for healthy weight promotion through direct investment and influence of areas of council policy.
- 10.8 In order to support the development of a broad strategic vision for health weight supported by partnership arrangements and internal governance structures a very high level vision statement is proposed:

Strategic vision:

- To ensure an environment where people can access affordable healthy food and opportunities to be physically active

- To create an environment in which walking and cycling are convenient and safe
- To tackle obesogenic environments
- To promote healthy dietary and physical activity choices
- To support the provision of universal and targeted advice and support on physical activity, healthy eating and maintaining a healthy weight

11 BACKGROUND PAPERS

11.1 None other than those cited in the Appendix.

Legal- HP

Finance- MGC

Evidence summaries of obesity and physical activity

NICE Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (2006)

Local authority actions:

- Prevent and manage obesity in local authority workplaces

All relevant workplace policies should support the local obesity strategy:

- onsite catering should promote healthy food and drink choices
- physical activity should be promoted through active travel plans, encouraging staff to use stairs, and providing showers and secure bike parking.
- Policy and planning

Work with the local community to identify environmental barriers to eating healthily and being physically active through:

- an audit, involving CCGs, residents, businesses and institutions
- assessing (ideally by health impact assessments) the impact of policies on people's ability to eat healthily and be physically active, and considering subgroups such as people of different ages, from different socioeconomic and ethnic groups, and people with disabilities.

Address concerns about safety, crime and inclusion.

Consider particularly people who need tailored information and support, especially inactive, vulnerable groups.

Facilitate links between health professionals and others to ensure local policies improve access to healthy food and opportunities for physical activity.

- Encourage active travel in the community

Provide facilities and information such as:

- tailored active travel plans for motivated people
- cycle lanes and cycle parking
- walking routes, including area maps and pedestrian crossings
- traffic calming measures
- improved street lighting.

- Promote and support physical activity

Ensure building designs encourage the use of stairs and walkways.

Provide safe play areas.

Support local physical activity schemes.

- Promote healthy foods

Encourage local shops and caterers to promote healthy food and drink choices via signs, posters and pricing.

- Community programmes to prevent obesity and improve diet

Address people's concerns about the availability of services, costs of making changes, the taste of healthy foods, dangers of walking and cycling, and mixed messages in the media about weight, diet and activity.

Include awareness-raising promotional activities, but as part of longer-term, multicomponent interventions, not on their own.

- Self-help, commercial and community weight-loss programmes

Endorse such programmes only if they meet best-practice standards by:

- helping people decide on a realistic healthy target weight (usually to lose 5–10% of their weight)
- aiming for a maximum weekly weight loss of 0.5–1 kg
- focusing on long-term lifestyle changes
- addressing both diet and activity, and offering a variety of approaches using a balanced, healthy-eating approach
- offering practical, safe advice about being more active including some behaviour-change techniques, such as keeping a diary and advice on how to cope with 'lapses' and 'high-risk' situations
- recommending and/or providing ongoing support.

NHS

Prevention

- Organisation and strategy

Ensure obesity is a priority at strategic and delivery levels.

Implement the local obesity strategy, encourage partnership working with other organisations, and train staff.

- Programmes to prevent obesity and improve diet and activity levels

Programmes should:

- give tailored advice and provide ongoing support
- target people at times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause)
- involve parents and carers if aimed at children and young people.

- Additional action in primary care

Offer support on weight management to people giving up smoking.

- Work with other organisations

Address people's concerns about improving diet and the safety of exercise.

Promote schemes to improve diet and activity levels, such as schemes involving shops, supermarkets, restaurants, cafes and voluntary community services, and cycling and walking routes.

Work with preschool and childcare, and workplaces.

Managing obesity

- Identifying and assessing overweight and obesity

Use body mass index and waist circumference to assess degree of obesity and risk of future health problems.

Check for related health problems as needed and discuss possible causes and willingness to change.

Refer people with complex problems to a specialist.

- Lifestyle advice

Provide advice on both diet and exercise, agree targets and offer ongoing support.

Recommend self-help, commercial or community programmes only if they can show they meet best-practice standards.

For children: dietary change should not be the only action.

- Drugs

Prescribe drugs only if diet and exercise have been tried, after discussion of risks and benefits, and with continued support for lifestyle change.

For children: prescribe drugs only if their health is at serious risk; for children under 12, prescribe only if there are life-threatening problems such as sleep apnoea.

- Surgery

Generally, consider surgery only for people who are severely obese and have tried all other options. But for people with body mass index over 50 kg/m² surgery can be a first-line treatment.

Surgery should be done by a specialist team providing assessment and long-term follow up.

For children: consider only in exceptional cases and if the child is physiologically mature (or nearly so).

Meeting	Health and Well-Being Board
Date	29 November 2012
Subject	Sport and physical activity review – strategic outline case
Report of	Director of Public Health, Barnet and Harrow
Summary of item and decision being sought	This report sets out the strategic outline case for a review of sport and physical activity provision within the borough

Officer Contributors	Craig Cooper, Director, Commercial Services Omar Villalba, Project Manager, Sport and Physical Activity Review
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Reason for Report	To allow the Health and Well Being Board to steer the direction of the sports and physical activity review to ensure that it best contributes to the delivery of the Health and Well Being Strategy and its supporting plans
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Partnership flexibility being exercised	None
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Wards Affected	All
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Contact for further information

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1. RECOMMENDATION

- 1.1 That the board review the work to undertake an outline business case including an options appraisal on the future of sport and physical activity provision across the borough, and comment on how the review should develop to best meet the objectives of the Health and Well-Being Strategy..
- 1.2 That the outline business case on the future of sport and physical activity provision returns to the Health and Well Being Board for comment prior to implementation.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Cabinet, 9 September 2002 (Decision 8) – agreed to award preferred Partner Status to Greenwich Leisure Ltd (GLL) to manage and operate the Council’s leisure centre facilities; and approval to negotiate and finalise the contract.
- 2.2 The Leader of the Council approved by means of delegated powers report on 31 December 2002 that the partnership with GLL should commence on 1 January 2003 and that the necessary financial and budgetary provisions be made.
- 2.3 Cabinet, 6 May 2008 (Decision item 5) – approved the establishment of the Future Shape of the Organisation¹.
- 2.4 Cabinet, 6 July 2009 (Decision item 5) – approved that three principles would be adopted as the strategic basis for making future decisions:
 - a new relationship with citizens
 - a one public sector approach
 - a relentless drive for efficiency.

It also approved a phased approach to delivering the Future Shape Programme and immediate consolidation of activity in the areas of property, support and transact.

- 2.5 Cabinet, 21 October 2009 (Decision item 8) – approved plans to implement the Future Shape programme.
- 2.6 The financial statements for 2009/10, agreed by the Audit Committee on 21 September 2010 (Decision item 9), established a Transformation Reserve to meet the costs of the Future Shape programme.
- 2.7 Cabinet, 29 November 2010 (Decision item 5) – approved the Sustainable Community Strategy.
- 2.8 Cabinet, 29 November 2010 (Decision item 6) – approved the One Barnet Framework and the funding strategy for its implementation.
- 2.9 Cabinet, 22 February 2011 (Decision 6), Council 1 March 2011 (Decision 9)- agreed budget reductions to the leisure centres contract to facilitate a zero cost provision following contract review
- 2.10 Cabinet, 20 February 2012 (Decision 6), recommended to Council the approval of the creation of new ‘Strategic Reviews’ as part of Business Planning for 2012/13 to 2014/15.

¹ The Future Shape programme has been renamed One Barnet Programme. The relevant previous decisions shown refer to meetings held before this change.

2.11 Council, 6 March 2012 (Decision 9), approved the Cabinet's recommendation of 20 February (cf paragraph 2.10, above).

2.12 Cabinet Resources Committee, 18 October, 2012 (Decision 15) approved the work to undertake an Outline Business Case including an Options Appraisal on the future of sport and physical activity provision across the borough.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

3.1 The Sport and Physical Activity (SPA) Review project is being taken forward through the Corporate Transformation programme and the recommendations in this Strategic Outline Case (SOC) fit within the One Barnet key principles; a new relationship with citizens, a one public sector approach and a relentless drive for efficiency. In line with these principles the project will involve the following:

3.2 A new relationship with citizens

- develop a new deal with citizens to increase community ownership of sport and physical activity provision;
- enable citizens to take an active role in managing their personal health and well-being;
- support and re-engage citizens to ensure they play a positive role in society.

3.3 A one public sector approach

- engage a wide range of stakeholders across the sport and physical activity sector to develop a sustainable strategy;
- provide strategic vision to enable commercial and third sector sport and physical activity providers to drive provision.

3.4 A relentless drive for efficiency

- develop opportunities through the health and well-being agenda to effectively target provision;
- ensure resources across the partnership are used efficiently to minimise duplication of effort;
- be innovative and take advantage of evolving technology, thinking and practice.

3.5 A successful Sports and Physical Activity review will support the Sustainable Community Strategy particularly the priority of promoting healthy and independent living which aims to achieve better health and healthy lives for all, promote choice and maximise the independence of those needing greatest support.

3.6 The Sports and Physical Activity review is a key element in the delivery of the Health and Well Being strategy. The strategy states that more than 9 out of 10 adults in Barnet do not take part in the recommended level of physical activity with Barnet currently ranked 23rd out of 33 London Boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010.)². The positive outcomes from regular physical activity are widely reported to reduce the risk of stroke, type 11 diabetes, development of dementia, incidences of heart disease and high blood pressure. The

² Keeping Well, Keeping Independent A Health and Wellbeing Strategy for Barnet 2012-2015, p18
[click here for link](#)

consequences of this are evident – for example in Barnet, the rates of people with a diagnosis of diabetes are higher than the London average.

- 3.7 The health and well being strategy recommends that the council should make better use of the range of green spaces and leisure facilities in the Borough to increase levels of physical activity. This is being supported by the SPA review to explore the ways in which residents use their leisure time and the role of the Council's services (parks, green spaces, leisure centres, community centres etc) in promoting health and well-being. The progress of the review also impacts on the 'How we live' priority theme target to increase the number of adults participating in regular physical activity by 2015 by 3%.
- 3.8 The SPA review links to the work led by Public Health on a strategic approach to physical activity and healthy weight strategy. An overview paper, elsewhere on this agenda, seeks to direct partnership priorities to promote physical activity and healthy weight through evidence based interventions. The Public Health team are represented on the SPA board and will link in the objectives of the SPA review with the broader healthy weight strategy.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The Council and all other organisations exercising public functions on its behalf are required under the Equality Act 2010, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination.
- 4.2 Comprehensive user and employee equalities impact assessments will be carried out and revisited at each phase of the process and the results taken into account in arriving at a decision with respect to changes in the provision of sport and physical activity services within the borough. If the outcomes of the review have implications on staff then the findings of the council's Employee Equality Assessment will be presented to General Functions Committee.
- 4.3 The strategic review of sport and physical activity must incorporate a well-designed insight, consultation and engagement programme, to identify and understand the varied needs of the diverse communities and user groups within the borough. Officers will ensure that consultation events and activities are established as required. In addition, the appropriate equality impact assessments will be completed and included in the decision-making process.
- 4.4 The effects of the proposals upon all groups, protected by equalities legislation, including the disabled and those from minority ethnic groups, will be evaluated and taken into account in arriving at any decisions about the provision of sport and physical activity services. It is essential that a comprehensive equalities impact assessment is completed with respect to all options presented by the strategic review. The corporate plan sets out a commitment that major policies, functions and activities should be assessed for their equalities risks.
- 4.5 The strategic review will link in with the Joint Strategic Needs Assessment (JSNA) for health in the borough. The JSNA identifies that there are differentials in health outcomes

between various communities and therefore any equalities review will also need to take these impacts into account.

4.6 The NHS has produced Sports and Physical Activity Needs analysis which assesses the scope of physical activity opportunities and connects these to the needs of the population. The report identifies key target groups which have the lowest levels of sports and physical activities:

- Those with lifestyle related (usually long term) diseases
- Under 15 and over 55 years old
- Non British white ethnic groups
- Disabled residents
- Within the lower socio-economic groups (NS SEC)/ income deprivation
- Those that live in deprived areas

4.7 As part of the Sports and Physical Activity review, the project will determine what can be done to increase participation throughout the population and specifically on the target groups (mentioned above).

4.8 The public health evidence base on how to reduce obesity and enhance physical activity outlined in the report elsewhere on this agenda will be used to guide the planning and delivery of physical activity.

5. RISK MANAGEMENT

5.1 Risks associated with the delivery of this project are managed and reported in accordance with corporate risk and project management processes and will also be reported through existing democratic processes.

5.2 Key risks associated with the implementation and enhancements of the strategy are highlighted in the Strategic Outline Case (SOC) along with the respective mitigating actions. These risks will be updated in the options appraisal that will return to Cabinet Resources Committee in February 2013.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Data Protection Act 1998 considerations in relation to Information sharing. This will be relevant should the outline business case recommend a procurement phase.

6.2 The Council will also need to consider and comply with its Contract Procedure Rules.

6.3 Subject to legal advice, the renegotiation of the Leisure Centres Contract is likely to require the consent of the contractor, in absence of which the Council is likely to be bound by the terms and conditions contained within the existing contractual agreement.

6.4 The SOC identifies a potential option for the Council is to transfer or dispose of relevant assets. In the event that the Council elects to proceed to dispose or otherwise part with possession of an asset, it will be necessary for the Council to comply with any relevant legislation, including for example Local Government Act 1972 s123 (Disposal of Land by principal councils) and obtaining where necessary any consent or special consent to the disposal from the Secretary of State. In addition it will be necessary to follow the procedures set out within the Constitution including Part 4 – Management of Real Estate, Property and Land and obtaining the necessary authorisation.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The 2012/13 Leisure Service budget is £1.363m. Most of this expenditure is in respect of the GLL contract which runs until December 2017 with a total commitment of £7.14m.
- 7.2 The Council's Medium Term Financial Strategy (MTFS) has an agreed saving for the Leisure Service of £967,000 from 2014/15 onwards. The SOC explores the options to deliver potential for savings in this area.
- 7.3 The 2012/13 Youth Service Positive Activities Programme budget is £134,000.
- 7.4 The outline business case will include options which will identify costs and savings for the council in line with the budgets and agreed savings as set out above.
- 7.5 The up-front costs to deliver an outline business case and support the creation of a sport and physical activity strategy, estimated to be £203,000, will be funded from the council's transformation reserve.
- 7.6 The council will continue to meet all of its statutory and contractual obligations in regard to change and its impact upon its staff. In the context of Corporate Transformation Programme this means that all internal re-structures will be managed in compliance with the Council's Managing Organisational Change Procedure. Where the change results in a TUPE transfer the Council will meet all of its statutory obligations but it will not provide any enhancement over and above that provided by the Transfer of Undertakings (Protection of Employment) Regulations 2006, Code of Practice and Best Value Authorities Staff Transfers (Pensions) Direction. All matters relating to staffing and requiring a decision must be referred to the General Functions Committee for approval.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Throughout the development of the SOC there has been engagement with a wide variety of bodies. This will continue and increase through the development of the Outline Business and Full Business Case where there will be engagement with key providers and stakeholders from the public, private and voluntary sectors.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Relevant providers will be included in the engagement as detailed above.

10. DETAILS

- 10.1 The SOC explores strategic options and outcomes required to inform a new ambition and strategy for sport and physical activity, which will support public health and well-being. The review seeks to support the Health and Well Being agenda by assessing opportunities to promote and extend sport and physical activity far beyond the future of leisure centres in Barnet and articulates opportunities for traditional sport and physical activity services, other parts of the council (such as Greenspaces), and partners to achieve a whole range of positive outcomes for citizens.
- 10.2 This SOC develops potential options that justify further exploration and considers all cost implications, both capital and revenue. This will be covered in detail at the Outline Business Case (OBC) stage.
- 10.3 The desired project outcomes for the Sport and Physical Activity Review which have been developed during the SOC are highlighted below.

- Improving levels of physical activity within LB Barnet, particularly in targeted areas for both adults and children, leading to improvements in health outcomes and general well-being. These will be jointly defined with public health.
- Improved opportunities and access to sport and physical activity activities for individuals of all ages and abilities seeking to take more responsibility for their health and well-being.
- Optimised opportunities to improve the sport and physical activity landscape through planning gain and improvements to public realm, to be achieved via better intelligence on identifying need, supply, and demand of facilities and provision.
- Ownership of a partnership-based sport and physical activity strategy by external partners, including schools; local businesses; major employers; community organisations; and commercial and amateur sports clubs, creating a network of organisations that promotes enablement, well-being and active lifestyles through a more coordinated approach to provision.
- Defining the most appropriate governance arrangements to support the council and key stakeholders delivering the sport and physical activity component of the health and well-being agenda.
- Reductions in direct expenditure by the Council on provision and services that could be provided through alternative sport and physical activity provision, traditional and non-traditional approaches and partnerships.

- 10.4 There are a number of projects currently being considered as part of the council's corporate change programme. They include Early Intervention, Community Safety, Health and Social Care Integration and the Sport and Physical Activity Review. The Sport and Physical Activity Review project has the potential to draw together a number of common threads found across these reviews, as the physical activity enabled by attractive sport and physical activity opportunities is both a key component of public health, can be used to promote community cohesion, and can act to divert people from anti-social behaviour and crime.
- 10.5 Physical activity levels within the borough are poor. Barnet is currently ranked 23rd out of 33 London boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010). Physical activity levels of school children in Barnet are below the national average, with particular concerns relating to some faith schools and areas of deprivation.
- 10.6 Co-ordinated sport and physical activity has a constructive role to play in social cohesion. Whilst there is some targeted provision within the Youth Service, focused on activities which divert young people from negative behaviour and actions, there is an opportunity to review this in a more strategic way linking with our partners and the community safety agenda.
- 10.7 The council's role is to provide a governance structure to support the contribution sport and physical activity can make and engage key sector partners to maximise the potential for partnership working. By articulating the need and desired outcomes, the council provides leadership, support and facilitation. There is a need to ensure there is appropriate engagement of all groups to meet its objectives. This can be embodied in the partnership for health provision. The Health and Well-being Board provides the framework in which the Council and NHS with their partners can set, design and govern desired health outcomes. A thriving sport and physical activity community can maximise the potential impact on the health and well-being of the population in a wide variety of areas, from keeping independent to mental well-being to promoting healthy weight.

10.8 Given this context, it is now appropriate to consider sport and physical activity as a key social outcome in the context of the extended health agenda and the changing council role. By understanding sport and physical activity in this way, we will enable community partnerships to provide improved positive public health outcomes as well as increased community cohesion and safety within Barnet. Partners will be provided with a framework to work together to meet the key objectives of Barnet in shaping the sport and physical activity landscape.

10.9 There are a number of strategic options open to the council:

1. Divest and exit
2. Maintain spend but use resources differently
3. Cost reduction
4. Invest to save
5. Invest in new capital infrastructure

Cabinet Resources Committee agreed that the fifth option above – Invest in new capital infrastructure – be not explored further due to the high levels of financial risk and lack of affordability. The remaining four strategic options were agreed to be taken forward for further exploration in the OBC stage.

10.10 The outline business case for the Sport and Physical Activity Review will engage with key stakeholders to establish with greater accuracy the costs and benefits, both financial and non-financial to the council, partners and residents.

10.10 The Full details of the SOC are appended to this document and the full business case will be complete by April 2013.

11 BACKGROUND PAPERS

11.1 None

Legal – RP
CFO – MGC/JH

Project Brief including Strategic Outline Case (SOC): Sport and Physical Activity Review

1. Introduction

1.1 Aims of the Strategic Outline Case (SOC)

This SOC explores strategic options and outcomes required to support public health and well-being, and to inform a new ambition for sport and physical activity. High level options compatible with this emerging ambition will be set out and proposed for more detailed exploration in the Outline Business Case (OBC).

This case looks at sport and physical activity opportunities and so extends far beyond the future of leisure centres in Barnet. It explores and articulates the opportunities for traditional leisure services, other parts of the council (such as Greenspaces), and partners to achieve a whole range of positive outcomes for citizens. This SOC develops potential options that justify further exploration and considers all cost implications, both capital and revenue. This will be covered in detail at the OBC stage.

1.2 Desired outcomes for sport and physical activity

The desired project outcomes for the Sport and Physical Activity Review which have been developed during the SOC are highlighted below.

1. Improving levels of physical activity within LB Barnet, particularly in targeted areas for both adults and children, leading to improvements in health outcomes and general well-being. These will be defined in consultation with the public health agenda.
2. Improved opportunities and access to sport and physical activities for individuals of all ages and abilities seeking to take more responsibility for their health and well-being.
3. Optimised sport and physical activity funding through planning gain, such as Section 106, and improvements to public realm, to be achieved via better intelligence on identifying need, supply, and demand of facilities and provision.
4. Reductions in direct expenditure by LB Barnet on provision and services that could be provided through alternative sport and physical activity provision, including traditional and non-traditional approaches and partnerships.
5. Develop a partnership for sport and physical activity that allows external partners, including schools; local businesses; major employers; community organisations; and commercial and amateur sports clubs, creating a network

of organisations that promotes enablement, well-being and active lifestyles through a more coordinated approach to provision.

6. Defining the most appropriate governance arrangements to support the council and key stakeholders delivering the sport and physical activity component of the health and well-being agenda.

1.3 Research and findings undertaken to support the SOC

In completing this SOC a number of activities have taken place. This has included: consultation and engagement with councillors, senior council officers and service leads and North Central London NHS; research into policies, strategies and current activity in sport and physical activity within the council as well as nationally; review of the existing Greenwich Leisure contract; and research into income gain through planning and grant funding. Full details can be found in Appendix 1

1.4 Key target dates for the Sport and Physical Activity Review

Subject to approval, the following key target dates are recommended:

Date	Key Milestone
September 2012	Sport and physical activity needs analysis and facilities mapping delivered Stakeholder engagement and public consultation activity commissioned
December 2012	Engagement and consultation activity and Options Appraisal delivered
December 2012	Outline Business Case commences
April 2013	Final Business Case completed

2. Strategic Context / Background

Sport and physical activity is a component of the health, well-being and social cohesion of the community, contributing to creating a good place to live.

There are a number of projects currently being considered as part of the council's corporate change programme. They include Early Intervention and Prevention, Community Safety, Health and Social Care Integration and the Sport and Physical Activity Review

These projects interlink with the corporate strategy through the focus on early intervention, prevention and community safety. The Sport and Physical Activity Review project has the potential to draw together a number of common threads and feed into a wider strategic review of council provision as well as acting as a key enabler for the health and well-being strategy.

We have defined four key components of the strategic context:

1. sport and physical activity in Barnet
2. council role
3. provider landscape
4. outcomes.

In addition, the following partners who have an influence and impact on sport and physical activity provision in Barnet (within scope) are:

- Third sector providers
- private sector providers
- major employers
- commercial sports clubs
- amateur sports and social clubs
- community groups
- schools.

As work on the SOC has developed, it has become clear that a broader perspective is required to encompass sport and physical activity across LB Barnet. The facilities which relate to this enhanced scope can be found in Appendix 2.

2.1 Sport and physical activity in Barnet

Barnet is currently ranked 23rd out of 33 London boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010) with only 14.4% of adults participating at recommended levels. LB Barnet's neighbouring boroughs range from 10.5% (Enfield ranked 33) to 17.3% (Haringey

ranked 13)¹. Physical activity levels of school children in Barnet are below the national average, with particular concerns relating to some faith schools and areas of deprivation.²

Co-ordinated sport and physical activity has a constructive role to play in social cohesion. Whilst there is some targeted provision within the Youth Service, focused on activities which divert young people from negative behaviour and actions, there is an opportunity to review this in a more strategic way, linking with our partners and the community safety agenda.

2.2 Council role

The council's role³ is to provide a governance structure to support the contribution sport and physical activity can make and engage key sector partners to maximise the potential for partnership working. By articulating the need and desired outcomes, the council provides leadership, support and facilitation. There is a need to ensure there is appropriate engagement of all groups to meet its objectives. This can be embodied in the partnership for health provision. The Health and Well-being Board provides the framework in which the council can set, design and govern desired health outcomes. A thriving sport and physical activity community can maximise the potential impact on the health and well-being of the population.

From research undertaken in this review, there is limited evidence of specific outcomes being targeted and delivered through leisure centre provision. It appears that there are many opportunities to re-engage with GLL to ensure that their activity delivers against a range of priorities to support broader strategic outcomes. Key analysis of the current situation is as follows:

- **Limited data on performance, leading to an unclear picture on outcomes achieved.**

There is limited performance data available. This has led to a very unclear picture on outcomes achieved to date and even the outputs of the operation such as customer numbers and profiles.

- **Best practice highlights a partnership approach that should be focussed on more specific outcomes.**

The current contract specification for GLL is focused on leisure centre operations, rather than being an outcome / output based specification. Should a contract variation be possible (subject to legal advice) there is an opportunity to broaden GLL's role outside of core operations to deliver a wider range of

¹ Sport England Active People Survey 5

http://www.sportengland.org/research/active_people_survey/idoc.ashx?docid=6dff52e3-73c3-4993-9762-a079e9f71410&version=1

² Schools Sports Partnership 2011

³ The Sustainable Community Strategy 2010-2020 sets out the council's long term strategic plan

http://www.barnet.gov.uk/info/1131/sustainable_community_strategy/173/sustainable_community_strategy

outcomes – e.g. capacity building, supporting community use in schools and special events.

- **Lack of an evidence based sport and physical activity strategy resulting in a fragmented approach to provision and stakeholder management.**

The council currently does not have an all-encompassing strategy for sport and physical activity. A typical strategy would include:

- sport and physical activity facilities
- sports development and physical activity
- open spaces
- playing pitches.

A sport and physical activity strategy would provide a clear understanding of need, the council's key priorities and approach to achieving desired outcomes. In its absence, there is a fragmented approach to provision and stakeholder management.

- **Limited strategic steer to support planning developments means that the council is not achieving all that it could.**

Due to the lack of a clearly defined strategy, planning developments do not have a clearly defined sport and physical activity requirement and as such many ad hoc developments have historically been approved – some of which are unsustainable.

- **A number of opportunities to achieve strategic outcomes are being missed.**

There is limited cross-departmental collaboration on joint initiatives and a lack of leadership to champion opportunities.

- **There is insufficient focus on early intervention and prevention.**

There is very little evidence of a coordinated approach, resulting in missed opportunities to build integrated services around citizens' needs.

- **There is insufficient coordination of strategic partners to support delivery of an overall strategy.**

There are no structures currently in place to encourage the coordinated approach to sport and physical activity. This has led to departments operating in silos and several opportunities to join up thinking and delivery have been missed.

- **The Health and Well-being Board will have a focus on public health and have identified sport and physical activity as a key contributor.**

The emerging health and well-being in Barnet - supported by the new public health outcomes framework - highlights the important role for sport and physical activity in improving health outcomes and contributing to quality of life and well-being. This project will seek to explore how this role links to emerging options and highlights the likely outcomes to be achieved from different strategic choices.

2.3 The provider landscape

It is important to have a clear understanding of those who provide sport and physical activity related services and what those services are.

▪ **GLL Leisure - background**

The 15-year contract with GLL, established in 2003, delivers mainstream indoor sports provision and swimming through five leisure facilities.

Of the five leisure facilities, the council owns the freehold of four, and one is a long lease. They are of mixed quality, with some sites nearing the end of their economic life. There is a need to better understand future asset management costs and risks in parallel to developing clarity on opportunities and options relating to asset transfer / sale or redevelopment.

The GLL contract runs until December 2017 and, through a negotiated approach, has the potential to play a focused role in addressing some key outcomes required by the council now and in the future.

▪ **Community use in schools**

The council has a strong track record of encouraging community use of schools on both a lettings basis as well as a more proactive community sports provision. However, a number of schools are not opening up their facilities to the wider public, or are currently constrained to do so. There is an opportunity to explore how these assets can be better utilised and to secure external funding to support improvements.

▪ **Parks and Open Spaces**

The council's open spaces, playing pitches, outdoor sports facilities all play a vital role in enabling and providing places for people to get active and stay healthy. However, many of these valued services are not being used to their full potential and there could be some real opportunities to make better use of the council's assets for the benefit of the community. Ensuring parks and open spaces are clean and green will help to make the local environment feel a safer more inviting place for residents. Parks and open spaces, and the associated leisure facilities, have a particularly key role as through ensuring they are places that local residents want to access and look after it can have a number of beneficial impacts on the community for a low revenue cost:

- Provide diversionary sports activities for young people to reduce the risk of them becoming involved in anti-social behaviour
- Provide diversionary sporting activities for offenders to help in reducing the risk of re-offending
- Improve the health of young people reducing the negative impact on health services
- Improve the health of elderly people reducing the support needed for health and social care.

- **Youth Service Sports Development (Positive Activities programme)**
The youth service manages a small team supporting vulnerable young people through diversionary activity with the aim of reducing the risk of involvement in anti-social behaviour – the Positive Activities programme. The annual budget for this from 2012/13 is £134k and the scope is necessarily narrow given the target group being supported. The council's Sports Development team does seek to input into wider cross cutting work where practicable, but following recent budget reductions, their capacity is limited. There is a potential to provide diversionary sporting activities for young offenders to help in reducing the risk of re-offending as part of the Youth Offending Service

- **Private sector operators (eg Fitness First, Virgin Active, Powerleague)**
There are a range of private sector leisure operators in Barnet providing access to sport and physical activity. There is an ambition from the council to enable the private sector to take on a wider role to provide for those citizens who wish to take responsibility for their own health and well-being and this will be explored further in the review.

- **Local sports clubs**
Barnet's sports clubs provide many opportunities for formal and informal sports participation. There is limited engagement and support for these clubs at present and national research indicates club memberships in many sports are waning. Information on membership and opportunities to join sports clubs is fragmented and this lack of awareness may be inhibiting take up.

There is also an opportunity to engage local residents further and give them a level of ownership of their locality similar to the allotment scheme. Currently the council works with local Friends Groups which are involved in cleaning up local areas and fundraising with the support of the council to deliver localised improvements. The council will look at opportunities to expand this community involvement for local groups to take greater control of facilities. These opportunities will allow local people to have greater control of the look and feel of their communities, for example a Friends Group attached to a local bowls club could identify whether a local bowls club has the most appropriate facilities or operational capacity e.g. if funding is more closely tied to membership there would be an increased emphasis on engaging the local community and broadening membership appeal. This approach could be a key enabler to forging a new relationship with citizens through the localism agenda.

- **Professional sports clubs (e.g. Saracens RFC)**
The council's relationships with professional sports clubs such as Saracens has been considered as part of the SOC. Environment and Planning Committee have recently granted planning consent to Saracens RFC for their proposal at Barnet Copthall stadium. This will bring Saracens into the borough and will bring a range of new partnership opportunities.

2.4 Outcomes

The Corporate Plan sets out the council's strategic priorities to deliver better services with less money; sharing opportunities while sharing responsibilities to deliver a successful London suburb, linking with the Sustainable Community Strategy which sets out the ten year vision for the borough. Following consultation with senior officers in Adult Social Care and Health, Children's Service and Environment, Planning and Regeneration, a high level outcomes framework has been developed which aligns with the Corporate Plan.

Below the priority outcomes are identified and the potential for a more targeted approach is explored, along with opportunities to make better use of local resources and the energies of local communities.

Priority outcomes

The priority outcomes emerging from our engagement with senior council officers are as follows:

- quality of life for residents
- older adults being able to exercise personal choice
- older adults maintaining their health and well-being
- older adults living independent and fulfilling lives
- children and young people develop good health and a healthy lifestyle
- children and young people achieve their potential
- children and young people make a positive contribution to their community.

Targeting priority population segments

A decision needs to be made as to what extent investment in sport and physical activity should be targeted at specific sub-groups of Barnet's population to maximise improvement in these priority outcomes. Agreeing which groups should be targeted and which specific outcomes prioritised will need to be done at OBC stage, but some examples are provided below for illustration:

- Increased engagement and participation in community life through sport and physical activity for targeted young people and adults
- improving educational attainment through improved levels of fitness for targeted children and young people
- reducing the number of falls through increased levels of exercise and mobility
- increased emotional and mental wellbeing
- reducing the social isolation of older adults.

Focusing on local priorities and making use of local resources

With the Localism agenda, place-based operational services need to be delivered locally and tailored to fit a specific area's needs, within a larger scale efficient operation. This agenda will also allow the council the opportunity to look at what further can be done to localise assets and increase community ownership of them.

Through this agenda, budgets could be provided to communities to support improvement and management of localities. These grants would only be provided to individuals or groups who would commit to fundraising or giving a number of volunteer hours to the community (in line with the 'Pledgebank' model). There is potential for the council to take on a greater enabling role – supporting communities

to take ownership of local facilities and develop sustainable opportunities for sport and physical activity that do not require council resources to run. Examples of these kinds of activity could include:

- local stewardship of parks and open spaces
- community led events and activities
- sports clubs developing and broadening their membership
- third sector organisations taking on management of assets such as day centres, playing pitches, tennis courts etc
- school partnerships in developing and supporting competitive sport (e.g. Barnet Partnership for School Sport)
- local groups supporting 'grow your own' fruit and vegetable projects
- local walking and running groups establishing themselves.

2.5 Summary of strategic context

Despite a great deal of good practice and effort across directorates such as Children's Service, Adult Social Care & Health and Environment, Planning & Regeneration (Greenspaces) it is recognised that the council would benefit from a more co-ordinated, strategic approach. This could lead to greatly increased opportunities to encourage, enable and support positive investment, partnerships and community ownership of sport and physical activity.

There is potential to draw together activities under a wider strategic remit across sport and physical activity provision, linking with the corporate strategy through the focus on early intervention and prevention and community safety. In considering the future delivery of these services the council will be looking at how these services can contribute to delivering better services with less money; sharing opportunities and sharing responsibilities; and being a successful London suburb.

With the development of the Health and Well-being Board and the draft Health and Well-being Strategy⁴, the timing of this review is helpful in supporting the council in identifying its future approach. The new Public Health Outcomes Framework⁵ released by the Department of Health in January 2012 has identified key performance indicators linked to physical activity, obesity, use of green space, social connectedness, and diet & well-being. The impact of sport and physical activity will have a significant influence on the council's future performance in public health league tables.

To maximise the contribution sport and physical activity in its widest form can provide, there is an emerging case for developing one strategy which encompasses

⁴ Draft Health and Well-being Strategy was presented to the Health and Well-being Board, agenda item 4, on 22/03/2012 - <http://barnet.moderngov.co.uk/Data/Health%20&%20Well-Being%20Board/201203220900/Agenda/Document%201.pdf>

⁵ Public Health Outcomes Framework - www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

the elements highlighted. This strategy would also position the council's aims and ambitions moving forward to provide a very clear narrative and direction of travel.

Six key reasons why the council should consider a new approach along with the options that are appropriate and affordable to take forward into an Outline Business Case (OBC) are explored in sections 3 and 5 respectively.

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3. Reasons for change

It is now appropriate to consider sport and physical activity as a key social outcome in the context of the extended health agenda and the changing council role with the implementation of the Health and Well-being Boards and strategies. The council needs to access how disparate independent providers are organised, marshalled and supported.

This will create the definition required to enable community partnerships to provide and improve positive public health outcomes, community cohesion and supporting youth in Barnet. Partners will be provided with a framework to work together to meet the key objectives of Barnet in shaping the sport and physical activity landscape.

Building on the analysis of strategic context, six major reasons for change have emerged from the research:

1. Through a strategy focused on outcome related provision, the GLL contract has the potential to demonstrate significantly improved value in delivering a number of the council's desired outcomes.
2. Barnet residents are not sufficiently active and this is likely to have significant adverse impact on the health and wellbeing of the population.
3. Through a more co-ordinated approach, partners could better improve levels of activity in Barnet and deliver desired outcomes for the community.
4. The council is not optimising the use of its internal resources, partnerships, assets, and green spaces to enable people to take more responsibility for their health and well-being.
5. The council is missing out on opportunities to secure investment in sport and physical activity from the private sector and external partnerships because it does not have a clear evidence-based strategy.
6. The Barnet Health and Well-being Board will play an increasing role in commissioning early intervention and prevention to support a broad range of outcomes. There is a critical, integrated role for sport and physical activity to play.

Appendix 3 details and provides detailed evidence to support change.

4. Opportunities for financial and non-financial benefits

The SOC has focused on exploring the potential of further annual savings in relation to:

- Leisure centres contract (£1.2m revenue per annum)
- Reviewing opportunities for income generation with Greenspaces service
- Youth sports development / diversionary activities (£0.1m revenue)

The details of this expenditure are shown below. These need to be considered in light of agreed Medium Term Financial Strategy (MTFS) savings.

4.1 Leisure centres contract

The current contractual commitment is £7.14m from 2012/13 to December 2017. The implications on the service impact, range of facilities and scope of services that could be provided through a reduced or varied contract need careful evaluation to support options development at OBC stage. Key areas that will be explored include:

- the health impacts on the community
- community feedback on potential closures
- equality impacts of changes to sport and physical activity provision
- the social impacts on the community and community groups
- the implications of fewer people in Barnet taking part in sport and physical activity as a consequence of any reduction in service / access.

Linked to developing options, there is potential to explore delivering a greater impact and outcomes from the existing (or a varied) contract with GLL. This could be in the form of them taking on activities which have a marked impact on physical activity levels for targeted communities and vulnerable individuals. Through a preventative approach this could deliver a far greater set of benefits for LB Barnet resulting in longer term savings.

A saving of £207k per annum will be made following the Saracens agreeing to take responsibility for Copthall Stadium under a long lease.

The OBC will seek to explore how the council can move to a zero budget contribution to leisure centre operations over time and how this can be achieved.

4.2 Parks and Open Spaces

The parks, open spaces and sports ground budgets are currently under review. It is not envisaged that any further significant savings can be generated other than through reduction of grounds maintenance specifications. However, opportunities for asset transfer and increased revenue generation could create opportunities to reduce revenue costs.

There is a total budgeted income for parks, open spaces and sports grounds of c£1.25m for 2012/13. Further work will need to be undertaken in the OBC stage to

establish in greater detail the opportunities for greater income generation of Greenspaces assets relevant to the Sport and Physical Activity Review.

4.3 Youth services (diversionary activities)

The Youth Service's Positive Activities programme budget is £134k per annum from 2012/13 after undergoing a major reduction in the scope of service following the cessation of funding from the Youth Sport Trust. Local schools are self-funding through the Barnet Partnership for School Sport.

This service currently focuses on vulnerable youth. As options evolve, the role of sports development will be an integral part of a number of options, particularly linked to the commissioning of early intervention and prevention.

4.4 Public health services

Public Health leadership and responsibility for health improvement and protection will transfer to local authorities from 01 April 2013. The following responsibilities will be transferred to Barnet council:

- Sexual Health services (contraception and sexual health services)
- Drug and alcohol substance misuse services
- Smoking cessation
- Children's health services (provided by school nursing service)
- Dental public health
- Health protection (emergency preparedness and plan resilience)

Responsibility for the funding and delivery of public health will remain with the NHS NCL Barnet until the formal transfer of undertakings from the 01 April 2013. The finalised local authority public health allocations will be confirmed during the autumn of 2012 in preparation for the formal TUPE transfer of public health functions and staff from 01 April 2013.

Further work will be required to establish the opportunities for service provision available to the council.

4.5 Summary

The evidence reviewed has created a compelling case to seek to explore the longer-term benefits and potential savings generated from outcomes delivered through sport and physical activity.

Subject to approval, through further exploration of options in the OBC phase, it could emerge that maintaining or increasing physical activity levels in the borough where they are currently lower than the norm could result in significant longer term financial and non-financial savings for the council. These are highlighted as follows:

4.6 Financial benefits

The financial benefits that relate to exploration of savings through reduction in expenditure or savings through the Sport and Physical Activity Review can be seen in Table 6.

Table 6: Financial Benefits

Financial Benefit	Potential scale of benefit	Timescales
Significant reduction in the c£1.2 million annual revenue commitment to operating 5 leisure facilities under the GLL contract. (This equates to £7.14 million up to December 2017 including inflation).	This is being explored through legal advice prior to any commercial negotiations. A saving of £207k per annum will be made following the Saracens agreeing to take responsibility for Copthall Stadium under a long lease.	Any potential savings could be realised between 2013/14 and December 2017.
Greenspaces	Reviewing opportunities for income generation with Greenspaces service. Current levels of income total £1.25m. Further work will need to be undertaken in the OBC stage to establish in greater detail the opportunities for greater income generation of assets relevant to the review.	Income generation could potentially begin in 2013
Youth Service (Targeted positive activities).	£0.1m	Savings could be realised between 2013/14 dependent on the impact of the planned 2013/14 savings for the Children's Service of £1m
The extent to which savings can be made through prevention of poor health outcomes.	This could be significant but would need to be subject to further scoping and evidence based research.	Savings could be realised in the medium (3-5 years) to long term (5-10 years +).
The extent to which savings can be made through extending the time those older residents can live independently in their own homes and out of long term care.		

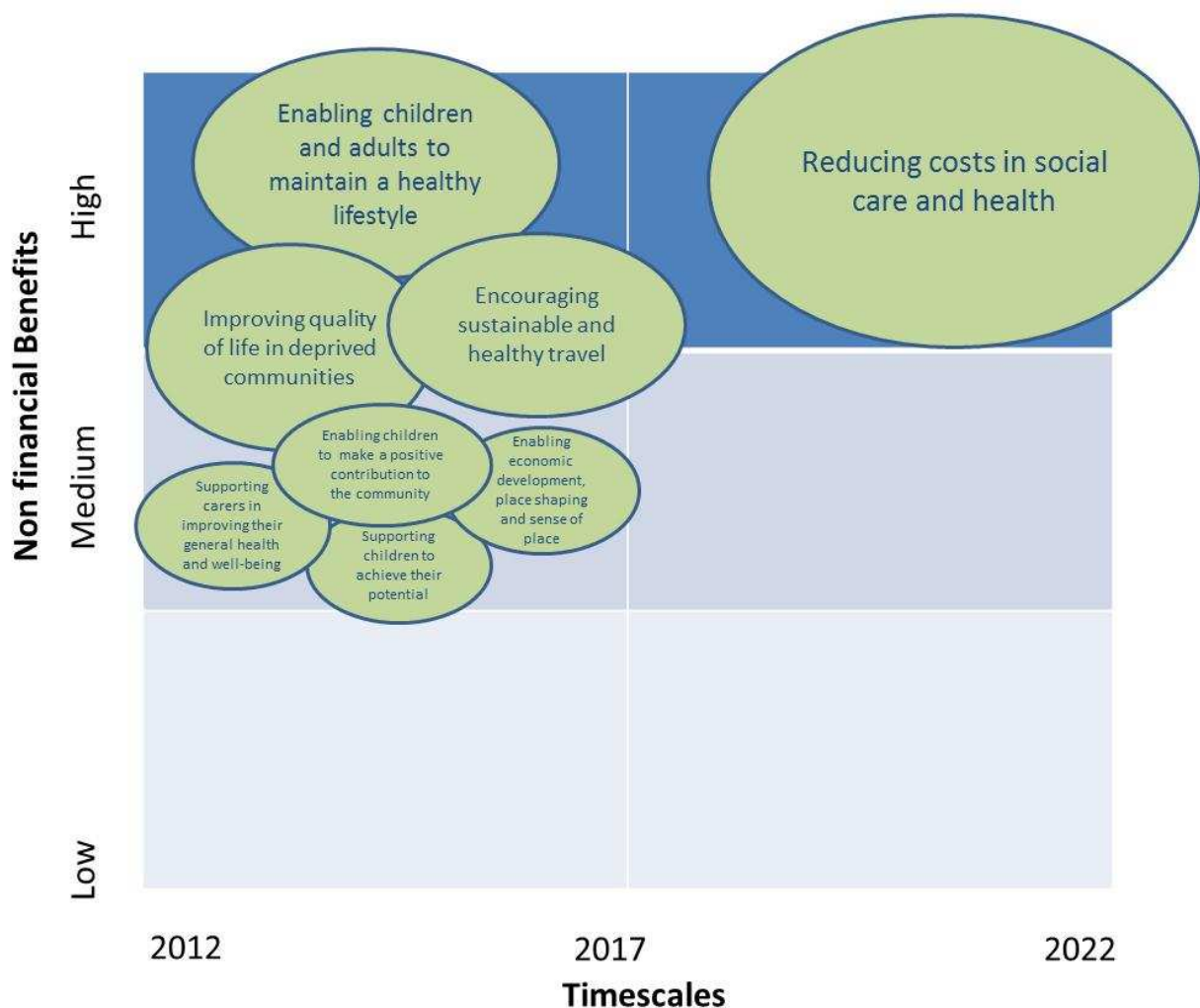
The extent to which diversionary activities can support at risk families and the resultant savings generated through preventative opportunities.		
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4.7 Non-financial benefits

The extent to which non-financial benefits can be realised for each option would be explored in the OBC stage subject to approval. Many of these benefits would have an indirect impact on savings and these are highlighted where relevant.

Figure 1 shows the types of non-financial benefit (or benefit which is indirectly delivering cashable savings).

Figure 1: Non-financial benefits



The key non-financial benefits include

- Enabling children to maintain good health and a healthy lifestyle
- enabling adults to maintain good health and a healthy lifestyle
- reducing costs in social care
- enabling children to make a positive contribution to their community
- supporting children in achieving their potential
- supporting carers and improving their general health, mental health and well-being
- improving quality of life to those residents living in deprived communities
- encouraging sustainable and healthy travel
- enabling economic development, place shaping and sense of place.

Appendix 4 provides greater detail to support each of the benefits highlighted.

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5. Project Definition

The current financial landscape the council is operating in has led to Medium Term Financial Strategy (MTFS) savings with which to deliver sport, physical activity and related services. Therefore, the council must use this reduced spend in an alternative way to achieve its strategic aims though the delivery of the desired outcomes highlighted in section 1.

A number of strategic options to deliver these outcomes have emerged for the council to consider and evaluate. The impact each of these options could have on the delivery of the council's desired outcomes and the financial imperative of the current climate has been assessed in order to shortlist appropriate options that should proceed to OBC stage.

5.1 Strategic options

There are five broad options available to the council for the future delivery of sport and physical activity services. Within these broad options there are sub-options as set out in Table 7.

Table 7 - Strategic Options

1. Divest and exit	
<p>Seek to transfer assets, lease / sell leisure sites and withdraw from funding public sport and physical activity provision. Actively seek to encourage others to invest in sport and physical activity infrastructure.</p>	<p>Sub-options</p> <ul style="list-style-type: none"> - Cease funding leisure centre operations. - cease funding all development activity in parks and open spaces - cease funding Youth Diversionary Sports Development activities - enable sport and physical activity investment from private and third sector - optimise use of existing facilities, green space and infrastructure - explore enabling community based local outcomes.
2. Maintain spend but use resources differently	
<p>Continue to fund sport and physical activity to the same amount, but seek to improve the outputs and outcomes delivered.</p> <p>This could mean renegotiating a broader range of service outcomes from the leisure centres operator to optimise use of parks and open spaces, organise major events and build local capacity for sports clubs and schools. The council would</p>	<p>Sub-options</p> <ul style="list-style-type: none"> - Explore enabling community based local outcomes - explore targeted health and wellbeing improvement outcomes - enable sport and physical activity investment from private and third sector - optimise use of existing facilities, green space and infrastructure.

<p>actively seek to encourage others to invest in sport and physical activity infrastructure. Enabling locally based activity would be encouraged.</p>	
<p>3. Cost reduction</p>	
<p>Reduce investment in sport and physical activity whilst seeking to vary the outputs and outcomes delivered to optimise value for money.</p> <p>This could mean retaining some or all of the leisure centres, continuing to deliver some parks services and some youth diversionary sports development services based on cost / benefit. Enabling locally based activity would be encouraged. The council would actively seek to encourage others to invest in sport and physical activity infrastructure.</p>	<p>Sub-options</p> <ul style="list-style-type: none"> - Explore enabling community based local outcomes - explore targeted health and wellbeing improvement outcomes - enable sport and physical activity investment from private and third sector - optimise use of existing facilities, green space and infrastructure.
<p>4. Invest to save</p>	
<p>This could mean investing in a broader range of service outcomes from the leisure centres' operator and other partners to optimise use of parks and open spaces, organise major events and build local capacity for sports clubs and schools. This could also form some element of commissioning early intervention and prevention for targeted groups – e.g. falls prevention, reducing social isolation, supporting mental health etc. Enabling locality based activity would be encouraged.</p>	<p>Sub-options</p> <ul style="list-style-type: none"> - Explore targeted health and wellbeing improvement outcomes - enable sport and physical activity investment from private and third sector - optimise use of existing facilities, green space and infrastructure - explore enabling community based local outcomes.
<p>5. Invest in new capital infrastructure</p>	
<p>Invest in new capital infrastructure for sport and physical activity.</p>	<p>Sub-options</p> <ul style="list-style-type: none"> - Investment in new capital infrastructure for sport and physical activity. <p>In addition, this option could also include:</p> <ul style="list-style-type: none"> - Increase revenue expenditure on sport and physical activity facility provision - increase revenue expenditure on parks and open spaces - increase revenue expenditure on youth diversionary activities.

5.2 High level options – initial analysis

Options analysis will be conducted if this project moves to OBC stage. Table 8 attempts to highlight the potential impact each of the five options could have. This is clearly at a very high level and has been produced to identify any options that should be ruled out at this early stage.

Table 8 - Initial Options Analysis

Strategic Options	Likely impact on priority outcomes	Likely impact on outcomes for priority groups	Likely ability to increase use of community resources	Likely financial impact
1. Divest and exit	Deterioration	Deterioration	Uncertain	Uncertain – trade-off between revenue savings from sport and physical activity services and increased costs to other council services needs to be quantified.
2. Maintain spend but use resources differently	Improvement	Improvement	Improvement	Potential to lead to savings from other council services. Unlikely to meet MTFS savings.
3. Cost reduction	Uncertain – could be potential to do same for less	Uncertain – but potential for Improvement	Uncertain – but potential for Improvement	Likely to lead to savings in traditional sport and physical activity spend.
4. Invest to save	Improvement	Improvement	Improvement	Increases to sport and physical activity spend. Potential to lead to savings from other council services. Risk of not achieving MTFS savings.
5. Invest	Improvement	Uncertain – but strong potential for Improvement	Improvement	Capital investment required is unaffordable. Will not meet MTFS savings.

It is recommended that the fifth option above – Invest – is not explored further due to the high levels of financial risk and lack of affordability. The remaining four strategic options are recommended to be taken forward for further exploration in the OBC stage.

5.3 Critical path activity

To enable the four remaining options above to be explored, the following critical path activity is described below. This will provide the project with the information it will

need to assess the attractiveness, costs and benefits of the four options in the OBC phase.

There will be a requirement for some further research and activity to ensure that the information and data available to support the options analysis is robust. The outputs will enable the council to have a clear and robust rationale to support its decision making. The risks relating to not progressing with this activity are highlighted in section 7.

5.4 Key dependencies

There are a number of dependencies which influence the timing of commencement of the OBC. These are highlighted below with estimated timescales. As part of the OBC stage other public sector bodies, such as the police, will be engaged with to identify if there are any other dependencies.

Leisure Contract Dependencies

1. **The leisure centre high level development appraisals** and contract review will influence options exploring to divest in / transfer / sell or redevelop sites. A schedule of properties and income produced has been completed. Pending legal and planning observations are required in order to provide detailed valuations.
2. **Detailed condition surveys** for all five remaining sites to establish the longer term capital repairs and maintenance costs for each building have been completed. At present there is no budget allocated for these repairs and visibility on future works is very limited. This is a significant medium term risk.

Sport and Physical Activity Review Strategic Dependencies

The following dependencies have been identified which would prevent the Sport and Physical Activity Review from progressing:

1. **A sport and physical activity needs assessment and active places review** is required to underpin the Sport and Physical Activity Review and to inform a future sport and physical activity strategy. The purpose of the sport and physical activity needs assessment and active places review is to produce an analysis of existing leisure facilities and provision of active places in the borough (including playing pitches) and an assessment of existing and future demand, arising from population growth and the changing needs of its many communities.

The assessment will explore the current condition, location and sustainability of the council's sports assets and active places in scope and will support the OBC options development. This will be completed in September 2012.

2. **An Open Spaces Strategy** will evaluate the effectiveness of the existing local development framework; infrastructure delivery plan and playing space standards; appraise the present provision of open space and recreation facilities; and assess the implications of likely future development and

demographic changes on the open space requirements of the borough up to at least 2022. This will be key to supporting new developments such as Stanley Road and the five main regeneration areas, where guidance on sport and physical activity in its widest scope is very limited. If approved, a full strategy including refinements to the PPG17 Playing Pitch Strategy would take 6-9 months due to the size of the Borough.

This open spaces strategy would not directly impact on the OBC but influence the outcomes post FBC and implementation. It is recommended to be progressed subject to approval as part of the green spaces strategy work.

- 3. Public consultation** will seek to engage with the community, local interest groups and stakeholders in relation to informing the Sport and Physical Activity Review OBC and likely public response to potential options. This will be achieved through stakeholder focus groups, end user / non user questionnaires and other methodologies. If approved, this would take 3-4 months.

5.5 Scope of the Sport and Physical Activity Review in OBC stage

The scope of the Sport and Physical Activity Review into the OBC stage has incorporates places where sport and physical activity take place, key council services that play a key role in commissioning or delivering services and current / future partners. The scope highlighted in section 2 reflects the proposed scope of the Sport and Physical Activity Review.

The following commercial leisure facilities fall out of the scope of the review.

- Bingo halls
- pubs and nightclubs
- restaurants
- cinemas
- theme parks
- caravan / holiday parks.

The focused scope of the Sport and Physical Activity Review options will concentrate on the four service areas directly funded by the council highlighted previously, namely:

1. Leisure contract
2. parks and open spaces
3. diversionary activity
4. public health services.

5.6 Constraints that will affect the project

The OBC will be influenced by the following constraints:

- The degree to which the council can influence and vary the GLL Contract – this is a fundamental constraint which requires addressing prior to the OBC commencing as it will impact on both the new relationship with providers, partners and citizens which the council is seeking and future service efficiencies.
- The timing of consultation - timing consultation with the community and key stakeholders will be important to ensure a consistent message prior to the development of a strategy.

5.7 Ownership of investment planning process

Craig Cooper, Director of Commercial Services will be responsible for investment planning.

5.8 Resources

For the project to progress through an options appraisal and business case, the Corporate Change Programme will need to provide dedicated project management support and subject matter expertise. This team would deliver the project with the support of the service area managers and the Assistant Director of Children's Service, Schools and Learning, as Project Lead. Additionally there is a requirement for part-time support from Finance. Estimated project support costs are detailed in section 6.

Depending on the availability of these resources it is anticipated that an options appraisal would be completed in autumn 2012 for decision by Cabinet. Should approval be given to proceed to options appraisal, a full costing to carry out this piece of work would be drawn up for approval by the Assistant Director, Commercial Transformation, and the Deputy Chief Executive.

6. Project Approach

Outline Business Case Preparatory Stage

March – September

- Sport and physical activity needs analysis and facilities mapping to identify the current provision against current and future need
- Condition surveys of the five council leisure centres

September – December 2012

- Continuing with renegotiation with GLL if required following legal advice which has been commissioned in the SOC phase
- stakeholder and Member engagement events to seek input into the Sport and Physical Activity Review
- delivery of key outputs to support options development (see section 5).

Updated Outline Business Case (OBC)

December 2012 – April 2013

- Development of current state / baseline position / clear understanding of needs / demand.
- consultation with key stakeholders and potential partners
- development of a vision and strategy for sport and physical activity
- consideration of emerging options
- inclusion of all costs and benefits over the lifetime of the contract and/or assets.
- all cost estimates will be based on a common pricing level and will include:
 - Capital and revenue costs
 - sunk costs
 - organisational development
 - consideration of net present values, cash flow and indexation
 - consideration of VAT and tax
 - financial analysis will be accompanied by assessment of risks.

Approaches to be used to investigate options

The following approaches will be used to investigate options:

- Visits and tours of other councils, leisure operations, public health organisations to explore alternative approaches to provision / delivery / partnership
- consultation with members, potential and existing partners and stakeholders
- exploring potential synergies to join up currently separate services linked to parks, schools, the arts, libraries, sport and physical activity to support health and well-being
- consultation with the public
- exploration of best practice and alternative approaches of service delivery
- consultation with neighbouring boroughs, national governing bodies of sport and Sport England (funding body)
- development of a vision for 'Active Barnet' and high level strategy based on identified needs within Barnet

- exploration of funding and partnering opportunities with key stakeholders such as Sport England, Saracens, Pentland, Middlesex University, NHS etc.

Project resources

The Sport and Physical Activity Review Board Structure will be as follows in Table 9.

Table 9 – Sport and Physical Activity Review Board Structure

Key resource	Key role
<i>Craig Cooper</i>	<i>Sponsor (leads weekly meeting)</i>
<i>Mick Quigley</i>	<i>Project Lead</i>
<i>Ed Gowan</i>	<i>Assistant Director, Commercial Transformation</i>
<i>Rachel Wells</i>	<i>Assistant Director, Public Health</i>
<i>Matt Gunyon</i>	<i>Leisure Contract Manager</i>
<i>Omar Villalba</i>	<i>Project Management</i>

The OBC stage will require resources with the following skills / expertise:

- Strategic evaluation and input to lead the development of the OBC. Understanding of methodologies to support options development.
- Detailed expertise in options, their advantages and disadvantages based on learning from other projects.
- Ability to deliver clearly articulated options and evaluate robustly.
- Strong stakeholder management skills to ensure a joined up approach.
- Strong project management background to support effective delivery of OBC on time and to budget. Strong organisational skills / stakeholder management. Self-starter.
- Strong business case development skills linked to financial modelling and options appraisals.
- Expertise in analysis of outputs from pre-OBC deliverables – eg needs analysis, facility mapping, consultation findings etc.
- Research skills in securing information and data from third parties to support development of case studies / best practice examples.

In order to deliver an options appraisal and business case it is anticipated that the following resources would be required:

- Project Manager x 1 FTE
- Finance Manager x 0.25 FTE
- subject matter expert x 0.2 FTE
- work packages as detailed in tables 11 and 12

Staff costs: £98k

Work package costs: £100k (as detailed below)

Total costs: £198k

Resource is in full-time equivalent rather than people as both service and subject matter experts could comprise of more than one officer. Detailed resource planning will need to take place once the scope of the OBC stage has been confirmed.

Project Costs for pre OBC phase – Leisure Contract and Assets Review

The following costs relate to the pre-OBC activity the council needs to prioritise prior to commencing the OBC, shown in Table 11. Some elements of this activity, such as the review of the GLL contract will have already commenced in the SOC stage.

Table 11 – Pre OBC Costs Leisure Contract and Assets Review

Description	Cost £k	Confirmed?	Timescales	Comment
Leisure centre high level development appraisals and contract review	20	Estimated	June– Sept 2012	Underway
Detailed condition surveys	30	Estimated	Aug – Sept 2012	Complete
Sub-total	50			

The following costs in Table 12 relate to the potential pre-OBC activity the council needs to consider following the outcome of leisure contract and assets review.

Table 12 – Pre OBC Costs – Research and Activity

Description	Cost £k	Confirmed?	Timescales	Comment
A sport and physical activity needs assessment and active places review	30	Estimated	May – Oct 2012	Underway
Contract negotiation Support	20	Estimated	Sept- Oct 2012	Underway
Sub-total	50			

Project Costs for OBC phase

These costs are currently being developed and will be updated subject to the outcome of the leisure contract and assets review and need to be proportionate to the potential savings / outcomes available.

7. Risks

The risks identified here are **specific to the effective delivery of this work package**. The project risks are captured elsewhere and will include these risks, but be more comprehensively scoped.

If the OBC progresses, the following risks have been identified in Table 13.

Table 13 – OBC Risks

Risk Description	Cause of risk	Mitigation Actions / Comments
Development landscape changing	Opportunities arising (such as the Stanley Road re-development) will occur throughout the process of developing the new strategy.	Ensure that new developments that could be influenced / supported by the developing outputs from the Sport and Physical Activity Review are considered and supported as required subject to resource availability.
Inability to secure interest and buy in from external stakeholders (eg stakeholder / Member education events)	Conflicting priorities for stakeholders. Lack of profile for the Sport and Physical Activity Review.	Project to be proactive in setting up meetings and communicating key drivers / benefits to secure attendance. Sponsor to intervene / promote as needed.
Failure to coordinate approach for Sport and Physical Activity Review with other strategic review projects	Poor communication and cooperation between projects.	Build in regular reviews of progress across all strategic review projects to identify synergies and opportunities for collaboration. Agenda item for Project Board meetings. Integrate into PID.
Delays in developing pre-OBC outputs – eg: - A clear approach to support ongoing contract and partnership negotiations with GLL - Leisure centre condition	Project Board may require more time to consider SOC. Insufficient budgets available to commission the work outside of the	Commissioning of these essential outputs (and consideration of desirable outputs) has been agreed, with the exception of a public consultation, to be commissioned as part of

Risk Description	Cause of risk	Mitigation Actions / Comments
<p>surveys.</p> <ul style="list-style-type: none"> - Leisure facilities development appraisals for all five remaining sites to support options development - A sport and physical activity needs assessment and active places review - Public consultation - An open spaces strategy focused on supporting the borough's main regeneration areas linked to detailed analysis of the existing PPG17. 	<p>Partnership.</p> <p>Legal advice on GLL contract is delayed / inconclusive and requires further exploration.</p>	<p>the OBC stage and an open spaces strategy, which is recommended to be progressed subject to approval as part of the green spaces strategy work.</p>
<p>Weak engagement from key internal stakeholders / directorates</p>	<p>Conflicting priorities.</p>	<p>Project to be proactive in setting up meetings and forcing issues for resolution. Sponsor to intervene as needed.</p>
<p>Lack of useful data within directorates to support review.</p>	<p>Lack of data and management information.</p>	<p>Identify information requirements early in PID and manage proactively.</p>

If the OBC does not progress, the following major risks have been identified as shown in Table 15.

Table 14 – Risks if OBC does not progress

Risk Description
<p>The GLL contract is not addressed between now and 2017 and the council is committed to a contract that may not represent best value and one that it cannot afford. The value of this contract between 2012/13 to 2017 is £7.14m excluding likely capital investment on essential repairs and maintenance estimated at £600k-£1 million.</p>
<p>Barnet's levels of obesity and obesity related health outcomes will continue to increase without a cross cutting strategy to reduce sedentary habits and increase levels of physical activity. This will in the medium to long-term translate to unaffordable levels of demand on long term health care costs.</p>

Risk Description

If the council does not establish a clear picture of the sport facility landscape across the borough to understand location and condition of existing sites, areas of need, opportunities for securing investment and gaps in provision, it will be in a poor position to:

- Secure funding from organisations such as Sport England and national governing bodies of sport
- Leverage better deals with private sector operators seeking to develop facilities within the Borough (eg private gyms, five a side centres, climbing centres, health clubs etc)
- Area action plans in existence will fail to specify what sport and physical activity provision is required and developers will be able to do the bare minimum in an area, rather than seek to add value to community developments through targeted provision of public realm and sport and physical activity facilities.
- Advise on what to incorporate in planning gain developments (the Community Infrastructure Levy) relating to public realm, playing pitches, children’s play and ‘active’ design.
- Plan for divestment in an effective way to secure commitment from other partners to take on responsibility of provision (eg schools / community associations / sports clubs).
- Single use facilities will continue to be planned and developed rather than exploring hubs with joint use and more efficient use of resources.
- Secure commissioned work from health and well-being boards / NHS, Commissioning bodies as the evidence base will be poor.
- Support schools in planning and designing the right type of community use facilities to be compatible with other provision, rather than replicating existing provision.
- Focus the efforts of partners (such as Saracens) in focusing their Corporate Social Responsibility and community development efforts in areas of the Borough that would most benefit.

This would impact most on the five regeneration schemes in terms of missed opportunities to align needs of those new communities with sport and physical activity provision. An example of this is that the replacement of Hendon Leisure Centre is planned in stage 2, but despite an increase in 5000 houses, the size of the facility will be the same, creating a shortage in supply for that communities sport and physical activity needs. Barnet cannot afford to plan for the future based on lack of a coherent approach to matching needs with provision. This increases the risk of more ‘white elephants’ in the borough such as the Graham Park all weather pitch facility.

Without progressing to OBC the range of choices available to individuals who want to take more responsibility for their own wellness and health will be reduced due to lack of effective coordination, signposting and opportunities. Links to GP’s and providers of sport and physical activity will remain fragmented with differing levels of quality.

Without an identified budget for leisure centre capital repairs to the exterior of the buildings, the council is at risk over overspending in other budget areas if it needs to respond to an urgent repair to avoid financial penalties relating to loss of income. Reputational damage is also a risk.

Without a coherent vision and strategy for sport and physical activity, future physical

Risk Description

provision will be ad hoc, poorly coordinated and opportunities to leverage partnerships and a greater responsibility and ownership with key stakeholders, sports clubs, schools and the community will be missed.

Opportunities to attract investment, programmes, regular special events, and support for capacity building will also be missed.

Without the council clearly redefining its future role as an enabler it is at risk of reputational damage with expectations being mismanaged at a local level. Facility closures / asset transfers will be difficult to justify without a strong set of alternative solutions and compelling alternatives.

The OBC presents an opportunity to explore the extent to which joining up a range of services could provide the council with additional savings and benefits – eg libraries, parks and open spaces, arts provision, sport and leisure facilities, services and partnerships. If it does not progress, these potential savings are unlikely to be explored robustly. Many London boroughs have been packaging up their sport and cultural services and establishing arm’s length Trusts. We would like to explore this as an option for Barnet, given the NNDR savings alone would total circa £1 million per annum.

With the development of the Health and Well-being boards, using the OBC to develop a clear strategy for sport and physical activity will be a key element of the prevention agenda and support for outcomes in health, mental health, community cohesion and supporting young people’s development. Without this, there will be less innovation and joined up thinking around how to tackle long term trends in increased costs of care and support for residents who need support and opportunities in getting more active.

Without a clear strategy around provision and access to swimming pools, local children are at risk of not being able to access swimming, thus risking increased numbers of drowning incidents and reduced water confidence.

8. Dependencies and Relationships

The following projects and programmes are highlighted in Table 16 outlining the respective dependencies / impacts.

Table 16 – Dependencies / Impacts

Project / Programme	Dependency / Impact
Corporate Change Programme strategic review Early Intervention and Prevention	The Sport and Physical Activity Review will explore a range of potential opportunities to provide opportunities for early intervention and prevention through partnerships, programmes and the Active Barnet Strategy which will emerge from the OBC. This will focus on synergies and links to outcomes in adult social care, environment and children and young people. There is a strong link to public health and the joint

Project / Programme	Dependency / Impact
	strategic needs assessment.
Corporate Change Programme strategic review Heath and Integration	<p>The Sport and Physical Activity Review will play a key role in providing a coherent picture of the infrastructure and capacity available to support the promotion and implementation of greater opportunities for individuals to become more physically active.</p> <p>The emphasis on increased signposting, improved information sharing and coordination of resources will be fundamental to achievement of health outcomes.</p>
Corporate Change Programme strategic review Community Safety	<p>The role the sport and physical activity plays in creating vibrant and cohesive communities will be fed into the community safety work package to ensure all opportunities for a joined up approach to empowering communities to do more for themselves is realised. Special events, unlocking the potential of using parks and open spaces for community events and activity for a key part of this.</p>
Greenspaces Strategy	<p>There will be a strong link to the outcomes of the open spaces strategy linked to influencing active design and specifying recommendations and requirements to support the Community Infrastructure Levy investment projects.</p> <p>There will be an identifiable link to parks, playing pitches and open space linked to programming more physical activity in these spaces and encouraging active transport.</p>
Localism Agenda	<p>The emerging active Barnet strategy will explore the potential to secure greater local ownership and stewardship of public space.</p>
Saracens / Barnet Copthall Stadium development	<p>The development of the new stadium will herald a real opportunity for a long term partnership with Saracens RFC within the local community. Through an active Barnet strategy, with Saracens as a key partner, opportunities can be leveraged and maximised to bring as wide a community, economic, social and sports development benefit to Barnet.</p>

Project / Programme	Dependency / Impact
Leisure centre high level development appraisals and contract review	The work proposed pre and during OBC will establish a sound understanding of leisure centre provision. The data and information needed will support any discussion to align provision with the council's strategic aims and desired outcomes.
Regeneration Areas: Colindale West Hendon Cricklewood Brent Cross Mill Hill East	The Sport and Physical Activity Review will support the development of a clearer sport and sport and physical activity landscape linked to need, to support future negotiations and planning of amenities, facilities and open space in the regeneration areas.

DRAFT

Appendix 1: Research and findings undertaken to support the SOC

Activity area	Detail
Member engagement	<ul style="list-style-type: none"> • Consultation with the lead Cabinet Member responsible for the Sport and Physical Activity Review – Cllr Robert Rams • A Member Engagement Event held on 1 February to seek views and input into the Review
Officer & partner engagement	<ul style="list-style-type: none"> • Consultation across all relevant Directorates with Senior Managers • Detailed consultation with service leads in Leisure, Greenspaces and the Youth Service including analysis of their budgets • Detailed consultation with senior planning and regeneration officers • Consultation with Andrew Burnett, Director of Public Health and his team • Workshops to establish the key priority outcomes required by each directorate • Consultation with key strategic partners who are involved in the delivery of sport and physical activity in schools, through commercial sports clubs and partnerships such as the Barnet Partnership for School Sport
Research & sharing of market insight	<ul style="list-style-type: none"> • Desk research to explore links and synergies to the council's policies, strategies and current activity in sport and physical activity • Desk research to understand the key health and well-being issues facing LB Barnet linked to understanding current physical activity levels • Development and exploration of case studies to explore alternative approaches to sport and physical activity being undertaken in the UK and in some cases, abroad
Review of contracts & policies	<ul style="list-style-type: none"> • Review of the existing Greenwich Leisure contract • Review of relevant local, regional and national policies and strategies • Analysis of the council's current approach to optimising planning gain through regeneration opportunities.
Gap analysis and identification of activities needed to resolve	<ul style="list-style-type: none"> • Development and refinement of briefs to support (subject to approval) future consultation, needs analysis, facility demand and supply mapping and development of an open spaces strategy.

Appendix 2 - Facilities included in the scope of the Sport and Physical Activity Review

Facilities included in the scope of the Sport and Physical Activity Review are as follows:

- Leisure centres
- parks, playing pitches and open spaces
- school sports facilities open to the public
- outdoor playing pitches and sports facilities
- allotments
- artificial turf pitches
- athletics facilities
- outdoor bowling greens
- play / sport provision for children and young people
- golf courses
- tennis courts (indoor and outdoor)
- outdoor pursuits - places to walk, run, cycle, climb etc
- fitness centres
- fitness facilities in private residential/ supported living / housing association assets
- ice rinks
- indoor bowls
- indoor tennis
- sports halls
- squash clubs
- swimming pools
- hydrotherapy pools
- gymnastics facilities
- dance facilities
- community halls (multi-use facilities)
- disability-accessible/convertible sports facilities
- day centres.

Appendix 3 – Reasons for change

A3.1 - The GLL contract may not represent value for money and the council is not currently in a position to assess whether it is delivering any of the council's desired outcomes.

Reason

Currently, the council is investing c£1.2 million per annum into the operation of five leisure facilities, some of which are not efficient to run and will be increasingly costly to maintain over time.

Evidence has highlighted that the management fee being paid may not represent value for money and that the council could seek to move to a position where it does not have to commit revenue to support universal, untargeted provision through the leisure centres, subject to further investigation. The council is currently clarifying the actual financial performance of the facilities with GLL to support future negotiations.

Evidence

Evidence from other authorities has demonstrated that, in some cases, leisure facility operations can provide the council with a management fee (e.g. Winchester City Council) rather than the council having to subsidise a facility. This can only be achieved through optimally located, energy efficient facilities that are designed to ensure financial sustainability and strong commercial performance.

The issue of capital investment is still a challenge, but the operator market is in a position to invest in return for longer term partnerships.

Canterbury City Council is exploring replacing or refurbishing the Kingsmead Leisure Centre to enable its entire leisure contract (five facilities) to operate at zero revenue cost for the next 15 years, with the potential of a management fee or profit share arrangement.

Desired outcomes / benefits

The longer term outcome for the council is to position itself away from universal, untargeted revenue subsidy, to a more focused commissioning approach to deliver specific outcomes for targeted communities and individuals.

A3.2 - Barnet residents are not sufficiently active and this is likely to have significant adverse impact on the health and wellbeing of the population.

Reason

The majority of Barnet's adult residents' health is at risk due to their levels of physical inactivity. If not addressed, this will result in significant demands on health and adult social care costs in the longer term. Children's levels of physical activity in many parts of the Borough are worrying low and this will impact on their health, wellbeing and development.

Evidence

The council is currently ranked 23rd out of 33 London boroughs for levels of adult physical activity according to the Sport England Active People Survey 5 (Oct 2010) with only 14.4% of adults participating at recommended levels. LB Barnet's neighbouring boroughs range from 10.5% (Enfield ranked 33) to 17.3% (Haringey ranked 13).

3 sessions a week (at least 12 sessions of at least moderate intensity for at least 30 minutes in the previous 28 days)	APS5 (Oct 2010 - Oct 2011)
Area name	%
LONDON	
Richmond upon Thames	24.3%
Lambeth	22.2%
Kingston upon Thames	20.1%
Kensington and Chelsea	19.8%
Wandsworth	19.4%
Westminster	19.4%
Sutton	19.0%
Hammersmith and Fulham	18.9%
Bromley	18.7%
Hounslow	18.1%
Southwark	17.9%
Bexley	17.4%
Haringey	17.3%
Hackney	17.0%
Harrow	16.9%
Redbridge	16.2%
Islington	16.2%
Waltham Forest	15.9%
Camden	15.9%
Tower Hamlets	15.6%
Havering	15.3%
Lewisham	14.4%
Barnet	14.4%
Brent	14.3%
Croydon	14.1%
City of London	14.1%
Merton	14.0%
Greenwich	12.7%
Newham	12.3%
Barking and Dagenham	12.3%
Ealing	12.1%
Hillingdon	10.6%
Enfield	10.5%

Participation and obesity levels in young people are also a concern, particularly in the West of the Borough.

The National Child Measurement Programme for Barnet shows that whilst the numbers of obese children in reception classes is starting to level at 10.49% in 06/7 to 9.2% in 08/9, for year 6 we are still seeing an increase from 17.69% in 06/07 to 18.3% 08/09.

In 2008/9, 73% of children and young people aged 5-16 years old were accessing two hours of curriculum time for PE per week. This is below the national average of 81%. It also falls below the council's statistical neighbours who have achieved 83.4% on this measure.

Barnet is a religiously and ethnically diverse community with a significant number of Jewish schools that struggle to meet the 2 hour PE curriculum ambition by virtue of a reduced time allocation for the National Curriculum to accommodate faith studies. Opportunities and programmes for these children outside of school time become even more important.

The evidence shows that the council has a challenge around the transition from compulsory physical education to being motivated to choose to be physically active as a young adult.

The research also shows there has been an increase in male participation offset by a decrease in female participation, therefore girls and women in Barnet are a priority group to get more physically active.

Although the prevalence of adult obesity in Barnet is lower than the England average, estimates indicate there are over 53,800 obese men, women and children living in Barnet with just over 4,000 being morbidly obese. (Source - Barnet Obesity Strategy 2007/08-2010/11, Barnet Primary Care Trust)

Other organisations are addressing obesity through a number of innovative approaches.

Blackburn with Darwen had some of the lowest sport and physical activity participation rates in the North West, despite having run a range of GP referral physical activity programmes, linked to weight-management, cardio rehabilitation and diabetes.

This, combined with high smoking rates, a prevalence of mental health problems, and low life expectancy, convinced the local authority and primary care trust that a radical solution was needed.

In 2007, the council launched re:refresh in partnership with local health organisations and the primary care trust.

It began with an awareness campaign that ran in the media, online and in public buildings. Called 'Killer Facts', the campaign was designed to help local people confront their potential health problems.

Longer-term, the emphasis, however, was not on concerning people about their health but on supporting them to make healthier choices by connecting them to their local leisure centre, encouraging them to take part in healthy activities such as cycling, walking and tennis, and working with local communities in the five neighbourhood areas to help them develop their own activities.

Blackburn with Darwen has increased its adult participation in sport and physical activity three times per week by 7.5% from the 05/06 baseline of 16.3% (according to the Sport England Active People Survey), exceeding its 4% target. This was supported by a 4% increase in visits to leisure centres – equating to 12,696 extra visits per week.

City of New York, USA has developed innovative approaches to increasing awareness of opportunities and local sporting activity through its BeFit NYC initiative (a programme to encourage people back into exercise, supported by private sector health and fitness providers).

These initiatives are supplemented through harnessing social media such as Facebook and Twitter, signposting residents to local opportunities and encouraging them to share their activities with the wider community.

Birmingham City Council has established commissioning relationships with their local NHS to provide a relatively low cost per intervention solution to mass participation in increasing activity levels, with positive results. The activity is leisure, but the funding is from health.

The Primary Care Trusts negotiated with Birmingham City Council activity hours, these will enable residents to continue to access free activities, such as swimming, gym, table tennis, bowls etc. Each constituency has been given an allocation of activity hours. The amount of activity hours each of the ten constituencies have received is based on the health deprivation levels in each constituency. To date over 300,000 people have taken part through the scheme.

A 12 month independent research study identified that for every £1 spent on Be Active per annum, £21 per year total system savings (health and local authority spend) would be realised over 20 years.

The biggest benefits realised were extending quality of life and living longer. The scheme is now evolving to include weight management and smoking cessation – a suite of public health interventions to support residents.

Outcomes desired / benefits

The high levels of obesity and inactivity in some communities within Barnet will create a cycle of dependency and escalating costs of intervention and treatment in the longer term if not addressed. Addressing this key reason for change through a coordinated strategy, approach and wider partnerships will be important in raising participation levels in sport and physical activity.

A3.3 - Through a more co-ordinated approach, partners could better improve levels of activity in Barnet and deliver desired outcomes for the community.

Reason

The council has not enabled or encouraged other major stakeholders in the borough – such as Pentland, Middlesex University, Saracens, other major employers, the NHS - to jointly develop a strategy to encourage local people to lead healthier lifestyles. Given the pressures on workplace absences, employee well-being, the need to demonstrate corporate social responsibility and to invest time and resources back into the local community, there is a real opportunity to harness this potential.

Evidence

The SOC has identified an opportunity to use the Sport and Physical Activity Review to engage with this wider stakeholder community to establish a new partnership and shared commitment to supporting and encouraging greater levels of participation in

physical activity and sports development. This can build on the expected surge in demand following the 2012 Olympics and Paralympics.

Warrington Borough Council has sought to bring all its stakeholders in sport and physical activity together through an 'Active Warrington Strategy' linked to community pledges and commitments to deliver a range of activities, interventions and outcomes for the benefit of the community. This approach has harnessed commitment from partners with the council playing an enabling role rather than a traditional leading role.

The research has identified that many councils use these partnerships to enable special mass participation sporting events (fun runs / walks / major sports tournaments etc). This provides a range of social and economic benefits.

The **Great London Swim** will be taking place opposite the Excel centre in July 2012 close to the Olympic park. Last year it received 5,000 swimmers and is expected to grow to a two day 10,000 participant event. Like the **Great East Swim in Suffolk** - 45% of participants come from the local area. This presents a key opportunity to connect this to other swimming participation opportunities locally, supported by free i-phone apps which allow users to log swims against challenges.

Local businesses benefit from event related spend and this annual event starts to build a calendar of positive activities and opportunities for people to get involved in. Linked to a wider partnership across Barnet, the potential of mass participation events creates an exciting focus for partners and creates habit forming opportunities for local people to get involved in sport and physical activity.

Outcomes desired / benefits

The longer term spin offs from such events show that these opportunities are proven to deliver more regular physical activity.

A3.4 - The council is not optimising the use of its internal resources, partnerships, assets, and green spaces to enable people to take more responsibility for their health and well-being.

Reason

Following consultation and research, the current approach to sport and physical activity is quite fragmented and there is no unifying strategy to optimise each department or partners' role and contribution.

Evidence

There are pockets of best practice as evidenced by some of the community use operations recently transferred back to schools (Compton and Queen Elizabeth's) and in the design of some new school facilities, with community use of the building 'designed in'.

In recent years, funding reductions have resulted in programmed health and well-being activities being reduced in Barnet's parks and green spaces.

Examples of innovation such as the highly successful 'Park Run' initiative highlight the potential to make better use of the council's natural assets through volunteers and other partners.

Suffolk County Council has developed a low cost framework to support and enable local schools opening their facilities to the community in improving their accessibility and services. This has enabled 12 schools to access specialist support and build their capacity and confidence, enabling a sustainable future for their operations free from subsidy.

Blue Leisure is a private sector operator running school sports facilities for the benefit of the community on a profit share basis with a secondary school in Horley, Surrey. Blue Leisure has invested in three schools in Surrey to improve their sports facilities. Previously, other more traditional operators made a loss and withdrew. The profit share arrangement is 50% of gross profit over £20,000 paid to the school.

Outcomes desired / benefits

The outcome required from addressing this key reason for change is to make better use of Barnet's built environment, green spaces, schools and community facilities, with the catalyst for activity being a broad range of partners, encouraged and supported to 'make it easier for Barnet residents to become more active, more often'.

A3.5 - The council is missing out on opportunities to secure investment in sport and physical activity from the private sector and external partnerships because it does not have a clear evidence-based strategy.

Reason 1 - Optimising planning gain

Barnet's approach to securing investment from its major regeneration schemes into public leisure facilities and amenities has been shown to be constrained by a number of factors:

- There is no clear understanding of need, supply of existing facilities or understanding of levels of demand for various sports and physical activities

- The council is unsighted on sport and physical activity development taking place in adjacent authorities and as such is potentially missing opportunities to adopt a more collaborative approach to planning and provision
- Planners are unable to specify what an area needs in relation to new facilities and as such often allow unsustainable development or cannot ascertain the merits of planning applications from organisations such as those seeking to develop a tennis facility in Stanley Road
- Use of green spaces is ad hoc and not strategically developed. Opportunities to add value to developments through intelligent landscaping and design are often missed. This is because the council does not have an open spaces strategy.

Reason 2 - Accessing grant funding

Sport England will be investing £1billion between 2012 and 2017 as part of its commitment to a sporting legacy from the 2012 Olympics in a range of initiatives which Barnet could benefit from. These include:

- Investment in supporting schools to sustainably open their facilities up to the community
- Iconic facilities – capital funding for regionally significant sporting venues, particularly those liked to private sector investment (e.g. Saracens at Barnet Copthall)
- Investment in increasing participation in universities and the community through capital investment
- Support for national governing bodies of sport seeking to invest in facilities
- Funding to encourage community sports clubs to partner with secondary schools.

Outcomes desired / benefits

With significant population growth forecast over the next 20 years, the council would benefit from a clearer strategic and spatial picture of what facilities and amenities are needed by growing communities. Investment in this information would enable the council to use this data in evaluating planning applications, enabling investment into Barnet and supporting capital bids to organisations such as Sport England, who require compelling evidence to support grant applications.

A3.6 - The Barnet Health and Well-Being Board will play an increasing role in commissioning early intervention and prevention to support a broad range of outcomes. There is a critical integrated role for sport and physical activity to play.

Reason

Public Health leadership and responsibility for health improvement and protection will transfer to local authorities from 01 April 2013. This will be accompanied by the allocation of ring-fenced budgets to the council and introduction of the Health Premium incentive.

National public health guidance is clear about the important role physical activity plays in health and well-being as evidenced by its current recommendations.

Supporting this guidance, the Department of Health has recently published the new Key Performance indicators for Public Health. The new Public Health Outcomes Framework sets out the desired outcomes for public health and how these will be measured. Sport and physical activity are key social outcomes in the context of the extended health agenda. The role of the council is changing and the implementation of the Health and Well-being Boards and strategies provide the governance to support this new role.

The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. Using a measure of both life expectancy and healthy life expectancy will enable the use of the most reliable information available to understand the nature of health inequalities both within areas and between areas.

Outcome / desired benefits

With the Barnet Health and Well-Being Board establishing itself, there is a real opportunity through the Sport and Physical Activity Review to ensure that physical activity lies at the heart of an early intervention and prevention strategy to relieve pressure on health and adult and social care costs. This would need to be as part of a long term strategy and shift from treatment to prevention.

Appendix 4 – Non financial benefits

Non-Financial Benefit	Supporting Information	Potential scale of benefit	Timescales
Enabling children to maintain good health and a healthy lifestyle.	<p>Evidence from the PESSYP Study (2009) highlighted the need for Barnet children and young people to exercise more to support their health and well-being.</p> <p>Obesity amongst young people and adults in the more deprived areas of Barnet is increasing rapidly.</p> <p>Enabling low cost or no cost places for people to be active locally.</p> <p>Encouraging better and more use of parks and open spaces by children – ‘keep on the grass.’</p> <p>The Barnet Partnership for School Sport would be an ideal partner to lead this area of work.</p>	High	This would be subject to options being implemented following the Sport and Physical Activity Review – activity likely to commence 2013/14 subject to approval.
Enabling adults to maintain good health and a healthy lifestyle.	<p>Over 60% of adults in Barnet take no exercise. Improvements in access, opportunities and support to enable those to change their lifestyle could have a long term impact on health costs and improve quality of life.</p> <p>Building a network of support would promote enablement, well-being and active lifestyles for the diverse community of the borough.</p> <p>Enabling low cost or no cost places for people to be active locally.</p> <p>Encouraging better and more use of parks and open spaces.</p>	High	<p>This would be subject to options being implemented following the Sport and Physical Activity Review and external funding from the NHS – activity likely to commence 2013/14 subject to approval.</p> <p>Indirect savings could be realised in the medium (3-5 years) to long term (5-10 years +).</p>

Non-Financial Benefit	Supporting Information	Potential scale of benefit	Timescales
	<p>Enabling people to self-direct their care through personalised budgets to invest in personalised support to meet their needs around health and well-being.</p> <p>Evidence has shown that coordinated physical activity and health programmes such as Birmingham and Blackburn deliver tangible results.</p>		
<p>Reducing costs in social care.</p>	<p>Costs in social care are rising incrementally and unless older adults can be supported in staying healthier, engaging socially and being encouraged to stay mobile; the pressure on primary care will become unsustainable.</p> <p>A coordinated strategy to support older adults would have a marked impact on long term costs.</p>	<p>High</p>	<p>Indirect Savings could be realised in the medium (3-5 years) to long term (5-10 years +) subject to approval.</p>
<p>Enabling children to make a positive contribution to their community.</p>	<p>Evidence reviewed shows that sport and physical activity can have a very positive impact on children's behaviour and ambition. As a diversionary activity it is widely accepted as a very effective tool.</p>	<p>Medium</p>	<p>This would be subject to options being implemented following the Sport and Physical Activity Review – activity likely to commence 2013/14 subject to approval.</p>
<p>Supporting children in achieving their potential.</p>	<p>Creating development pathways for children and young people in sport delivers a number of positive outcomes. This would assist Barnet's youth in achieving their full potential.</p> <p>The Barnet Partnership for School Sport would be an ideal</p>	<p>Medium</p>	<p>This would be subject to options being implemented following the Sport and Physical Activity Review – activity likely to</p>

Non-Financial Benefit	Supporting Information	Potential scale of benefit	Timescales
	partner to lead this area of work.		commence 2013/14 subject to approval.
Supporting carers and improving their general health, mental health and well-being.	Joining up work between health and social care with Sport and physical activity in order to develop a more holistic and comprehensive approach towards carers.	Medium	Indirect savings could be realised in the medium (3-5 years) to long term (5-10 years +) subject to approval.
Improving quality of life to those residents living in deprived communities.	Providing positive opportunities for social engagement, physical activity in deprived areas can make a significant impact on citizen's perceptions of 'place'.	Medium	
Encouraging sustainable and healthy travel.	Reduced car journeys, reductions in individual's carbon footprint, health improvements and reduced costs of travel for citizens.	Medium	This would be subject to options being implemented following the Sport and Physical Activity Review and external funding from the NHS – activity likely to commence 2013/14 subject to approval.
Enabling economic development, place shaping and sense of place (eg special events).	From consultation with officers in Planning and Regeneration there is a strong level of support for ensuring that the Community Infrastructure Levy funding can be better optimised through a more strategic and intelligence based approach to planning for Sport and physical activity.	Medium	This would be subject to a new Sport and physical activity Strategy incorporating an Open Spaces Strategy and other research highlighted to

Non-Financial Benefit	Supporting Information	Potential scale of benefit	Timescales
	Evidence has shown that special events have a positive impact on the local economy.		support the OBC. Likely to commence 2013 subject to approval.

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