

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 15TH MARCH, 2021

AT 6.00 PM

VENUE

LINK TO VIRTUAL MEETING: [HTTPS://BIT.LY/2ZOYJKD](https://bit.ly/2ZOYJKD)

TO: MEMBERS OF ADULTS AND SAFEGUARDING COMMITTEE (Quorum 3)

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor Lisa Rutter

Councillor Golnar Bokaei	Councillor Jess Brayne	Councillor Felix Byers
Councillor Anne Clarke	Councillor Jo Cooper	Councillor Saira Don
Councillor Paul Edwards	Councillor Reema Patel	Councillor Sarah Wardle

Substitute Members

Helene Richman	Daniel Thomas	Anthony Finn
Claire Farrier	Alison Moore	Gabriel Rozenberg
Gill Sargeant		

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 10 March 2021 at 10AM. Requests must be submitted to Jan Natynczyk Email: jan.natynczyk@barnet.gov.uk

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

Andrew Charlwood – Head of Governance

Governance Service contact: Jan Natynczyk Email: jan.natynczyk@barnet.gov.uk

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 10
2.	Absence of Members	
3.	Declarations of Members' Disclosable Pecuniary Interests and Other Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	11 - 14
6.	Public Questions and Comments (if any)	
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10.	Update on the Delivery of the Prevent Duty	99 - 110
11.	Any other items that the Chairman decides are urgent	

Decisions of the Adults and Safeguarding Committee

23 November 2020

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor Lisa Rutter (Vice-Chairman)

Councillor Golnar Bokaei
Councillor Jess Brayne
Councillor Felix Byers
Councillor Anne Clarke
Councillor Jo Cooper

Councillor Saira Don
Councillor Paul Edwards
Councillor Reema Patel
Councillor Sarah Wardle

1. MINUTES

RESOLVED that the minutes of the meeting held on 17 September 2020, be agreed as a correct record.

2. ABSENCE OF MEMBERS

None.

3. DISCLOSURE OF MEMBERS PECUNIARY AND OTHER INTERESTS (IF ANY)

Councillor Jo Cooper declared a personal interest and non-pecuniary by virtue of the fact that she is employed by the Royal Free NHS London Foundation Trust.

Councillor Anne Clarke declared a personal interest and non-pecuniary by virtue of the fact that she is a Trustee of the Childs Hill Foodbank.

Councillor Golnar Bokaei declared a personal interest and non-pecuniary by virtue of the fact that she is a Trustee of Barnet Refugee Services.

Councillor Saria Don declared a personal interest and non-pecuniary by virtue of the fact that she is employed by Dillion Care Limited

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS

At the invitation of the Chairman, Councillor Paul Edwards introduced the Member's Item.

Members Item Request:	Instruction from Committee
<p>I request that the Committee receives an update on the work outlined at HOSC to improve crisis care pathways for vulnerable adults and older people with mental health needs during the ongoing pandemic; In particular, how health and social care are working together to ensure the widest reach for support services.</p> <p>Report from HOSC on Cllr Moore's item on mental health support: (Public Pack)Mental Health Crisis Care briefing Agenda Supplement for Health Overview and Scrutiny Committee, 05/10/2020 18:00 (moderngov.co.uk)</p>	<p>No further action (see comments below)</p>

At the invitation of the Chairman, Councillor Anne Clarke introduced the Member's Item.

Members Item Request:	Instruction from Committee
<p>I welcome the work and growing partnership between the Council, Barnet Together, the wider Voluntary, Community & Faith Sector and other stakeholders to ensure that people in need have access to food during the ongoing pandemic.</p> <p>I understand that the Council is now funding a foodbank co-ordinator to help with this work, and this is also to be welcomed.</p> <p>I request that the Committee receives a verbal update, and, if necessary, a report on the following:</p> <ul style="list-style-type: none"> - details of what funding, and by who, is in place to tackle food poverty in Barnet - details of what this funding covers - how the Council is measuring and monitoring food poverty in the Borough - what assessment has been done of the likely need following Tier 2 restrictions and the current 2nd lock- 	<p>That the item is instead considered by the Policy and Resources Committee as the subject matter covers not just Adult Services but is cross-cutting and concerns a number of policy areas that sit within the remit of other Committees.</p> <p>This would mitigate against several committees looking at the same issue and enable an overall response to the questions raised.</p>

<p>down given incomes are falling</p> <ul style="list-style-type: none"> - how many people are being reached, and what assessment has been done about individuals and groups that are not being reached - especially isolated older people living alone, those who usually receive day centre support or who need mental health support - what communications and systems are in place to reach everyone who needs help - given the digital divide that emerged during the first lockdown - what has been put in place to address this in this second lock-down - how people are being connected to groups and support - how social prescribing and health champions are being used to help on this issue - could the Council look at opening a hub on the west of the Borough or help with transport costs from the East Barnet hub, and are foodbanks able to deliver food to people - do we have all the necessary PPE for those working and volunteering on food supply 	
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Comments and further actions agreed:

Councillor Paul Edward's Item

The Chairman proposed that as there was a Member Briefing session relating to mental health scheduled for the following week, this item could perhaps be dealt with within that forum. Where any issues were not dealt with at the briefing and where Members thought it might be helpful, Members could subsequently request the Executive Director for Adults and Health to arrange an additional briefing meeting to deal with those residual matters not covered if they so desired.

The Committee agreed with the above proposed action.

The Executive Director for Adults and Health further advised the Committee of a Members seminar scheduled for 1st December 2020 which would specifically include how

mental health services have responded to mental health needs arising because of/and during the pandemic.

RESOLVED that the instructions as set out in the tables above are noted.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. BUSINESS PLANNING 2020-25

The Chairman introduced the report which sought the Committee's approval for (i) the revenue savings proposals brought forward and service pressure identified, and (ii) the changes to Fees and Charges, for the budgets within its remit.

A Business Planning report was approved by Policy and Resources Committee on 24th September 2020 outlining the council's updated Medium-Term Financial Strategy (MTFS) to 2024/25 and the future financial challenges facing the council.

With regards to the Fairer Contribution Policy fees and charges, the Chairman clarified that only those who could afford to pay would be asked to contribute and that their income and expenses would be taken into account – this would provide a safeguard for those individuals.

With regards to the Mental Health review, paragraph 2.6.6 refers, the Director for Adults and Health clarified that the 100k referred to a saving that had not been achieved this financial year and was therefore being rolled over to be achieved in the next financial year. At present any unachieved savings were being funded through the additional COVID-19 monies given by central government to local government.

One of reasons the council changed its MTFS direction this year was due to the unpredictability of the future caused by the pandemic. Therefore, the focus was on next year as opposed to looking at the 4 years in detail, pursuant to a decision taken by Policy and Resources.

Following the consideration and discussion of this item, a separate vote was taken on recommendations 1 and 2.

Upon being put to the vote recommendation 1 as set out in the report was declared carried. The vote was recorded as follows:

For	6
Against	5
Abstain	0

Upon being put to the vote recommendation 2 as set out in the report was declared carried. The vote was recorded as follows:

For	6
Against	5
Abstain	0

RESOLVED –

- 1. That the Adults and Safeguarding Committee consider the MTFs proposals that relate to the committee as set out in Appendix A after having considered the initial equalities impacts and refer these recommendations to Policy and Resources Committee for decision.**
- 2. That the Adults and Safeguarding Committee consider and approve the proposed new and changed Fees and Charges for 2021/22 as set out in Appendix B and refer these recommendations to Policy and Resources Committee for decision.**
- 3. That Committee note the risks associated with these savings proposals. These risks relate both to impact on services and residents and deliverability of savings**

8. QUARTER 2 (Q2) 2020/21 RECOVERY AND DELIVERY PLAN PERFORMANCE REPORT

The Chairman introduced the report which provided a thematic overview of performance for Q2 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan. It also set out the challenges faced within the COVID-19 context.

With regards to supporting the VCS, Barnet along with the Barnet Together Partnership set up a fund for the VCS. The council released £50k in funding administered through the council's grants programme which was for sustainability funding into the sector and particularly aimed at some of the micro organisations. There was also £75k match funded for the COVID-19 community response fund, making that £150k released into the sector, plus central government funding which was released separately.

With regards to the COVID-19 vaccines the Executive Director for Adults and Health, explained that the council along with the other 4 councils in North Central London (NCL) was working with its Clinical Commissioning Group (CCG) and the North London ICS on both roll out of the flu vaccine and the COVID-19 vaccines. Local authority staff were also working with the NHS on the delivery programme that related to both (i) the strategic planning and (ii) the requirement around estates to ensure there'd be places for people to go to get vaccinated. Work was also underway with the CCG around plans on how to get the COVID vaccine to care homes so both residents and care workers could be vaccinated. There would also be a roving service to reach those who were housebound and unable to get to a vaccination centre.

The Executive Director agreed to include in the next quarterly performance report information on the progress of rolling out the vaccine in the social care sector **[Action]**

Following the consideration and discussion of this item the Committee;

RESOLVED –

The Committee reviewed the performance, budget and risk information for Q2 2020/21 and made no referrals to Policy and Resources Committee or Financial Performance and Contracts Committee.

9. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT - 2019/20

The Chairman provided a brief introduction to the report which gave an overview of compliments and complaints received, and performance in responding to adult social care complaints.

RESOLVED -

- 1. That the Adults and Safeguarding Committee noted the Annual Complaints Report 2019-2020 and approved the report for publication.**

10. CARE AND SUPPORT SERVICE AT STAGG HOUSE EXTRA CARE SCHEME

The Chairman provided a brief introduction to report the which informed the Committee of the approach of engaging in soft market testing, including entering a formal dialogue with Your Choice (Barnet) Ltd (YCB), in relation to the provision of care and support services at Stagg House Extra Care Scheme.

RESOLVED –

- 1. That the Committee noted that the Council will engage in soft market testing, including entering into a formal dialogue with Your Choice (Barnet) Ltd (YCB), in relation to the provision of care and support services at Stagg House Extra Care Scheme.**
- 2. That, following the soft market testing, the Executive Director for Adults and Health will progress the commissioning of the provision of care and support services at Stagg House Extra Care Scheme.**

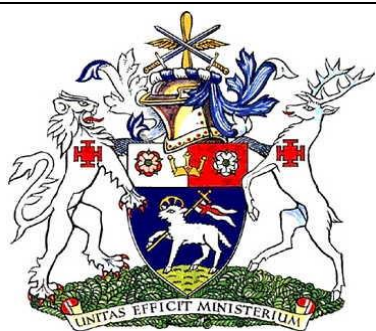
11. COMMITTEE FORWARD WORK PROGRAMME

The Committee noted the work programme.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 7.58 pm



Adults and Safeguarding Committee

15 March 2021

Title	Members' Items in the name of Councillor Paul Edwards and Councillor Anne Clarke
Report of	Head of Governance
Wards	All
Urgent	No
Key	No
Status	Public
Enclosures	None
Officer Contact Details	Jan Natynczyk, Governance Service - Assurance jan.natynczyk@barnet.gov.uk

Summary

The report informs the Committee of Members' Items and requests instructions from the Committee.

Recommendations

1. That the Committee's instructions in relation to the Members' items are requested.

1. WHY THIS REPORT IS NEEDED

- 1.1 Members of the Committee has requested that the items tabled below are submitted to the Adults and Safeguarding Committee for consideration and determination. The Committee are requested to provide instructions to Officers of the Council as recommended.

Member	Item
<p data-bbox="204 309 421 376">Councillor Paul Edwards</p> <p data-bbox="204 452 453 631">Paying former Fremantle workers at least London's Living Wage</p>	<p data-bbox="491 309 1433 412">It's been a while since the Committee looked at the affordability of paying at least London's Living Wage (LLW) to the former Fremantle workers.</p> <p data-bbox="491 452 1433 560">All other care workers employed by Your Choice Barnet (YCB) and The Barnet Group (TBG) are already paid at least London's Living Wage, and it is TBG policy to pay all staff at least LLW.</p> <p data-bbox="491 600 1433 707">The Covid-19 pandemic has highlighted once again the need to pay the former Fremantle care workers at least the London Living Wage.</p> <p data-bbox="491 748 1433 891">I ask that the Committee, Barnet Council and The Barnet Group give a commitment to ensure Barnet's former Fremantle workers are paid at least LLW, with the funding to be allocated in the forthcoming budget for implementation in 2021/22.</p>
<p data-bbox="204 936 395 1003">Councillor Anne Clarke</p> <p data-bbox="204 1043 443 1151">Integration of Health & Social Care</p>	<p data-bbox="491 936 1433 1294">As Government legislation on Integrated Health and Social Care may soon become law, there remains several concerns across all political parties. Local Councils need assurance that local authority social care budgets do not become consolidated into Health. The pandemic has rightly highlighted the dedication and professionalism of all those working for the NHS. It has equally brought a spotlight on the dedication and professionalism of those who work in the social care sector, whilst equally revealing the disparity in resources available to social care compared with health, including fundamentally different fiscal constraints.</p> <p data-bbox="491 1335 1433 1514">We are concerned that local government, which is responsible for social care, does not become the poor relation. We understand the 2014 Care will be repealed and replaced with new legislation, although at this stage the ramifications for local authorities are unclear.</p> <p data-bbox="491 1554 1433 1845">We request that officers brief the committee on what might be expected from new legislation on Integrated Care Systems and the proposed white paper on Integration and Innovation, with members of HOSC also invited. What are the strengths and weakness of the new proposals? What are the challenges the local authority faces as the new arrangements unfold? What assurances are there that the NHS and the Local Authority will have equal status in the new arrangements?</p>

2. REASONS FOR RECOMMENDATIONS

- 2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan, Barnet 2024 and other relevant policies.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

- 5.3.1 The Council's Constitution (Members of the Council, Article 2) states that a Member, including appointed substitute Members of a Committee or Sub-Committee will be permitted to have one matter only on an agenda that he/she serves. Members' items must be within the term of reference of the decision making body which will consider the item.

5.4 Social Value

- 5.4.1 Not applicable.

5.5 Risk Management

- 5.5.1 None in the context of this report.

5.6 Equalities and Diversity

- 5.6.1 Members' Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.7 Corporate Parenting

5.7.1 None identified in the context of this report – any substantive report will consider the implications in detail.

5.8 **Insight**

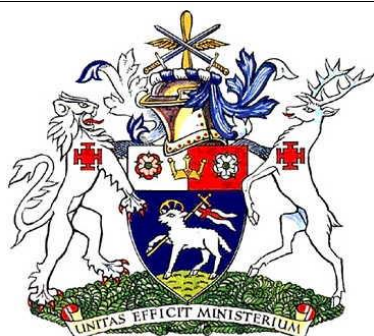
5.8.1 None.

5.9 **Consultation and Engagement**

5.9.1 None in the context of this report.

6. **BACKGROUND PAPERS**

6.1 None.



Adults and Safeguarding Committee

15 March 2021

Title	Adults and Safeguarding Committee Delivery plan 2021/22
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - Fit Active Barnet Framework 2016-2021
Officer Contact Details	Dawn Wakeling, Executive Director - Adults and Health dawn.wakeling@barnet.gov.uk

Summary

This report sets out the Delivery Plan priorities for the Adults and Safeguarding Committee for the financial year 2021/22.

The content of the plan develops the commitments made in the Barnet Plan and Medium Term Financial Strategy, presented to Council on 2 March 2021.

The committee will receive a performance report each quarter updating on progress, performance, and risk against the priorities.

On 16 March 2017, the committee approved the Fit and Active Barnet Framework, the council's strategy for physical activity. The strategy is due to expire at the end of March 2021. The Covid 19 pandemic has meant that officers and partners have been unable to undertake a full process to develop a new strategy for committee approval. This report therefore asks Committee to extend the FAB framework for a further year, during which time the council will work with partners to develop a new strategy.

Officers Recommendations

- 1. That the Committee approve the Delivery Plan 2021/22 as set out in this report.**
- 2. That the Committee approve the extension of the Fit and Active (FAB) Framework to the end of March 2022.**

WHY THIS REPORT IS NEEDED

- 1.1 Each year, the Committee agrees an annual delivery plan. This report sets out the priorities for the delivery plan for 2021-22. The priorities will support the council's role in ensuring high quality support for residents and include areas of innovation, collaboration and improvement. Given the extensive ongoing work of responding to Covid-19 and the work that will take place in the recovery phase, the committee priorities will continue to be built on as the recovery from the pandemic progresses.

NATIONAL CONTEXT

- 2.1 The recent white paper 'Integration and innovation: working together to improve health and social care for all' sets out proposed legislative changes for integrated care and for adult social care. Under the proposals, integrated care systems (ICSs) will become statutory bodies, with functions currently being carried out by CCGs being transferred to integrated care systems.
- 2.2 The white paper proposes a duty to collaborate through Integrated Care Systems, bringing together the NHS, local government and partners with a focus on place-based working.
- 2.3 The white paper proposes a new national assurance process for councils with adult social care responsibilities. It also proposes that independent social care providers will be required to provide information to national data collection systems.
- 2.4 Additional proposed changes include a new standalone legal basis for the Better Care Fund. The current legal framework for hospital discharge ('delayed transfers of care') will be changed and the 'discharge to assess' model will become mandatory. There will also be a legal power for central government to make financial payments directly to social care providers.
- 2.5 The white paper recognises the significant pressures faced by the social care sector and states that the Government remains committed to reform, with detailed proposals planned later this year.
- 2.6 The committee at its November 2020 meeting considered the business planning report for the budgets within the committee's remit. The business planning report set out in detail the national financial context for adult social care and the delivery plan priorities should be considered in this context.

- 2.7 The government has set out that the Liberty Protection Safeguards, the successor regime to the Deprivation of Liberty Safeguards will be fully implemented by April 2022, with the regulations for Approved Mental Capacity Professionals (AMCPs) coming into force from January 2022.
- 2.8 There has been significant disruption to leisure services as a result of Covid-19. The extent of the commercial impact on the recovery of the sector nationally is uncertain. Demand may continue to be significantly impacted by closures, restrictions and changes in customer behaviour.

LOCAL CONTEXT

3.1 Corporate Plan

- 3.1.1 The Council has revised its Corporate Plan, which was presented to Full Council on 2 March 2021. Adults and Safeguarding is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care and physical activity & leisure. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender based violence, and tackling the longer-term impacts of Covid-19.
- 3.1.2 The revised Corporate Plan will be a live document and so will be continually reviewed for priorities and actions against need and delivery expectations. This will be completed annually over the life of the plan. The Medium Term Financial Strategy and Business Planning process will continue to be prepared alongside the Corporate Plan.
- 3.1.3 This delivery plan also sits alongside our Medium Term Financial Strategy, which was approved at Adults and Safeguarding committee in November 2020.

3.2 Barnet Care Market

- 3.2.1 Barnet has a large and diverse care market with 169 CQC registered care providers. This includes care and nursing homes, homecare, extra care housing and supported living. This includes 84 care homes, with 2,536 beds. This is the second largest number of registered care home beds in London and the largest number of registered care home beds for the over-65s.
- 3.2.2 The majority of these are residential or nursing homes for older people, but they also include those supporting younger adults with mental health or learning disabilities. They range from 100-bed care homes to small independently-owned homes with only a few residents.
- 3.2.3 Barnet's care providers are used by significant numbers of people who fund their own care, with over 60% of care home beds in the borough purchased by private individuals, and the remaining commissioned by Barnet or other local authorities and CCGs.
- 3.2.4 The general quality of the care market is good, with 83% of providers receiving a good or outstanding rating from CQC.

3.2.5 Barnet has supported care providers with over £10million worth of additional funding since March 2020 through council funding and government grants. This has been to support with the additional costs of infection control, testing, and staffing during the pandemic.

3.3 Customer satisfaction and engagement

3.3.1 Engagement and co-production form a key part of Adult Social Care. The council hosts an Involvement Board made of resident representatives with experience of adult social care from across different communities, providing input at a strategic level. There is a programme of working groups throughout the year, focusing on different services and improving practice. There is also a close working relationship with the voluntary and community sector to engage with different communities.

3.3.2 Resident feedback is collected as part of the national Adult Social Care user and carer surveys. Most of the satisfaction measures collected from the national Adult Social Care User survey show that we are engaging well with clients. Satisfaction and quality of life measures improved compared to previous years and Barnet benchmarks better than London's regional averages in satisfaction rates.

3.3.3 Adult Social Care is also required to operate a statutory complaints and representations procedure. Learning from complaints is a valuable tool in helping to understand residents' and customers' expectations of service delivery and plays a key part in identifying service improvements in adult social care. The number of statutory complaints for ASC have continued to steadily decrease while compliments have increased. 199 written compliments were received in 2019/20, which is the highest number in the last four years.

4 Delivery Plan Priorities

4.1 Recovery

4.1.1 The council's adult social care service led significant additional responsibilities during the pandemic, including the support response to the shielded and the wider community of vulnerable people affected by Covid-19, alongside Voluntary, Community and Faith Sector (VCFS) partners. Throughout the pandemic, the council has also continued to carry out its full range of adult social care functions, such as assessing and meeting need under the Care Act, safeguarding, Mental Health Act and Mental Capacity Act duties and supporting the care market.

4.1.2 The focus on recovery will include:

- Reinstating in-person social work fully when safe, and exploring new practice models building on the use of technology through the pandemic
- Restoring respite and day support fully when safe, which will ensure that adults with care and support needs and carers have a range of support outside of the home, improving quality of life and reducing the risk of carer breakdown
- Re-opening leisure services on a sustainable footing

4.2 Bringing health and care together

4.2.1 There are a range of integrated health and care services in Barnet already. Over the coming year, the council will work with health and VCFS partners to develop the Barnet

Integrated Care Partnership (ICP). This will include extending the range of projects and initiatives that come under its remit, implementing new programmes of work and developing its governance in preparation for the implementation of a statutory ICS. Initial priorities for integrated work over the coming year include:

- 4.2.1.1 Further developing the integrated discharge team model to ensure residents leaving hospital get the right care and support, in the right place and in a timely fashion. This will include embedding and mainstreaming the service model into 'business as usual', confirming funding and delivery levels for all partners and ensuring compliance with expected new legislation which will make the model a statutory requirement.
 - 4.2.1.2 Embedding new models of quality and clinical in-reach support to care providers and sustaining the services over the longer term.
 - 4.2.1.3 Completing the transition back from central government funding of the initial period of post-hospital care without adding significant delay into the system. Ensure all residents who need one get a full Care Act assessment and a financial assessment.
 - 4.2.1.4 Working closely with Barnet, Enfield and Haringey Mental Health Trust to ensure that their transformation programme for community mental health services most effectively meets the needs of Barnet residents.
 - 4.2.1.5 Working with primary care networks, implement a model of community based multi-disciplinary dementia support for people with dementia and their carers. Additionally, expansion of the model subject to the outcomes of the pilot.
 - 4.2.1.6 Develop a health improvement and prevention approach to address health inequalities in BAME communities.
- 4.2.2 In further developing integrated care, the council is looking to achieve improved access to services for residents and improve health outcomes.
- 4.2.3 Key performance indicators for this priority will include total number of hospital discharges in the year for all pathways, adults discharged into social care (pathway 1 or 3) and number of clients with joint funding (CHC) arrangements. Targets will be set following a review of end of year results. These are local measures based on the new discharge to assess and revised health and care pathways established in 2020-21. These measures will help us monitor demand coming from health and hospital pathways into social care.

4.3 Supporting residents to maintain their strengths and independence

- 4.3.1 The council's adult social care service has focused on supporting independent living using a strengths-based practice model for many years. The new corporate plan re-affirms this commitment. The priorities for promoting independence over the coming year include:
- 4.3.1.1 Continuing to develop our two new extra care schemes, Atholl House in Burnt Oak, due for completion in Spring 2022, and Cheshir House in Hendon, due for completion in Summer 2023.
 - 4.3.1.2 Given the current economic outlook, individuals with a disability may well find it even harder to secure and maintain paid work. We will work with our partners and commissioned services to ensure services adapt and are able to most effectively support residents with a learning disability or mental ill-health to enter or stay in the paid workforce.
 - 4.3.1.3 Working with family services, develop new ways to expand choice of care & support and promote independence for young adults with learning and complex disabilities.
 - 4.3.1.4 The Liberty Protection Safeguards are planned to come into force in April 2022 and will provide protection for people aged 16 and above who are or who need to be deprived

of their liberty in order to enable their care or treatment; and lack the mental capacity to consent to their arrangements. We will implement this new system in-line with government guidance.

- 4.3.1.5 Continuing to safeguard residents and ensure good outcomes for those accessing care and support.
 - 4.3.1.6 We will implement the new multi-disciplinary social care front door following the transfer of Social Care Direct staff from Capita to the London Borough of Barnet. The implementation of a multi-disciplinary front door team will provide the best approach to deliver high quality customer service, faster resolution for residents and improved demand management. The multi-disciplinary team will consist of professionals with the expertise and knowledge to resolve more queries at the first point of contact.
 - 4.3.1.7 We will explore opportunities to increase the number of people that can benefit from the work of our prevention and wellbeing team, delaying or avoiding the need for adult social care.
 - 4.3.1.8 We will continue to deliver the priorities agreed in the Autism Action Plan, including working on the diagnostic pathway, awareness training and peer support for people with autism in our community, employment and skills.
 - 4.3.1.9 Completing work on our dementia strategy which will set out our commissioning intentions and priorities to improve outcomes for people with dementia and their carers.
 - 4.3.1.10 Undertaking a strategic review of respite support for older people including people living with dementia and people with learning disabilities.
 - 4.3.1.11 We will be procuring carers and young carers support services to further develop our carers support offer, which help carers maintain and maximise their health and well-being and also that of their families. Strategy and approach will be informed by the joint work being undertaken across health, social care and the voluntary and community sector to identify local carers as part of the Covid vaccine rollout.
 - 4.3.1.12 We will continue to offer support to help residents remain independent by providing equipment that allows people to stay more independent at home and use assistive technology to support residents to maintain their independence and stay safe and connected in their homes and out in the community.
 - 4.3.1.13 Commissioning a range of accommodation and support options to support individuals with a diverse range of different needs and support requirements.
- 4.3.2 Intended outcomes for this priority include greater access to employment skills and training, increased opportunities for peer support and greater access to information and advice for people with autism. As part of the dementia strategy, the intended outcomes are to increase the number of dementia friends in the borough, increase day opportunities and support for people with dementia and greater access to information and advice. As part of the respite review, increase the support offer for people with respite needs. There will also be a new carers and young carers support service in place and new accommodation and support offer in place.
- 4.3.3 Key performance indicators for this priority will include the following local measures: numbers of shared lives carers recruited and the number of shared lives placements, the percentage of contacts signposted or provided with information, advice and guidance, the total number of clients who received reablement services in the year from both hospital and community routes and the percentage of safeguarding contacts leading to S42 safeguarding referrals. National measures, as part of the Adults Social Care Outcomes Framework (ASCOF), include: adults with learning disabilities who live in their own home or with their family, permanent admissions to residential and nursing care homes, , permanent admissions to residential and nursing care homes, and people who feel in control of their own lives. Targets will be set following a review of end of year results.

4.4 Focusing on Mental Health and wellbeing

- 4.4.1 The council's mental health social work teams and recovery service, the Network, are integrated with NHS mental health services and work closely with the voluntary sector. Over the coming year, the priorities in mental health will include:
- 4.4.2 Ensuring services are accessible and that residents know the services that are available.
- 4.4.3 Working with NCL CCG and partners to improve the multi-agency model of care and support for people with severe mental illness, that includes:
- an enhanced community-based offer including physical health, employment support, personalised care, medicines management
 - a preventative approach with a focus on reducing health inequalities and support for self-harm and substance misuse.
 - Services for mental health aligned with primary care networks
 - Improved crisis support
- 4.4.4 In working with the NHS on this priority, the council is seeking to improve access to mental health services for residents and improve outcomes for residents. Key performance indicators for this priority will include mental health assessments completed in the year, mental health reviews completed in the year and independent living. Targets will be set following a review of end of year results.

4.5 Greater facilities and opportunities to be physically active

- 4.5.1 Over the last few years, the council's leisure team has worked extensively with partners to encourage physical activity in the borough and improve opportunities for residents. Physical activity levels have increased and the council remains committed to continuous improvement in this area.
- 4.5.2 The Fit & Active Barnet (FAB) Framework provides a strategic framework for the co-ordination and delivery of sport and physical activity across Barnet. This is underpinned by a vision to create a 'more active and healthy borough'. It adopts a coordinated approach, working with partners to increase participation and maximising opportunities to improve the health and wellbeing of all residents. The strategy sets out four key outcomes:
- Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents.
 - Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services.
 - Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an 'active habit'.
 - Target those who do not traditionally engage, increasing participation amongst under-represented groups.

- 4.5.3 Over the last few years, the council's leisure team has worked extensively with partners to encourage physical activity in the borough and improve opportunities for residents. This has ranged from Council investment in building two new leisure facilities, delivering targeted interventions such as health walks, investment via Area Committees in creating 'active trails', to providing competitive opportunities for children and young people through the London Youth Games.
- 4.5.4 Measuring activity is co-ordinated via the Sport England Active Lives survey which records the total no. of the population (16rs+) who are active for 150 minutes or more per week. In Barnet, physical activity levels had increased from 58.4% (May 17/18) to 64.3% (May 18/19), the most significant increase across all London Boroughs. The latest data reveals a decline to 55.5% (May 19/20) which correlates with the impact of Covid 19, especially the closure of indoor and outdoor facilities and aligns with research undertaken by Sport England highlighted within their new Strategy; 'Uniting the Movement'. The council remains committed to continuous improvement to increase activity levels which will be addressed through the restatement of Covid secure activities and development of a new strategy
- 4.5.5 As the existing FAB Framework is due to expire on 31 March 2021 it is recommended that this strategy is extended to 31 March 2022 to enable the Council to develop a new strategy that build on our previous success and addresses the impact of Covid to deliver positive outcomes for residents.
- 4.5.6 Throughout the pandemic our leisure facilities, parks and open spaces have offered a vital service for many residents to exercise and participate in physical activity. The council, GLL, clubs and community groups continue to respond to a dynamic and changing situation which has resulted in facility closures, suspension of activities, restricted access to outdoor equipment and limited play provision since March 2020.
- 4.5.7 Whilst the Council continues to work with partners to diversify and adapt provision to enable activities and events to take place, the impact of Covid-19 has significantly affected health. In recognition of this, we want more communities to enjoy the benefits of sport and physical activity. Our priorities for the coming year include:
- 4.5.8 Increasing physical activity levels in the borough, through targeted work with groups who are less active and opportunities for physical activity that increase wellbeing and sustainability.
- 4.5.9 Building on our fit and active Barnet (FAB) campaign by developing and delivering behavioural change campaigns, working with partners and connecting to national campaigns such as 'This Girl Can' and 'We are Undefeatable'.
- 4.5.10 Continuing to invest in our leisure centres, enhancing facilities and developing longer term plans.
- 4.5.11 Key performance indicators for this priority will be shaped following a review of end of year results and will include a range of indicators such as the Sport England Active Lives dataset regarding levels of activity.

5. REASONS FOR RECOMMENDATIONS

- 5.1 A key element of effective management is for the council to have plans in place, particularly in the context of continuing budget and demand pressures, delivering local priorities and allocating resources effectively.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 6.1 The alternative option is to not have plans in place which would make it difficult for progress against corporate plan outcomes to be measured.

7. POST DECISION IMPLEMENTATION

- 7.1 The Delivery Plan will be refreshed on an annual basis. The committee will receive a performance report each quarter updating on progress, performance and risk against the priorities. Reporting may need to adapt to ongoing Covid19 response requirements.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

- 8.1.1 This supports the council's existing corporate priorities as expressed through the Corporate Plan. Through the new corporate plan, a new outcomes framework that supports the new priorities will be developed.

8.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 8.2.1 The Delivery Plan 2021/22 for Adults and Safeguarding Committee supports the savings programme that was approved by Adults and Safeguarding Committee in November 2020.

8.3 Legal and Constitutional References

- 8.3.1 The council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all Committees.

<https://barnet.moderngov.co.uk/documents/s63439/08Article7CommitteesForumsWorkingGroupsandPartnerships.doc.pdf>

The responsibilities of the Adults and Safeguarding Committee can be found here:

Responsibilities include:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- Work with partners on the Health and Well-Being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and to promote the Health and Well Being Strategy and its associated sub strategies.
- To submit to the Policy and Resources Committee proposals relating to the Committee's budget (including fees and charges) for the following year in accordance with the budget timetable.
- To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- To receive reports on relevant performance information and risk on the services under the remit of the Committee.

8.4 Insight

8.4.1 As part of the activities undertaken in the delivery plan we will use insight and evidence to ensure services and support are sufficiently targeted and responsive.

8.5 Social Value

8.5.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. As part of any commissioning work in the delivery plan, we will consider the requirements of this act and ensuring the most benefit for Barnet residents.

8.6 Risk Management

8.6.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks will be reviewed quarterly (as a minimum) and any high-level risks will be reported to the relevant Theme Committee and Policy and Resources Committee.

8.7 Equalities and Diversity

8.7.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty, requires elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

8.7.2 All work considered as part of the Medium Term Financial Strategy that sits alongside this plan has gone through the Equalities Impact Assessment process.

8.7.3 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

8.8 Corporate Parenting

8.8.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the refreshed Corporate Plan reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does. The services set out in this report are relevant to care leavers with care and support needs including eligible needs under the Care Act 2014. Dedicated concessionary access to leisure centres is in place for Care Leavers, Children in Care and Young Carers.

8.9 Consultation and Engagement

8.9.1 We will continue to engage, consult and co-produce new pieces of work in the delivery plan wherever possible to ensure that services and support are shaped by residents of Barnet.

9. BACKGROUND PAPERS

- 9.1 [Adults and Safeguarding Committee](#) – 23 November 2020 – agenda item 7 – Business Planning 2020-25
- 9.2 [Policy and Resources Committee](#) – 8 February 2021 – agenda item 9 – Business Planning Corporate Plan, budget for 2021/22, and MTFS 2021-25
- 9.3 [Budget Council](#) – 2 March 2021 – agenda item 10.1 – Referral from Policy and Resources Committee - Business Planning - Corporate Plan, Budget 2021/22 and Medium Term Financial Strategy 2021-25

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FIT & ACTIVE BARNET FRAMEWORK

2016 – 2021



www.barnet.gov.uk

BARNET
LONDON BOROUGH

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Foreword

The benefits of keeping fit and active are well documented for both our physical and mental health and wellbeing.

Interestingly, our research shows that at least 50 per cent of our adult population (16+) do not take part in any sport or physical activity, with 38.6 per cent of 10–11 year olds experiencing problems with excess weight.

Here in Barnet we have a thriving sporting structure and plenty of green space to help our residents live an active lifestyle, and I am confident we can harness the power of sport and physical activity to create a positive change to our health and wellbeing.

While our ambition is clear our vision can only be achieved by working closely with our partners and local sporting groups, as well as residents who are at the heart of our services.

This five year Fit and Active Barnet framework goes beyond the realm of sport in its traditional sense and explores the need for physical activity to be incorporated into everything we do from the work being carried out by our Public Health teams through to designing our built environment. This approach, combined with a greater collaboration with our partners, will help to provide the foundation for innovation and ultimately contribute towards us succeeding in bringing about positive change.

This journey will not be without its challenges, and our response to providing solutions through a connected vision will help us maximise opportunities and deliver meaningful outcomes for our residents.

Effective partnership working has seen adult (16+) participation in sport increase by 3% between 2014 – 2016 (37.2% to 40.2% as measured by Sport England's Active People Survey).



I am confident that a joined up approach working via the Fit & Active Barnet Partnership will help to drive participation and opportunities further for the benefit of all residents in the borough.

A handwritten signature in black ink that reads "Sachin Rajput".

Councillor Sachin Rajput
Chairman, Adults and Safeguarding Committee

Why do we need a Fit & Active Barnet Framework?

This document sets out a local framework for the development of sport and physical activity in Barnet over the next five years, underpinned by a vision to ‘create a more active and healthy borough’.

As our population becomes increasingly sedentary, physical activity is importantly recognised as an essential component of our wellbeing; providing a positive contribution to our physical, mental and emotional health. In order to challenge and address inactivity, there is a clear requirement to establish an environment that supports:

- identification of opportunities to increase participation
- development of sporting pathways
- a shared vision and strategic direction, working in partnership to effect change and continuous improvement

- reducing inequalities and promote equality
- access to funding to deliver sustainable initiatives
- innovation by looking at less traditional forms of engagement and delivery, helping to make access to sport and physical activity an easy, practical and attractive choice
- developing greater community capacity; increasing community responsibility and opportunities for residents to design services with us.



There is an active network of organisations and providers within the borough, and it is anticipated that the approach outlined within this document will support in providing a platform for partners to deliver their own respective strategies, action plans, projects and interventions that have a clear alignment and synergy to this framework.

We want to encourage new partnerships and renew a commitment to develop and improve opportunities in sport and physical activity at all levels across the borough. The result of this will provide a joined up approach that responds directly to local need and priorities.

We anticipate that this will be achieved through improved use of resources, commissioning opportunities and unlocking investment.

A future role of the Council will focus on:

- the alignment of focus via Council Strategies and Commissioning Plans
- creating conditions for stakeholders, community groups and organisations

to effectively work in partnership to achieve a shared vision

- providing insight, intelligence and support to facilitate opportunities
- communicate and promote the value and benefit of sport & physical activity
- foster an accessible, inclusive and attractive approach to participate in activity.



This framework has been developed via a two stage engagement process:

- Stage 1 – workshops with partners and stakeholders, facilitated by London Sport, to shape the vision, outcomes and proposed commitments within the framework. This included but was not limited to partner and stakeholder representation from Barnet and Harrow Public Health, National Governing Bodies of Sport and the Voluntary and Community sector.
- Stage 2 – public consultation via London Borough of Barnet's consultation platform, Engage Barnet. This process sought feedback from partners, stakeholders, residents and community groups etc. on the proposed vision, outcomes and commitments.

Sport and physical activity has a wide reaching impact, enabling a range of opportunities to be delivered through a diverse offer. Our direction is guided through recognition of national, regional and local policy which reinforces a Barnet approach (see page 48 for a full reading list).

The launch of a new Government Strategy: A Sporting Nation (December 2015) and the Sport England Strategy; Towards an Active Nation (2016 – 2021), provide key principles that interact and correlate with the Barnet Corporate Plan (2015 – 2020) which strives to ensure that the borough is the place of opportunity, where people are helped to help themselves, where responsibility is shared and where high quality services are delivered effectively and at low cost to the taxpayer.

The relationship of the Barnet Corporate Plan outcomes is connected to a national vision to encourage 'more people from every background regularly and meaningfully engaging in sport and physical activity' in addition to supporting an approach to create 'a more productive, sustainable and responsible sport sector' – Sport England; Towards an Active Nation (2016 – 2021).



Fit & Active Barnet Framework outcomes

In order to achieve our vision of creating a more active and healthy borough, we want to maximise engagement and work collectively towards a shared ambition. The Barnet Health & Wellbeing Strategy 2015 – 2020 identified four outcomes for sport and physical activity, which form the basis of this framework.

Outcome 1



Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents.

Outcome 3



Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an 'active habit'.

Outcome 2



Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services.

Outcome 4



Target those who do not traditionally engage, increasing participation amongst under-represented groups.

Understanding available insight and intelligence will enable us to shape an approach that engages and captivates residents in a targeted way. This will assist in reducing inequalities and responding to the diverse needs of the following under-represented groups:

- children and young people
- older adults
- women and girls
- disabled people
- black and minority ethnic groups (BME).



Insight: Barnet at a glance

Barnet has an increasing and aging population; and is now the largest borough in London with 376,265 residents. The highest rates of population growth are forecast to occur around the planned regeneration works in the west of the borough, with over 113% growth in Golders Green and 56% in Colindale by 2030.

The west of the borough generally has the highest concentration of deprivation in the wards of Colindale, West Hendon and Burnt Oak.



There are pockets of deprivation across the borough such as the Strawberry Vale estate in East Finchley and the Dollis Valley estate in Underhill.

Joint Strategic Needs Assessment, 2015 – 2020



The percentage of adults with excess weight (overweight and obese) is

55.7%

Joint Strategic Needs Assessment, 2015 – 2020



For children aged 4 – 5 years, the percentage of excess weight (overweight and obese) is

21%

which is lower than the London average at 23.1%.

Excess weight for children aged 10 – 11 years is currently

34.4%

which is lower than the London average of 37.6%.

Joint Strategic Needs Assessment, 2015 - 2020





Barnet's population is becoming more diverse, driven predominantly by the natural change in the population.

The highest proportion of the population from white ethnic backgrounds are found in the 90 years and over age group:

93.3%,



whereas the highest proportion of people from BME groups are found in the 0 – 4 age group:

55.4%.



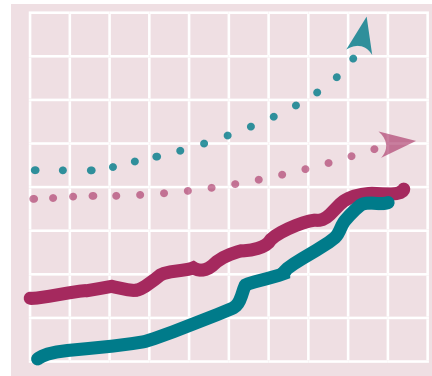
The wards of Colindale, Burnt Oak and West Hendon have populations of whom more than 50% are from BME backgrounds.

Joint Strategic Needs Assessment, 2015 – 2020



Coronary Heart Disease is the primary cause of death amongst men and women.

As male life expectancy continues to converge with that of women it is likely that the prevalence of some long term conditions will increase in men faster than women.



Joint Strategic Needs Assessment, 2015 – 2020

There is no definitive data on the amount of people with a disability living within the borough, although research undertaken by Oxford Brookes University provides the following estimates:

Moderate or severe learning disabilities



1,507



Moderate physical disability

16,795



Severe physical disability

4,749



Mental health problems

16,523

Joint Strategic Needs Assessment, 2015 – 2020



Recommended sport and physical activity guidelines

In July 2011 the four UK Chief Medical Officers (CMOs) published physical activity guidelines in a joint CMO report ‘Start Active, Stay Active’ covering early years, children and young people, adults and older adults.

Physical Activity does not refer in its entirety to sport; and is wholly inclusive of all forms of activity (play, dancing, walking, and gardening).

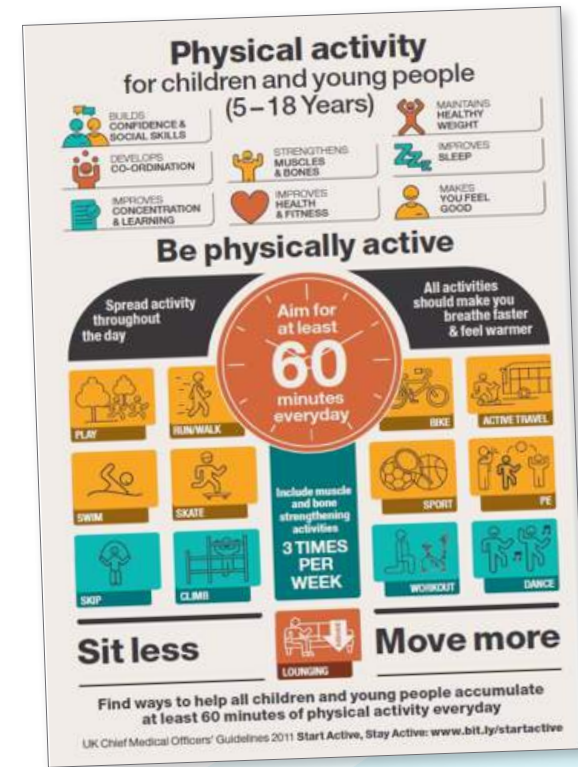
Early experiences often shape our feelings, which can discourage activity, resulting in little or no interest to participate (at any stage in life). The benefits of leading an active lifestyle can improve our mental wellbeing, confidence, interpersonal skills and sense of achievement. In Barnet it is important that we promote this message, creating the awareness of these benefits.

Insight tells us that over the past five years adult (16+) participation in sport has appeared to be fairly static in Barnet. The most recently available Sport England Active People Survey (APS10) presents an increase in participation since

APS9, however major underlying disparities still exist such as:

- the number of women participating in sport and physical activity is low, in addition to those who are included within low income groups and from BME Groups

- an insufficient sample size in respect of disability participation (local and London region) highlights an important requirement to promote accessibility and alignment of opportunities for disabled people.



Insight: Sport and physical activity in Barnet



37.2% (APS9)
to
40.2% (APS10)

of the adult population aged 16+ participate in sport at least once a week



22.2% (APS9)
to
22.8% (APS10)

of the adult population aged 16+ participate in sport for 30 mins or more three times a week.

Sport England Active People Survey 9 & 10

The percentage of the adult (16+) population achieving the recommended levels of physical activity set out by the Chief Medical Officer:

active **58.5%**

>150 minutes a week

insufficiently active **14.3%**

30–149 minutes a week

inactive **27.2%**

0–29 minutes a week

Sport England Active People Survey



53.5%

of the adult (16+) population do not currently participate in sport.

Sport England Active People Survey 10



Insight: Sport and physical activity in Barnet

Inequalities are apparent as current research demonstrates

23.2%

of men (16+) participate in sport three times or more per week (for 30 mins or more)



12.6%

compared to only of women (16+)



Sport England Active People Survey 10



37.3%

of adults (16+) from BME communities participate in sport once or more per week (30mins or more) compared to



42.0%

from white communities

Sport England Active People Survey 10

Number of all adults (16+) wanting to do more sport



61.5%

Sport England Active People Survey 10



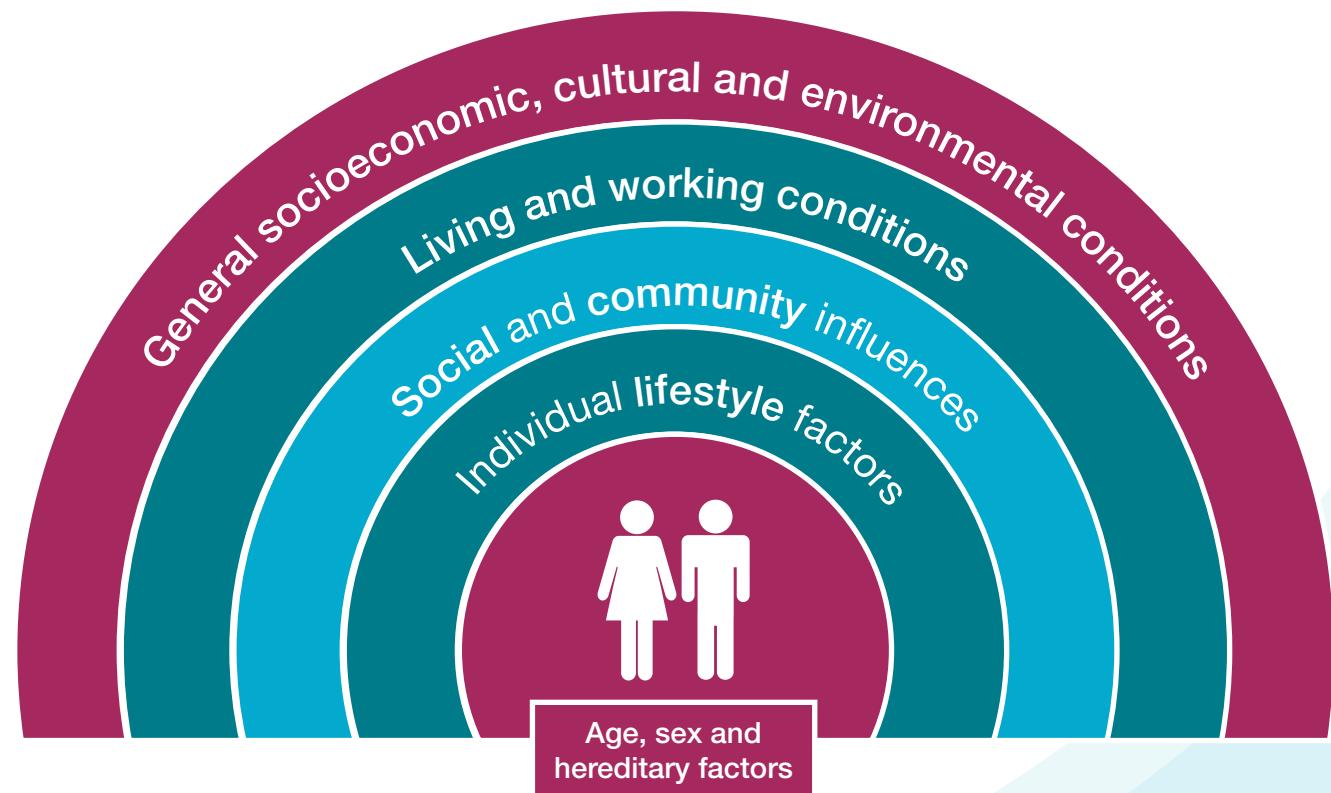
Barriers and motivators to participation

There are numerous barriers to individuals participating in sport and physical activity, which include but are not limited to:

- school pressures
- work
- transport
- cultural and language barriers
- access to local facilities
- health
- self esteem
- cost.

The approach we take to address barriers and tackle inequalities will rely on access to environments at an appropriate cost. This can support in achieving a variety of wider social outcomes, including:

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development.



A Barnet approach to sport and physical activity

As public sector resource faces significant pressure, the importance of working more collaboratively to maximise opportunities and ensure sustainability is vital.

The Local Authority will focus on strategic facilitation to improve wellbeing, which will refocus practical aspects of service delivery. This will mean working with stakeholders and partners to create an insight orientated approach that guides and enables a sustainable sport and physical activity infrastructure.

Across Barnet there are varied and vibrant opportunities for all residents to lead an active and healthy lifestyle. Delivering improvement and achieving success will rely on creating a thriving network and offer delivered through relationships. Together we need to utilise resources in an efficient manner to ensure that capacity remains to support an offer.

Future success will rely on the implementation of a 'Fit & Active Barnet Partnership', which will govern and bring this framework to life; establishing a foundation to maximise opportunities that respond to demand, avoid duplication of services, identify and address gaps, demonstrate value for money and increase participation through a multi-agency approach.

Barnet has a volume of assets (education, community and private) that have the ability to support a diverse offering within the borough. Facilities create our local infrastructure, shape experiences and enhance a pathway from physical activity sport. We want to create a more accessible environments, working with a range of organisations to expand and enhance provision. We also want to explore the benefits and opportunities to co-locate services.

To achieve success, emphasis will be focused on relationships that can inspire residents to lead healthier lifestyles.



It is important that we aid behaviour change; encouraging residents to spend their 'leisure time' being active rather than opting for sedentary interests.

Physical activity can provide a response to a rising population to ensure that the long term impact on public services is less strained. Recognising that at different life stages interests change and drop out occurs; we need to challenge social and lifestyle habits. This emphasises a need to ensure that opportunities for participation are accessible, affordable, high quality and relevant to the residents which they serve.

The following sections of this framework provide an overview of how the vision and outcomes can be achieved through alignment against the Local Authority Commissioning areas of:

- Public Health
- Growth & Development
- Environment
- Children & Young People
- Adults & Health.



Public Health



Physical activity is one of the most basic human functions, yet inactivity has been identified as the fourth leading risk factor for

global mortality

causing an estimated

**3.2million
deaths.**

In Barnet, health costs of physical inactivity currently costs £6.7 million, equating to approximately £1.9 million per 100,000 of our population.

Sport England Local Sport Profile

Our approach and the action we take locally requires focus on a varied pathway for all ages and abilities.

In 2014, Public Health England launched its national strategy for physical activity, Everybody Active Every Day, which outlined five key steps for local action:

- every child to enjoy & have skills to be active
- safe, attractive & inclusive active living environments
- make every contact count in public & voluntary sectors
- lead by example in public sector workspace
- evaluate and share ‘what works’.

These steps are aligned with Barnet Public Health principles, which recognise the importance of early intervention and prevention to manage demand and deliver better outcomes. As our health and social care system faces the challenge of increasing demand and limited resources, it also requires a need to innovate and transform the way services are delivered.



For physical activity and sport highlighting the importance of preventative activities is important, whilst continuing to develop relationships with key partners including the Clinical Commissioning Group and health professionals to demonstrate investment in physical activity is an efficient and effective option to:

- give children the best start in life
- support healthy lifestyles and self-care
- reduce substance misuse and smoking
- promote the wellbeing, resilience and capacity of individuals and communities
- support employment
- create healthy places.

This approach demonstrates value of activity helping to build a case in Barnet to commission and invest in future opportunities.



In order for us to successfully increase participation levels and improve the health of Barnet residents we must better understand contributory factors and provide solutions to co-ordinate targeted interventions that prioritise:

- treatment of disease (such as heart disease, diabetes, cancer, obesity, depression and dementia)
- injuries from falls
- social care arising from loss of functional capacity and mobility in the community
- sickness absence from work and school
- loss of work skills through premature death or incapacity
- lower quality of life and mental wellbeing for individuals and carers.
- access to opportunities and facilities (inclusive of open spaces) that are fully inclusive and encompass a whole life course.

It is well documented that sport and physical activity has a positive impact on our health and wellbeing. In developing a Barnet approach, a diverse offer that explores non-traditional forms of activity is important to effectively support and address health disparities and sedentary behaviour.

It is also important to recognise the role that employers can make to support the health and wellbeing of their workforce. Investing in the health of employees provides business benefits such as reduced sickness absence, increased loyalty and better staff retention. Promoting workplace health solutions will support in reducing behaviours and trends associated with a sedentary lifestyle.



Case Study – Workforce Health

The London Healthy Workplace Charter is a self-assessment framework that recognises and rewards employers for investing in workplace health and wellbeing. It provides a series of standards for workplaces to meet in order to guide them to creating a health-enhancing workplace.

London Borough of Barnet achieved the Healthy Workplace Charter at ‘Excellence’ level in Oct 2015 and are the only organisation to achieve all three levels of the Charter in one year; commitment, achievement and excellence.

Led and coordinated through a collaborative approach between London Borough of Barnet and Barnet and Harrow Public Health, a range of weekly activities are available to staff including running and walking groups and yoga classes. Staff can also access advice and guidance throughout the year such as health MOT’s and looking after your mental health etc.

An inaugural Healthy Living and Sports event was held for staff in June 2016 which see over 170 members of staff compete in an afternoon of fun sports day activities.

An analysis completed on sickness absence demonstrated that following the implementation of the Healthy Workplace Charter, absence occurrences related to stress, mental health and ‘other musculoskeletal’ illnesses have reduced.



Football and rounders staff sports event

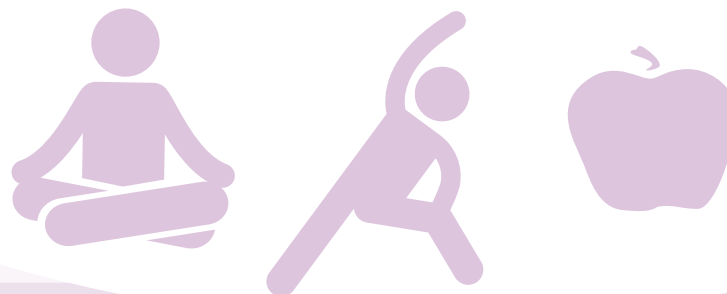
Monday 26 September, 3 – 6pm
New Southgate Recreation Ground, Oakleigh Road South, N11

Sign up your team now for football and rounders tournaments

- five-a-side for football and nine-a-side for rounders
- check your emails from First Team for how to register your team.



Check out the intranet and First Team for more information.



To support Public Health priorities a Fit & Active Barnet Partnership will:

- integrate public health outcomes within a new Barnet leisure management contract, effective from 2018
- support and influence health intervention pathways, harnessing the relationship between health and activity (e.g. post health check, children & young people healthy weight pathway, weight management and cardio vascular disease)
- embed a commitment to ensure that delivery partners and stakeholders are aligned to and fulfilling key policy that directly impacts participants and the quality of services received i.e. Mental Health Charter for Sport and Recreation, Barnet Youth Charter, Barnet Dementia Manifesto and the emerging Governance Code for Sport in the UK
- support promotion and implementation of the Healthy Workplace Charter across Barnet through active signposting
- ensure brief advice on physical activity is incorporated into services for groups that are particularly likely to be inactive (utilising key guidance and available resources)
- align with and fully embrace key government and national targeted campaigns to get the nation moving more i.e. This Girl Can, One You and Change 4 Life
- encourage an innovative approach that seeks to increase participation via less traditional forms of delivery to reach a wider demographic and address barriers to participation i.e. parkrun.



Growth and Development

Our daily environments have changed significantly in recent years and maintaining sufficient levels of physical activity is becoming more and more challenging. The causes of physical inactivity and disengagement in sport can be largely attributed to a number of environmental factors, which have made daily living and working environments increasingly sedentary. The distance between homes, workplaces, shops and places for leisure activities has increased the use of cars which has led to a decline in walking and cycling. Inevitably this is a major factor in reducing levels of physical activity and increased obesity.

Investment in walking and cycling infrastructure or behaviour change programmes can be expected to deliver low cost, high-value dividends for health and the economy.



In January 2015, walking in Barnet had risen by

↑3%

(from 24.9% in January 2014), clearly representing an interest to participate in specific walking initiatives or completion of journeys by foot.

Joint Strategic Needs Assessment, 2015 – 2020



Evidence suggests switching to active travel from short motor vehicle trips alone could save

£17bn

NHS costs over a 20 year period, with the largest cost saving from the reduction in the expected number of cases of type 2 diabetes (£9bn).

Joint Strategic Needs Assessment, 2015 – 2020

The 2012 Local Plan (Core Strategy) for Barnet identified three objectives that can be addressed via sustainable travel solutions:

- to provide safe, effective and efficient travel
- to promote strong and cohesive communities
- to promote healthy living and well-being.

A future approach in Barnet must acknowledge the value of sustainable travel, and work with partners such as Transport for London and regeneration partners to improve connectivity and ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport.

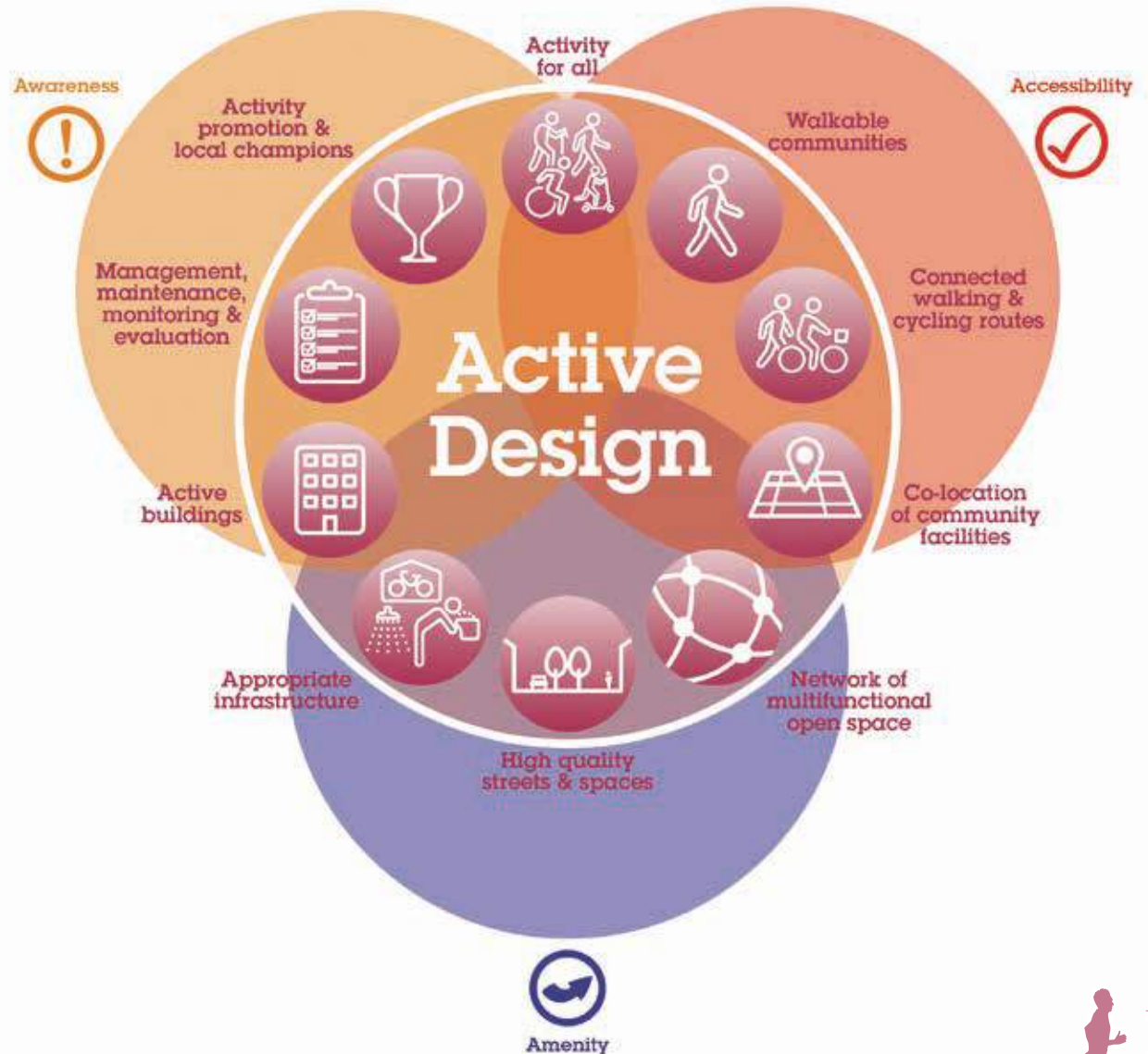
Barnet’s Sustainable School Travel and Transport Strategy (2007) sets out a vision to keep the borough clean, green and safe through promoting more environmentally friendly travel. School Travel Plans have been implemented in schools across the borough, with 98 schools achieving the Sustainable Travel, Active, Responsible, Safe (STARS) mark in the 2015/2016 academic year.



Implementation of these plans has demonstrated a significant decrease in the number of car journeys (to and from school). These plans also strive to improve the health of children and young people (and their parents and guardians) by promoting alternative modes of transport such as walking and cycling.

Everybody Active, Everyday (2014) and Sport England’s ‘Active Design Principles’ emphasise that by developing ‘active environments’, through thoughtful urban design, understanding land use patterns, and creating transportation systems, we can help to create active, healthier and more liveable communities. Crucially in order to improve accessibility, amenity and awareness; the local authority, partners and organisations must consider how to best optimise the ten principles to best effect opportunity. We know Barnet will become increasingly diverse, driven predominantly by natural change in the existing population and the increased ward population projections that directly correlate with the planned regeneration developments in the west of the Borough (Colindale, Burnt Oak, West Hendon & Brent Cross).

The Ten Principles of Active Design



Active Design Principles – Sport England, Active Design; Planning for health and wellbeing through sport and physical activity (Oct 2015)



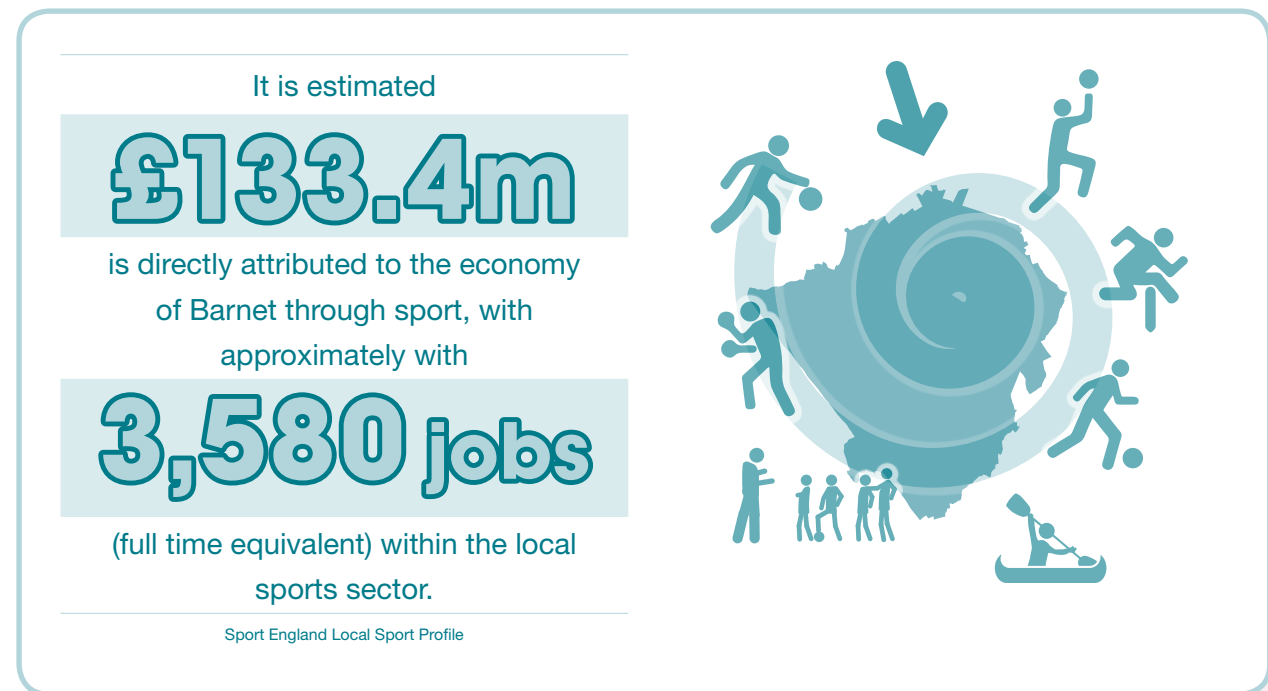
One of the key challenges will be meeting the diverse needs of growing communities, involving the local community and experts at various stages of development will enable greater maximisation of opportunity.

The London Plan (2015) identifies Barnet as an area for intensification where planning decisions should ‘seek to optimise residential and non-residential output, provide necessary social and other infrastructure to sustain growth, and where appropriate, contain a mix of uses’. Sport and physical activity in Barnet must recognise the scale and demand that growth generates, and work strategically with planning agents to review opportunities to co-locate services and create community hubs. This will make it easier for families to be active in the same place, provide usage all year round and offer cost effective operating solutions. We must also ensure that future planning applications and regeneration opportunities prioritise the need for all residents to be physically active as part of their daily life.

In broad terms, this will mean where feasible, influencing and unlocking potential Community Investment Levy and Section 106 monies to support sport and physical activity in Barnet.

Creating a sustainable sports sector will endeavour to support and grow our local economy. The Entrepreneurial Barnet Strategy (2015-20) considers ways in which the success of the Barnet economy can be supported by concerted action by the Council and its partners.

In order for Barnet to build on creating a diverse and varied workforce, we must better utilise insight and networks to understand skills required, capability and capacity to develop and forge relationships with employers.



Case Study – SHAPE'ing a New Workforce

Funded by Sport England and Barnet & Harrow Public Health, SHAPE is a three year programme (2014 – 2017) established to support young people aged 14 – 19 to access sport and physical activity opportunities in the wards of Burnt Oak and Colindale.

Over 1,500 young people have engaged in the programme to date (Nov 16), accessing weekly sports sessions on offer including; gym, basketball, street dance and football. In addition to increasing activity levels amongst young people, the programme has supported in excess of 50 young people to broaden their horizons by obtaining a variety of sports qualifications.

Jude* is a young person from the Grahame Park estate (Colindale) that has benefitted significantly from engagement in the SHAPE programme. At risk of becoming disengaged, Jude was offered the opportunity to complete a Junior Sports Leadership Award. Completion of this qualification enabled Jude to develop his passion for sport, skills and confidence, whilst providing a positive diversionary activity. Through a multi-agency approach between the SHAPE team, Youth and Family Service and Middlesex University, Jude is now being supported to complete his Level 2 Fitness qualification, helping to enhance his future career prospects and opportunities.

The success of the SHAPE programme in increasing participation and positively influencing wider community outcomes was recognised in 2016 with the project being longlisted from 600 national applications to the National Lottery Awards; best project of the year category.

For more information on the SHAPE programme please visit www.barnet.gov.uk/shape

*participant name not disclosed for confidentiality reasons.



The importance of volunteering in sport and physical activity is invaluable, and traditionally has been seen as an enabler for others to play sport whilst growing activity from grassroots level. Sport England; Towards an Active Nation (2016) outlines a commitment to look at volunteering through the eyes of the volunteer; better connecting benefits alongside the health and wellbeing of an individual. This is a refreshed approach which will also require recognition that modern day life can often make volunteering difficult.

In Barnet, this will require a collaborative approach to:

- provide access to high quality and diverse volunteering opportunities that fulfil personal needs, enable utilisation of skills and the development of new skills and experiences
- adopt an innovative approach to volunteering, to ensure community benefit is at the very core
- establish new relationships with residents and the voluntary and community sector (VCS) that enable independence and resilience, encouraging greater responsibility for sport and physical activity in their local areas
- encourage and support the VCS with utilising available tools and training such as Club Matters and 'Join In' to increase their volunteering offer and develop capacity to engage and support volunteers.



Achievement of this approach will contribute to the creation of a robust sporting voluntary sector in Barnet that will:

- tackle social isolation and engage those most vulnerable
- support people affected by welfare reform and/or on-going poverty
- get more people proactively engaged in developing and maintaining their local areas
- create opportunities to work with faith groups, promoting stronger relationships and opportunities to mobilise higher levels of volunteering that will enhance the local workforce.

A further

£233.7m

is attributed through the contribution that sport makes to volunteering, health service and visitors into the area.

Sport England Local Sport Profile

12.7%

of Barnet's adult population (16+) volunteer in sport.

Sport England Local Sport Profile



Case Study – parkrun Barnet

From beginners to seasoned athletes, parkrun at Oakhill Park offers Barnet's residents the opportunity to participate in a free timed 5km run every Saturday at 9am. Led entirely by volunteers and established in 2011 a staggering 3,102 individuals have participated in the weekly run, with an average of 82.6 runners per week. Clocking up a distance of 107,750km the runners have collectively run to Sidney, Australia and back again three times!*

For more information on Barnet parkrun visit www.parkrun.org.uk/oak-hill/

*Stats recorded Nov 2016



To support Growth and Development priorities a Fit & Active Barnet Partnership will:

- identify opportunities for co-location and community hubs to widen access and maximise use of local facilities and open spaces
- encourage and maximise the use of sports facilities during and outside of school hours through management arrangements, leases and robust business models
- through the planning process, identify opportunities to invest in sport and physical activity in Barnet e.g. S106 monies, Community Investment Levy and Sport England's Strategic Investment fund (or similar)
- influence planners and key policy makers to build and promote healthier and more active communities within new developments and regeneration schemes. This also includes maximising the use of way finding signage and challenging the presence of 'no ball games' signs
- enable, promote and support plans for active travel across Barnet, through a strategic network which aims to increase use and break down barriers associated with alternative travel methods e.g. walking and cycling
- encourage the development of volunteering across the borough through strategic alignment to the Community Participation Strategy
- encourage high quality employment and work experience through the sports and physical activity sector to benefit local residents.

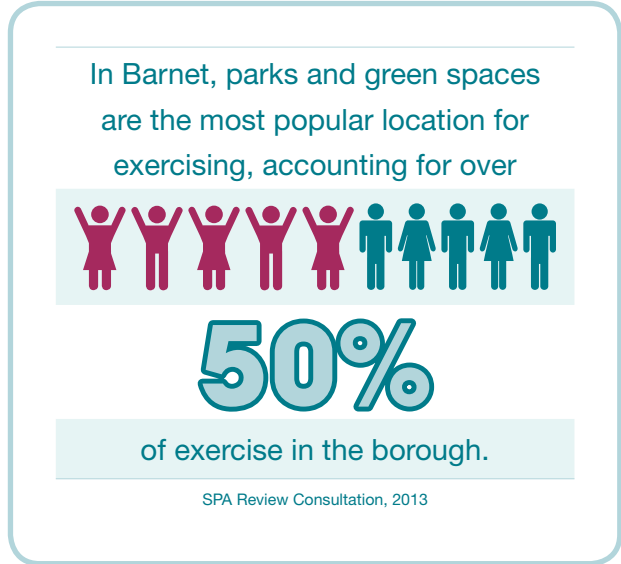


Environment

Barnet offers a unique blend of parks and open spaces, inclusive of indoor and outdoor sports facilities which will be future characterised by population growth. Much of the new regeneration will not provide individual residents or families with children access to private green space. This presents a demand and adaptation to ensure that green space facilities deliver a range of opportunities and future benefits. Our environments must ensure that facilities are accessible for all, with a particular focus on those from under-represented groups; lower socioeconomic status, BME groups with specific cultural requirements and those who have a disability.



Parks and open spaces are widely recognised for their health benefits as they can be used as a setting for casual or organised exercise.



It is therefore important to maintain and improve the environment to encourage physical activity, particularly as the provision of facilities and spaces play a critical role in sustained resident engagement.

In 2016, Barnet commissioned a Playing Pitch Strategy, a report that will provide an updated evidence base which assesses sporting need and demand. A key driver of this strategy will ensure that outdoor sports facilities and pitches contribute to the Fit & Active Barnet vision. The Playing Pitch Strategy will inform an approach to decisions that provide a clear strategic focus to ensure that facilities can become financially sustainable in the future. The adoption of the Playing Pitch Strategy will present a strategic opportunity to work with National Governing Bodies and other funders to address a response in securing appropriate investment in Barnet to transform provision.

The Parks and Opens Spaces Strategy 2016, includes an ambition to create ‘sport hub’ sites, aimed at providing a geographical spread of sports facilities across the borough. The current areas that have been identified are:

- Barnet Copthall
- Barnet Playing Fields
- West Hendon Playing Fields.



The Open Spaces Strategy investment programme focuses on Barnet's largest and most important sites which are distributed evenly across the borough, with the ability to deliver significant health outcomes.

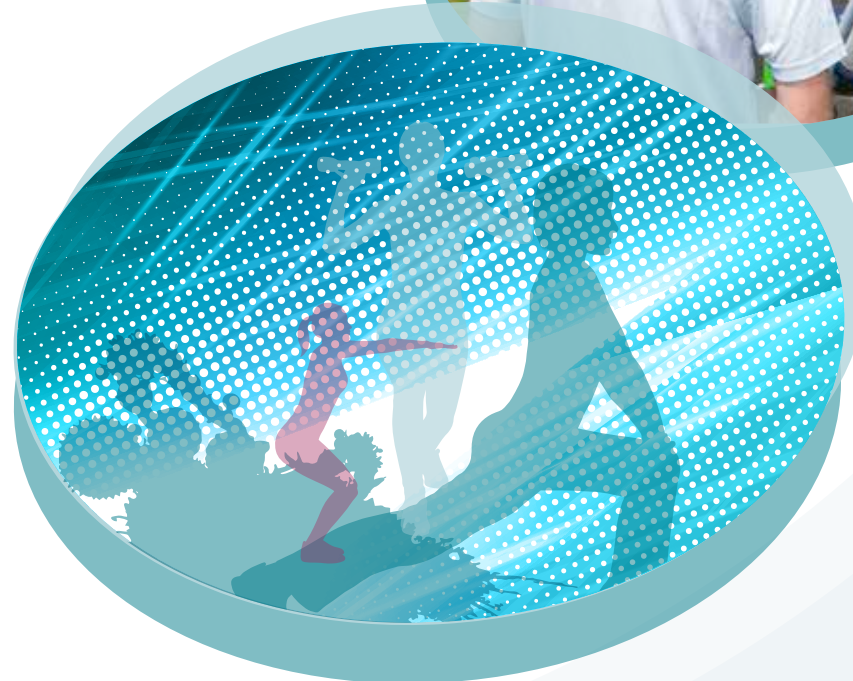
The conclusion of the Playing Pitch Strategy (early 2017) and the adoption of the Copthall Planning Brief (September 2016) will test this vision further and strategically align priorities.

Local spaces are equally significant in delivering positive outcomes across the borough and a place based approach, supported through resident and stakeholder input will support the development of future proposals such as:

- outdoor gyms
- marked and measured routes
- cycle routes
- green ways and green routes
- playground investment
- tennis courts.

The Local Authority will need to work with a range of stakeholders via the Fit & Active Barnet Partnership to guide a thematic approach.

As a collective we need to work towards facilitating improved utilisation of assets and venues (indoors and outdoors), which provide children, young people and adults with the ability to participate in safe activity in a variety of premises.



The importance of promoting social capital and supporting sport and physical activity through facilities is vital. Barnet has a strong community asset base on which to build and the Community Asset Strategy (2015) outlines an approach to make best use of these facilities to support community and voluntary organisations. The Community Asset Strategy has identified a need for the the Local Authority to implement the Community Benefit Asset Tool that demonstrates social impact. This process has emphasised the need for a co-operative approach, whilst encouraging the use of ClubMark and other available tools and resources to measure quality and community benefit.

Via a collaborative approach we need to ensure that the future development, management and access to facilities are the 'best fit' for the local communities that they serve, creating welcoming environments for all. This approach will help us to maximise opportunity and impact, in addition to creating investment opportunities.

Alignment with Sport England's 'Community Assets' guidance, provides an opportunity to support sports clubs and the VCS to take control of sports assets where there is a demonstrated strategic need and community benefit. This approach seeks to help clubs and the VCS to grow, develop new opportunities, secure their future and be more engaged.

There are five Local Authority owned leisure centres in Barnet, which have a crucial role to play to enhance access to provision. The Sport & Physical Activity (SPA) Project set up in 2012/13 provided an opportunity to evaluate how to deliver services differently, and address customers' needs through a more integrated approach, focusing on health and wellbeing outcomes in a manner that is sustainable. Proposed investment schemes at Barnet Copthall Leisure Centre and New Barnet Leisure Centre (a replacement of Church Farm Leisure Centre) will assist in creating and developing accessible destinations.



To support Environment priorities a Fit & Active Barnet Partnership will:

- explore opportunities to secure funding for improvements to infrastructure and participation
- ensure that findings of the sports and physical activity assessments i.e. Playing Pitch Strategy are taken into account in key plans and policies, including the Local Development Framework
- improve strategic alignment to ensure opportunities are concentrated and a range of facilities are utilised to sustain future activity; via the workplace, community, leisure, education, travel and open environment
- improve Barnet leisure facilities, including the redevelopment of Barnet Copthall Leisure Centre and a new leisure facility in Victoria Recreation Ground, New Barnet
- advocate for spaces and facilities used for physical activity to meet recommended safety standards for design, installation and maintenance e.g. DDA compliance
- promote the Inclusive Fitness Initiative Accreditation (or equivalent), supporting expansion beyond leisure facilities
- maximise and encourage use of strategic tools i.e. ClubMatters and Community Assets guidance to create a sustainable sport and physical activity offer
- facilitate appropriate community access arrangements.



Children and Young People

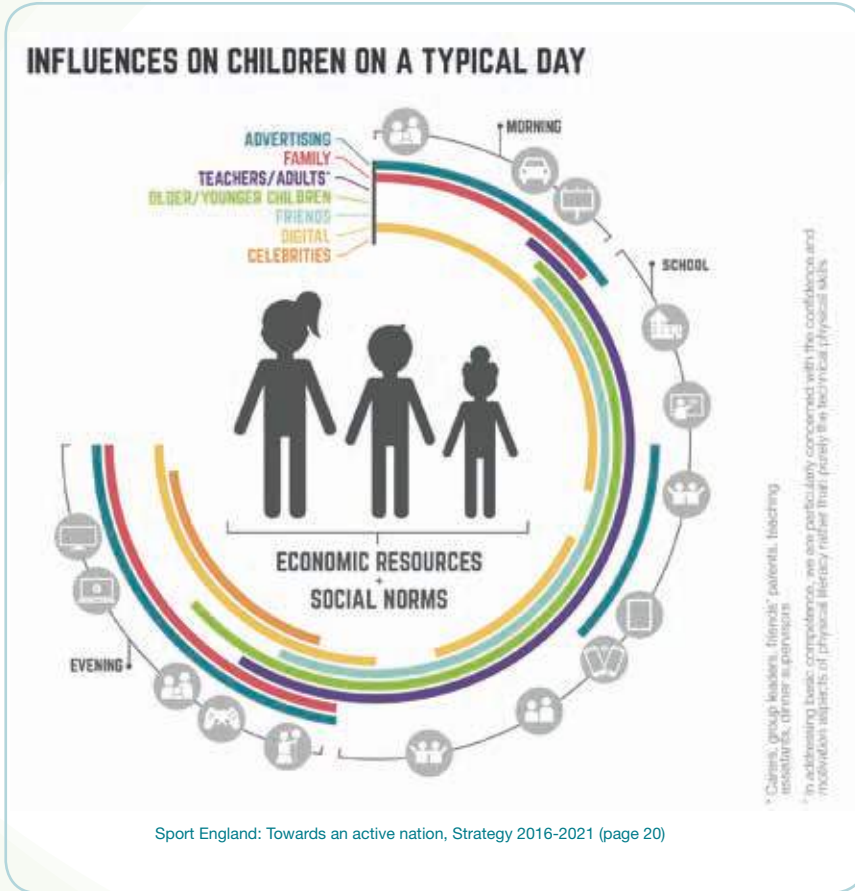
The Barnet Children and Young People Plan (2016 – 2020) has a clear aspiration to ‘create a family friendly borough’.

This means children and families can keep themselves safe, achieve their best, be active and healthy whilst having a say. As the recommendation for physical activity in children stresses upon promotion at an early age, and the extended remit of Sport England requires a focus on 5 years plus, the importance of local data will require a strategic and guided response through the Fit & Active Barnet Partnership to develop provision working with children’s centres, primary and secondary schools, further education and the community to meet need and improve outcomes for children and young people.

This also guides a requirement for a holistic approach giving equal consideration to influences within children and young people’s lives including; family, economic resources and social norms.

For example, the Healthy Children’s Centre programme is a universal preventative public health programme aimed at improving health outcomes of children and their families, from pregnancy through the first five years.

This programme provides an opportunity to strengthen the relationship between children’s centres and health partners in order to provide high-quality health services to improve children’s health outcomes. All professionals in early years settings and beyond are encouraged to embed Public Health England’s ‘All Our Health’ evidence-based principles in their practice, with particular focus on the childhood obesity and physical activity topics.



The young Barnet population is estimated to grow by

6%

up to 2020 when it will reach

98,914

maintaining Barnet as the second highest population of children and young people in London.

Joint Strategic Needs Assessment, 2015 – 2020

By encouraging positive health behaviours and active play in early years, we are able to impact obesity levels and many other health outcomes before they are identified during in the National Child Measurement Programme.

Healthy Schools London is a programme established in 2011 by the London Health Improvement Board; implemented to tackle child obesity levels within schools across the capital. Led by the Barnet & Harrow Public Health team, by Nov 2016 77 schools within the borough had achieved 'Healthy Schools' status at varying levels (7 Gold, 22 Silver, 48 Bronze) with 14 schools incorporating sport and physical activity at a targeted or universal level. With the programme due to come to an end in 2020 (subject to available funds) a collaborative approach is required if we want to maintain momentum and ensure schools are committed to improving the health and well-being of Barnet's young residents.

With 160 schools in the borough and in excess of 62,000 pupils, the education sector makes a significant contribution to sports development in Barnet by establishing early experiences that are essential in leading a healthy lifestyle. In order for us to sustain interest outside of education we must develop an effective connection between the education environment and the community landscape.

1 in 5

children in the UK are overweight or obese when they start primary school, this increases to

1 in 3

children by the time they leave primary school.

Joint Strategic Needs Assessment, 2015 – 2020

This relies on continuing to build relationships with the Barnet Partnership for School Sport, Further Education Colleges and Middlesex University to establish and sustain opportunities that facilitate and enable sporting potential.



The Barnet Children and Young People Plan stresses that “children are likely to find it easier to access support outside of the home, when they live in cohesive neighbourhoods with formal facilities that encourage participation and achievement.” It is vitally important to recognise the role of the VCS (to include sports clubs and organisations that provide a service to young people and their families) and the significant contribution they make to sports development in Barnet. Voluntary and community organisations often provide low cost, or free to the point of delivery services for young people.



An estimated
5,912 pupils

in Barnet have some form of Special Educational Need (SEN) with over

600 children and young people

registered as having a disability.

Almost

3,000 children and young people

are known to provide unpaid care for their parents or other family members, although this is likely to be an underestimate.


Barnet Children & Young People's Plan 2016 – 2020



Through enhanced partnerships and collaborative working we need support the sector to grow and diversify further to continue to achieve positive outcomes for young people in the borough. The growth of the number of children and young people in the borough, combined with financial pressures places a demand on specialist children’s social care (notably health). Recognising that child poverty is entrenched in specific areas of Barnet (approx. 16% of children under 5 live in the 30% most deprived local super output areas), effective prevention and early intervention will assist to reduce impact on children and young people, their families and referrals to children’s social care and other specialist services within health and the criminal justice system.



Documentation produced by Sport England validates the return on investment in sports programmes for ‘at-risk’ youths is estimated at £7.35 of social benefit for every £1 spent – delivering financial savings to police, the criminal justice system and the community.



1060
young people aged 11 – 25 supported to participate in sport since 2011 via Sportivate programmes (funded by Sport England).

Understanding the future role of sport in this environment and its potential to strengthen social networks and community identity is vital.

Over the past 5 years Barnet has seen investment via Sport England funding streams to support young people aged 11 – 25 to access sport and physical activity opportunities. Barnet has also continued

its commitment to support young residents to represent the borough at the annual London Youth Games competition.

Recognising the number of influences on children and young people’s lives, in relation to lifestyle choices and variety of services accessed, there is a requirement to ensure that the model for delivery and pathways for progression (developmental and competitive) are clearly established.

This includes the requirement for a locality based approach to delivery that addresses a number of community and social needs, incorporates a range of VCS organisations and adopts a life course approach that considers family and intergenerational engagement. It is also fundamental that children and young people are engaged and involved in the commissioning process.

15 satellite clubs 

established in Barnet engaging young people in sport and physical activity (funded by Sport England).

over 1500
young people aged 14 – 25 supported to participate in sport via the SHAPE programme* (2014 – 2017) and



over 50
young people supported with an accredited sports qualification.

*funded by Sport England and Barnet & Harrow Public Health

Delivery of **3** StreetGames Doorstep Sports Clubs. 

over 300
young people represented Barnet at the 2016 London Youth Games, across 21 sports.

Case Study – Inspiring Barnet’s Young Residents to Move More with the Mayors Golden KM

In the latter part of 2015 a multi-agency steering group consisting of representatives from London Borough of Barnet, Saracens Sports Foundation, Barnet & Harrow Public Health, Middlesex University and the Barnet Partnership for School Sport was established to implement the Mayors Golden Kilometre (MGKM) project.

The MGKM project is a behaviour change initiative that looks to address inactivity levels and rising levels of excess weight amongst young people by inspiring primary schools in the borough to incorporate more physical activity in to their school day (in addition to curriculum activity). The project encourages primary schools to facilitate pupils to walk, run, skip or jog a 1km route (approx. 15 minutes) around their school ground or a local park or open space every day.

The project was soft launched with two schools in October 2015 and then implemented as a multi-agency pilot project from Jan 2016. The pilot included 10 primary schools which resulted in approx. 5,000 children and young people participating.

The steering group are now working to engage all primary schools within the borough and continue to support the initial 10 schools with making the MGKM sustainable through continued activity and incorporating the initiative into their Healthy Schools London plans.

With no financial support to deliver the project, the outcomes demonstrated to date are a true testament to a multi-agency approach and partners working in collaboration to achieve a shared vision.

Christ Church School, High Barnet (Headteacher quote)

‘The benefits of the daily MGKM have been huge. We have noticed that the stamina of the children and teachers has improved, along with their general fitness and desire to join in physical activities. The classes have loved doing it and have socially encouraged their peers to join in and cheered them on. The children have gone home and spoken to parents about their enjoyment of it and feedback from parents has been extremely positive.

Within class we have noticed an improvement in the concentration and attention of some of our children and they seem to focus better on tasks and for longer. Teachers have enjoyed it and their enthusiasm has encouraged the children too. We have linked the 1km to the Olympic Games and Maths. A group of children in Y6 worked out the maths involved – how far had they run, over how many days, distance etc. They worked out that the children would have walked/run the equivalent of school to Dubai and back! This was well received.’

To support Children and Young People priorities a Fit & Active Barnet Partnership will:

- support schools via the Barnet Partnership for School Sport to improve provision in implementing the Primary PE and Sports Premium and the School Games to create healthier habits, inclusiveness and a talent pathway
- promote the vibrant and varied offer available to children and young people to increase physical literacy in early years, school and home settings
- develop partnerships with services accessed by children and young people, and their families e.g. children's centres and schools to promote physical activity and supported interventions
- provide a sustainable pathway for the SHAPE programme and explore expansion across the borough through shared learning
- adopt a multi-agency and insight led approach, to ensure new and existing commissions are centred around the needs of young people that address wider social and community outcomes and enable links between schools, the VCS and facilities to aid sustainability and continued participation or development pathways.



Adults and Health

Barnet’s Health and Wellbeing Strategy outlines the ambition to make Barnet ‘a place in which all people can age well’.

The borough will experience London’s largest increase in elderly residents

65+yrs

over the next five years, rising currently from 52,000 to 59,800 by 2020.

Additional insight also presents an estimated 23,500 residents of this age living with a lifelong limiting illness, a total also set to increase

by **20%**.

Joint Strategic Needs Assessment, 2015 - 2020

At a time of key challenge, with rising demands, increased expectation and financial pressures facing both the Local Authority and the NHS, the role of physical activity in achieving prevention and early intervention is critical. Physical activity has the ability to support demand management and reduce pressure on our clinical services.

As more young people with complex needs survive into adulthood, there is a national and local drive to support individuals to live as independently as possible within the community. It is important that we work together to ensure that appropriate support services are available to support local priorities.

The effect on GP services and the Clinical Commissioning Group (whereby 8.2% expenditure is attributed to mental health) will continue to escalate. Sport and physical activity is a powerful mechanism with a range of case studies that demonstrate the ability to positively impact healthcare.

According to national projections, the most common health conditions within Barnet are mental health disorders.

In 2015 it was predicted that

56,333

people aged 18 – 64 have a mental health condition.

Joint Strategic Needs Assessment, 2015 - 2020

Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of unemployment, social isolation and poorer physical health, all of which create a demand on other services. We know that one in four people will need treatment for mental illness at some point in their lifetime and the majority of these treatments will exist from primary care.



On average, active adults have a

30% lower

chance of feeling distressed or a 30% higher chance of enhanced wellbeing than inactive adults.

Physically active adults have a

30% lower

risk of depression, distress and dementia.

The British Heart Foundation National Centre for Physical Activity; Making the Case for Physical Activity (2013)

Feelings of social isolation and loneliness can be detrimental to a person's health and wellbeing. Anyone can experience social isolation and loneliness, however it is more commonly considered and prevalent in later life and those who are most vulnerable e.g. individuals with a physical and/or mental health condition.

It is well documented that there are a number of factors that can have a significant impact on whether or not a person becomes socially isolated. To address this growing issue, there is a need for effective, targeted and locally based provision. It is also important that we work with key agencies and residents themselves to understand barriers and how we can improve engagement, making activity an attractive choice for everyone to participate.

The Care Act 2014 represents the most significant reform of care and support in more than 60 years. It is expected to drive increased demand for adult social care and support over the intensified levels from demographic pressures. The Care Act called for care to be focused on the individual, their needs and their wellbeing, including increasing the importance of individuals choosing where and how they purchase their care from. With the introduction of Self Directed Support and Direct Payments individuals are given more control over the services that they receive, presenting an opportunity for sport and physical activity to position itself as an attractive choice.

Exploring a such opportunities and working alongside key agencies and community organizations will assist in improving wellbeing.

In 2011 approximately

32,000

carers were registered in Barnet, with approximately 12,746 aged 25 – 49 years.

On average

5.2% carers

reported having poor health.

Joint Strategic Needs Assessment, 2015 – 2020



Case Study – Supporting Carers and those in Care

Working in partnership with Barnet’s leisure operator and Barnet Carers Centre, registered carers and children in care are able to access a free Barnet Leisure Pass. The Barnet Leisure Pass gives eligible individuals access to free swimming and concessionary discounts on a range of activities across Barnet’s leisure centres.

“The Carers’ Centre helped me to receive a pass for free swimming. It has been invaluable. The pass has felt like care for me and because of the gift of care, I have been determined to make good use of it. Going swimming has been positive for me mentally and emotionally as well as physically; I unwind, recharge and re-energise. A BIG THANK YOU!”
(Barnet Leisure Pass recipient)

Physical activity can have a significant impact on the health and wellbeing of people with dementia at all stages of the condition and it is vitally important that services and facilities meet the needs of service users and are ‘Dementia Friendly’.

Through a streamlined approach, it is important that we position a Borough wide offer as an attractive choice to engage and signpost both individuals and professionals e.g. GP’s and other care professionals. We do however need a level of confidence that new and existing opportunities are of a high quality and meet the needs of the service users by providing positive experiences and subsequently creating a sustained active habit. This approach also applies to ensuring that ‘inclusive’ opportunities and services encompass the true meaning of this.

An example of this is the establishment of a Barnet Disability Sports Network in 2016, which is a multi-agency approach to improve the disability and inclusive sporting landscape across the borough (inclusive of mental health).



Barnet has a higher population of people with dementia (estimated over 4,000) than many London boroughs. By 2021 the number of people living with dementia in the borough is expected to increase by

24%

compared to the London wide figure of 19%.

Joint Strategic Needs Assessment, 2015 – 2020



Case Study – Into Sport

Into Sport is a Sport England funded, multi-faceted inclusive sports project that spans North and South London and involves a consortium of seven organisations; Inclusion London, London Sport (formerly Interactive) and five Deaf & Disabled People's Organisations, with Inclusion Barnet as the sole North London representative. One of the strands of the project is to explore barriers to the accessibility of mainstream sports venues, facilities and attitudes, and indeed raises pertinent questions about whether disability sport can in fact be mainstreamed, as illustrated by the acute delineation between the Olympics and ParaOlympics.

Barnet joined in year two of the project, and have succeeded in recruiting 51 participants (target 50) and achieved 182% of target outputs to date (Nov 16) in terms of participants engaging either sporadically or regularly in sport and physical activity.

A previously inactive participant has described the improvement in his wellbeing as being 'physical and mental, as well as social, spiritual and emotional' as he feels that he is doing something that is good for him. The participant now pays more attention to how much he exercises and what his physical strength and fitness allows.

The Barnet Disability Sport Network will provide a partnership approach in supporting the sustainability and diversification of the Into Sport programme in Barnet.



To support Adults and Health priorities a Fit & Active Barnet Partnership will:

- work in collaboration to influence sustainable programming that achieves prevention and early intervention, prohibiting/alleviating the onset of long term health conditions and social isolation
- create an approach to ensure pathways for physical activity and sport are optimised through formal referral by health and social care professionals and self-referrals (e.g. GP surgeries and Healthy Living Pharmacies)
- work in partnership with Health Champions, care professionals and organisations to promote borough wide opportunities so they become an 'attractive choice' for service users
- consolidate Health Walk provision across the borough to achieve a coherent and effective offer
- encourage alignment with best practice tools, programmes and guidance e.g. Dementia Friends and London Sport's Club ID to ensure opportunities and facilities are high quality, inclusive and truly meet the needs and expectations of service users
- develop and fully integrate the Barnet Disability Sport Network to collaboratively enhance the disability and inclusive provision within the borough and promote equality.



Working Together

The development of this framework has characterised a future which will strategically enhance sport and physical activity in Barnet, through a focused set of priorities that require an emphasis on working holistically. Areas highlighted within this framework have been identified through optimum use of local insight and intelligence to inform and guide interventions and resources. A key element of driving future success is the implementation of a 'Fit & Active Barnet Partnership Board'. The purpose of this Board will be to assume a strategic role to assist in supporting mutually beneficial outcomes specified within this framework, supported through respective sub network groups e.g. the Barnet Disability Sports Network.

Some of the challenges inherent in this document and our vision to address them will require a long term approach. Tackling inactivity and our ability to create a more active and healthy borough will require a coalition of partners and stakeholders, some of whom may

not have worked together before. There is also a requirement for a level of flexibility recognising the ever diversifying landscape in which we operate.

It is intended that the Fit & Active Barnet Partnership Board will comprise partners and stakeholders involved in strategy, policy and development matters related to Barnet:

- sports sector including; London Sport, National Governing Bodies of Sport, clubs and other delivery partners
- education Sector including HE & FE
- VCS.

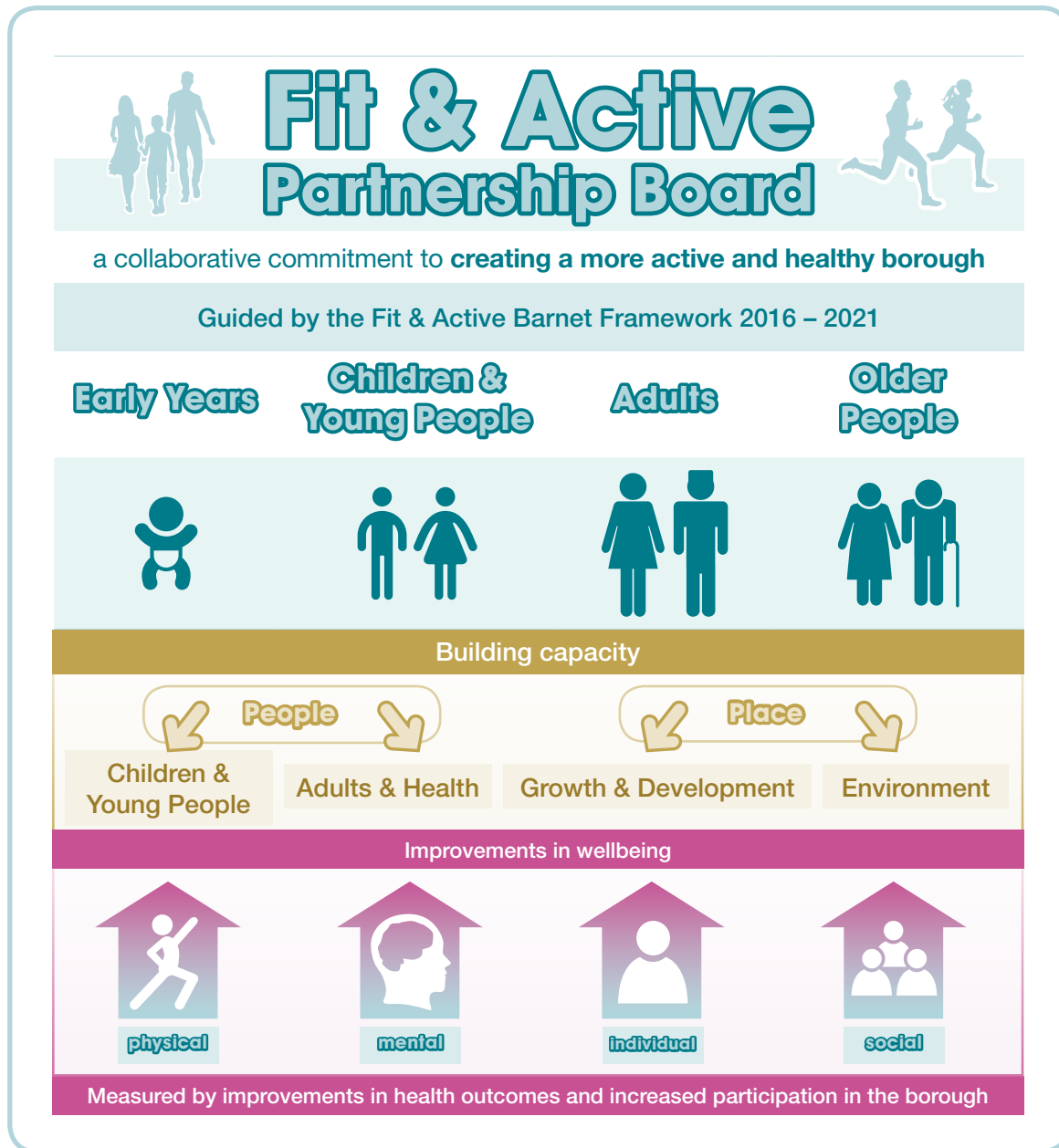
Members of the Fit & Active Barnet Partnership Board will support the facilitation and delivery of sport and physical activity in Barnet. This will include a robust process, working in collaboration to evaluate the use of available funds (external or other as determined) to deliver a comprehensive and integrated offer to maximise participation.

creating a more healthy and active borough



Our engagement and future relationships with National Governing Bodies of Sport will be defined through clear alignment to our strategic outcomes focused on:

- sport that provides a measurable growth in participation
- opportunities to enhance facilities
- supporting the club sector
- sport that is accessible to all Barnet residents.



To support Working Together priorities a Fit & Active Barnet Partnership will:

- cultivate mutually beneficial partnerships that connect and align services to deliver a more cost effective and accessible physical activity pathway, which addresses wider society outcomes
- encourage the use of open data across the Partnership to better understand participation and inform meeting current and future demand
- refine understanding of the needs and barriers to participation amongst priority groups, ensuring that service users and supporting organisations are at the heart of service design and delivery
- implement a model to effectively evaluate targeted activities, in particular, levels of take-up and retention through the use of new technologies
- encourage the use of tools that assist with development and quality assurance i.e. Club Matters and the Sport England Return on Investment toolkit
- to explore the initiation of a shared Fit & Active Barnet funding pot to commission and support activity through aligned priorities (where feasible).



Measuring success

Nationally, Sport England will continue to measure participation in sport and physical activity. Previously this was measured via the Active People Survey, an annual survey that measured the percentage of the adult population participating in 30 minutes of moderate intensity activity per week.

To align with their new strategy 'Towards an Active Nation', Sport England has adopted the 'Active Lives Survey', providing a renewed methodology to measure annual participation in sport and physical activity. The exact measures of this refreshed methodology are currently being agreed, however at a headline level it is thought the key performance indicators will be:

- decrease in percentage of people physically inactive
- increase in the number of people volunteering in sport at least twice in the last year

- the demographics of volunteers in sport to become more representative of society as a whole
- number of people who have attended a live sporting event more than once in the past year.

Measurement of these indicators is in response to Government's 'Sporting Future; A New Strategy for an Active Nation' (2015). There is also an opportunity to understand performance against other KPI's identified within this strategy including (collected via alternative means):

- increase in percentage of the population taking part in sport and physical activity at least twice in the last month
- increase in the percentage of adults utilising outdoor space for exercise/ health reasons
- increase in the percentage of children achieving physical literacy standards
- increase in the percentage of children achieving swimming proficiency and Bikeability Levels 1– 3

- increase in the percentage of young people (11 – 18) with a positive attitude towards sport and wellbeing
- employment in the sport sector
- percentage of publically owned facilities with under-utilised capacity
- increase in the number of publically funded bodies that meet the new UK Sports Governance Code.

Recognising the importance of partnership working and to foster a collaborative approach, whilst we await the announcement of the national indicator set, an early role of the Fit & Active Barnet Partnership Board is to determine what success looks like and how the vision, outcomes and commitments outlined within this framework are measured at a local level to demonstrate greatest impact.



References / Further reading list

Department for Culture Media and Sport, Sporting Future; A New Strategy for an Active Nation (2015)

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London Borough of Barnet Children and Young People's Plan (2016 – 2020)

London Borough of Barnet Community Assets Strategy (2015)

London Borough of Barnet Community Participation Strategy (2015)

London Borough of Barnet Community Safety Strategy (2015)

London Borough of Barnet Corporate Plan (2015-2020)

London Borough of Barnet Entrepreneurial Strategy (2015-20)

London Borough of Barnet Joint Health & Wellbeing Strategy (2015 – 2020)

London Borough of Barnet Joint Strategic Needs Assessment (2015 – 2020)

London Borough of Barnet Local Implementation Plan (2011)

London Borough of Barnet Local Plan – Core Strategy DPD (2012)

London Borough of Barnet Parks and Open Spaces Strategy (2016 – 2026)

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London Plan – <https://www.london.gov.uk/what-we-do/planning/london-plan>

London Sport, Blue Print for a Physically Active Sporting City

Public Health England, Everybody Active, Every Day – An evidence based approach to physical activity (2014)

Sport England; Active Design Principles – <https://www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/>

Sport England Strategy; Towards an Active Nation (2016 – 2021)

The British Heart Foundation National Centre for Physical Activity; Making the Case for Physical Activity (2013).

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	Adults and Safeguarding Committee 15 March 2021
Title	Quarter 3 (Q3) 2020/21 Delivery Plan Performance Report
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	<p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk</p> <p>Appy Reddy, Head of Business Intelligence, Performance and Systems appy.reddy@barney.gov.uk</p> <p>Dean Langsdon, Finance Business Partner for Adults, Public Health and Leisure dean.Langsdon@barnet.gov.uk</p>

Summary

This report provides a thematic overview of performance for Q3 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan.

Officer Recommendations

- 1. The Committee is asked to review the performance, budget and risk information for Q3 2020/21 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.**

INTRODUCTION

- 1.1 The Adults and Safeguarding (A&S) Committee has responsibility for all matters relating to vulnerable adults, adult social care (ASC) and leisure services; and works with partners on the Health and Wellbeing Board (HWBB) to ensure that social care interventions are effectively and seamlessly joined up with health.
- 1.2 Each year the committee adopts an annual plan, setting out the key priorities for the services within its remit, which includes key performance indicators. The plan for this financial year reflects both the Council's policy aims of safeguarding residents and supporting them to live independently; enabling residents to live healthy and active lives; and the Council's response to the Covid-19 pandemic for the services within the committee's remit.
- 1.3 This report provides a thematic overview of performance for Q3 2020/21 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2020/21.

PRIORITIES 2020/21

- 2.1 This section provides an update on the Committee's priorities as follows:
 - A summary of progress on pandemic related and other delivery activities
 - Performance of Key Performance Indicators (KPIs)
 - Integrated Care
 - Promoting Independence
 - Prevention
 - Safeguarding and Statutory Services
 - Leisure

3. Covid 19 and service delivery

- 3.2 The committee received regular reports on the recovery of core services following the first wave of the pandemic. There was a short term national lockdown in Q3 and London moved into tier 4 restrictions on 20th December towards the end of Q3. London also saw an increase in Covid infections and increased demand on the health and care system at the end of quarter 3. Services in general continued to operate throughout the quarter, with Covid secure arrangements in place.
- 3.3 The Council has worked closely with the NHS to support with the delivery of vaccinations to vulnerable people and front line social care staff as per the national guidance on prioritisation determined by the Joint Committee on Vaccination and Immunisation (JCVI).

This includes care home residents and staff, unpaid carers and all people with learning disabilities.

- 3.4 The COVID Vaccination programme for Barnet is being delivered from 6 designated GP practices; these sites have been mobilised with the ability to deliver both the Pfizer/Biotech vaccine and the Astra Zeneca/Oxford vaccine. All sites are vaccinating on the premises and have roving teams vaccinating in care homes and visiting housebound patients. In addition, of the 6 pharmacy sites in NCL offering the COVID vaccination, 5 of these are Barnet pharmacies delivering the Astra Zeneca/Oxford vaccine.
- 3.5 The table below sets out progress in vaccinating residents and staff in bedded care settings as of the end of February.

	Numbers of Settings	Total Residents	% of Residents Vaccinated	% of Staff Vaccinated
Care Homes	79	1918	87%	52%
Extra Care	5	213	54%	61%
Supported Living ^j	108	734	27%	42%

- 3.6 Across the wider social care workforce, staff and volunteers from contracted and non-contracted services including home care, voluntary sector services, children’s services, domestic abuse services, homelessness services and many others who work with children or adults vulnerable to Covid19 have been contacted to confirm they are eligible. We have identified nearly 9000 eligible care staff from across these services, who have all been offered the chance to book a vaccination appointment. Following extensive engagement with internal staff, providers and the wider community to promote uptake, we now have records of over 3,300 of these have already had the first dose of the vaccine. The actual number is likely to be significantly higher as it is the individual’s choice to share this information with their employer and the council. We are also supporting work to identify informal ‘unpaid’ carers and help them access the vaccine, as well as ensuring that all people with learning disabilities are offered the vaccine.
- 3.7 We are continuing to promote uptake through various communications channels, including specific and tailored engagement with those from BAME communities and targeted work with providers who have a significant number of staff not yet vaccinated. For example, the council has run regular information/Q&A sessions for social care staff over the course of the last three months with local GPs there to respond to questions. We have developed a toolkit for registered managers to support them to encourage uptake among their staff. Finally, the council has also developed a wide-ranging communications programme to help address vaccine hesitancy.

4. INTEGRATED CARE

- 4.1.1 . The integrated discharge team continued to operate 7 days per week. Funding from NHSE/I continued to pay the costs for care following a hospital admission, however the scheme was changed from 1 September, with packages from then on only funded for up to 6 weeks to allow for the completion of assessments outside of the hospital.

4.1.2 The Council has worked closely with the NCL CCG and the other four councils in the sub-region on a programme to assess individuals who left hospital during the pandemic. Following the re-instatement of Continuing Healthcare (CHC) in September 2020 there has been a need to ensure CHC and Care Act assessments are completed for the cohort of individuals who left hospital with NHS funded care between April and August 2020.

4.1.3 The adult social care service has continued to work hard to support residents and avoid preventable admissions to the acute hospitals. The teams have quickly reviewed the needs of residents when issues arise and where necessary put additional care in place to enable people to safely remain at home with the care and support that they require.

4.2 KPIs

4.2.1 There are 3 KPIs for this priority, which monitor integrated discharge. The Integrated Discharge Team (IDT) receives referrals from acute and community hospitals and is processing all discharges as per the four nationally agreed pathways. Those able to return home with no additional support are counted as pathway 0, back home with new support from health or social care are pathway 1, to intermediate care beds are pathway 2 and to residential or nursing homes are pathway 3. National indicators on delayed transfers of care (DTC) have been suspended during the pandemic.

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the period (pathway 0,1,2,3)		New for 20/21	Monitor	3,346	New for 20/21	New for 20/21	No benchmark available
Percentage of Hospital Discharges to Pathway 1		New for 20/21	Monitor	75.3%	New for 20/21	New for 20/21	No benchmark available
Adults discharged in to social care (pathway 1 or 3) Assessed or Reviewed within 6weeks	Bigger is Better	New for 20/21	Monitor	678	New for 20/21	New for 20/21	No benchmark available

5. PROMOTING INDEPENDENCE

5.1.1 Barnet Shared Lives Scheme has been introduced to provide family-based support to adults with care and support needs. The scheme aims to promote, enable and maximise the individual's independence, life skills and involvement in the community. The first Shared Lives carers have now been approved and three individuals have been enabled to remain with foster carers who have transferred to the Shared Lives scheme. Work is progressing to try and accelerate recruitment for the scheme although it has been slowed by Covid-19.

5.1.2 Adults with a learning disability have continued to be supported with regular welfare calls, advice and follow up. This service has been very successful, and we continue to work with Barnet Mencap on further development and opportunities to work even more closely with Barnet Learning Disability Service. Employment and training for people with a learning disability is now part of a shared programme of work with the council's Grow78

team considering the opportunities and challenges posed by the impact of the pandemic on the local employment market. Work to reshape specialist employment services will be informed by this programme and will continue to support people with learning disabilities into apprenticeships and training and skills retention while also looking at ensuring greater access to universal support services for employment and training.

5.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Numbers of shared lives carers recruited	Bigger is Better	New for 20/21	New for 20/21	4	New for 20/21	New for 20/21	No benchmark available
Number of shared lives placements	-	New for 20/21	New for 20/21	3	New for 20/21	New for 20/21	No benchmark available
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	528.3	530	291	↓	377.8	CIPFA Neighbours 389.1 London 406.2 England 585.6 (NASCIS, 18/19)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	11.8	13.0	4.5	↓	6.2	CIPFA Neighbours 8.9 London 9.6 England 13.9 (NASCIS, 18/19)
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80%	82%	74.1 %	→	76.7%	CIPFA Neighbours 70.9% London 75.1% England 77.4% (NASCIS, 18/19)
People who feel in control of their own lives (Annual)	Bigger is Better	72%	-	75.9%	↑	75.9%	CIPFA Neighbours 72.8% London 71.4% England 77.6% (NASCIS, 18/19)

5.2.1 We have 6 KPIs under this priority. Two are new for 2020/21 and 4 KPIs are Green. The KPIs reflect the council's continued emphasis on strengths-based practice in adult social care and promoting independence. Permanent admissions for those over 65 is a cumulative measure and will increase as the number of permanent admissions increase

throughout the year. Most of the satisfaction measures collected from the national Adult Social Care User survey show that we are engaging well with clients. Satisfaction and quality of life measures improved compared to previous years and Barnet benchmarks better than London regional averages in satisfaction rates.

6. PREVENTION

6.1.1 The service continues to work closely with the voluntary and community sector and other stakeholders to signpost to prevention support for people to stay active and more independent. Working alongside Family Services and local organisations who provide residents with financial advice and information, we rolled out the Covid Winter Grant. The £200K grant allocation for adults was distributed directly to residents via eight local organisations who offer support with longer term sustainable solutions to financial management, while providing vouchers to be used on food/fuel to our most vulnerable residents. This also contributed to the sustainability of the Essential Supplies Hub and to the Community Fund to enable smaller organisations to support those who it may be harder to reach.

6.2 KPIs

6.2.1 We have 5 KPIs to inform progress on Prevention. All new referrals are considered for signposting to prevention support and voluntary sector organisations. Prevention is further considered at every step of the social care pathway while following principles of strengths based practice to meet appropriate outcomes. At the end of Q3, 5.4% of referrals were signposted to the VCS. This reduction is due to the significant number of adults who accessed VCS services via the help hub set up to support the response to the pandemic. Performance against this measure has also been impacted by Covid-19 as many community & voluntary sector organisations were impacted by lockdown and were either closed or were operating with reduced capacity.

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	5.4%	↑	Not reported	Local Measure
People provided with information, advice and guidance	Bigger is Better	3,991	4,000	2,830	↑	3087	Local Measure
Number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	590	New for 20/21	New for 20/21	Local Measure
Total number of referrals to reablement service	Bigger is Better	408	500	643	-	326	Local Measure

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Percentage of clients achieving desired outcomes within 42 days of reablement without need of any further support from ASC and are living independently in the community	Bigger is Better	84.5%	85%	79.2%		83%	Local Measure

7. SAFEGUARDING

7.1.1 The Barnet Safeguarding Adults Board (SAB) is dedicated to working to embed the 'Making safeguarding personal' principles across all organisations working to support adults at risk of abuse, neglect or exploitation. The Board works to ensure adults at risk are heard and understood and their experiences and views shape continuous improvement as well as advance equality of opportunity, including access to justice for adults at risk.

7.1.2 During Q3 the SAB continued to meet. The focus of the main SAB meetings has been to consider how partner agencies are working together to ensure all safeguarding concerns are responded to in line with statutory expectations, including new areas of concern that have arisen during the Covid lockdown period. The Board meeting in Q3 focused on mental wellbeing. The SAB has also increased community engagement events with a programme of webinars and discussion groups, for example with the Barnet Carers Centre. The Board has also updated our joint hoarding and self-neglect policy and are working on fire safety for adults in contact with NHS continuing health care and social care.

7.2 KPIs

7.2.1 There are four KPIs for this priority.

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	1230	↓	1358	No benchmark available
Number of s42 enquiries started in the period	-	309	-	341	↑	272	
Making Safeguarding personal outcome framework – For each enquiry, the percentage of individual or individual's representative asked what their desired outcomes were?	Bigger is Better	New for 20/21	Monitor	91.1%	New for 20/21	New for 20/21	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Making Safeguarding personal outcome framework – Percentage of desired outcomes that were fully or partially achieved?	Bigger is Better	New for 20/21	Monitor	87.8%	New for 20/21	New for 20/21	No benchmark available

8. LEISURE

- 8.1.2 Our leisure facilities re-opened in Q2 and remained open but then closed towards the end of Q3 as London entered Tier 4 restrictions. Finchley Lido Leisure Centre re-opened, including the swimming pools, on 28th September 2020. To ensure a safe service, the centres delivered a core programme offer which included: gym, group fitness, swimming and family swimming. The re-introduction of many other activities such as lessons, courses and health programmes commenced in September as part of a phased approach.
- 8.1.3 Facilities have been adapted to be Covid secure, which does require lower numbers of users in the centres at any time, to maintain social distancing. GLL continue to offer a free online fitness service to all members via the 'Better at home' app which offers users a large library of virtual fitness classes and home exercise routines in addition to nutrition and food guidance. This service is promoted on the Better website, social media and member newsletters

9. BUDGET FORECASTS

- 9.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £110,892m. Of this, £11.998m is the impact of Covid, leaving an underspend of £3.525m or 3.4% of the budget at Q3.

Revenue Forecast (Q3 2020/21)

Budget Area	20/21 Budget	Forecast outturn	Variance to revised budget (under)/over spend	Covid Impact	Revised variance (under)/over spend
	£'000	£'000	£'000	£'000	£'000
Non-Placement Budget					
ASC Prevention Services	2,265	2,746	481	0	481
ASC Workforce	16,009	17,600	1,591	1,197	394
Sub-total	18,273	20,345	2,072	1,197	875
Placements Budget					
Integrated Care - LD	33,073	32,365	(708)	0	(708)
Integrated Care - MH	9,399	10,293	893	0	893
Integrated Care - OA	32,376	32,188	(188)	4,308	(4,496)
Integrated Care - PD	9,920	9,834	(86)	0	(86)
Sub-total	84,768	84,680	(88)	4,308	(4,396)
Covid (support to the care market / HelpHub)	0	3,170	3,170	3,170	0

Sub-total	0	3,170	3,170	3,170	0
Adults Social Care Total	103,041	108,195	5,154	8,675	(3,521)
Leisure	(623)	2,696	3,320	3,323	(3)
Leisure Total	(623)	2,696	3,320	3,323	(3)
Total Adults	102,418	110,892	8,473	11,998	(3,525)

Projections for the Covid financial impact are as per below, as set out in the 7th return to the Ministry of Housing, Communities and Local Government (MHCLG) in December 2020.

Service Area	Covid-19 Impact	Category	
	£'000	Commentary	
Adults Social Care	1,691	Additional Demand (Net of CCG Funding for Early Discharge/client cont)	Demand
	1,292	Support to the Care Market - Residential (block voids)	Demand
	250	Homecare (pay on planned Apr-May)	Non-demand
	1,075	MTFS savings under pressure	Non-demand
	2,720	Supporting the Care market	Non-demand
	450	Help Hub	Non-demand
	1,197	Staffing	Non-demand
Sub-total	8,675		
Leisure	2,166	Commercial loss to GLL	Non-demand
	1,157	SPA Income pressure (MTFS)	Non-demand
Sub-total	3,323		
Total	11,998		

- 9.2 The main reason for the underspend in the committee's budget is the application of the national NHSE/I funding for post-hospital discharge care costs, which is forecast as £9.9 million at the end of quarter 3. Prior to the pandemic, the council would be responsible for funding the costs of post-hospital social care for those eligible under the Care Act and for the provision of enablement. The NHSE/I funding scheme ends at the end of March 2021, although up to 6 weeks of funding will be available for those discharged at the end of the month.
- 9.3 The Prevention cost centre includes voluntary sector funding, telecare and the costs of running the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) scheme. The overspend in this cost centre is mainly caused by the DoLS scheme. The overspend in the adult social care workforce cost centre is caused by structural issues including the impact of UPR and the vacancy factor plus costs associated with the service's response to the pandemic supported by Covid funding received into the authority.
- 9.4 The Leisure, Sports and Physical Activity budget is forecasting to overspend by £3.320m, due to the loss of planned surplus income and the award of supplier support in relation to business disruption, caused by the mandated closure of centres during the initial

stages of the pandemic. This will be addressed through the application of central government funding.

- 9.5 The **Capital Forecast** for areas within the committee's remit is **£6.109m**, this reflects a reported underspend of £0.217m at Q3. For **Community Equipment** the reported underspend is being proposed as slippage over the next three years of the programme. In December 2020 the BCF bulletin announced a 13.5% increase to the 2020-21 **DFG grant**, therefore the increase is reflected in the forecast and the budget addition is being put forward for approval

Capital Forecast (Q3 2020/21)

Capital Programme Description	2020-21 M9 Budget	2020-21 M9 Forecast	Variance
	£'000	£'000	£'000
Sport and Physical Activities	1,595	1,595	0
Community Equipment and Assistive Technology	1,110	550	(560)
Investing in IT	1,079	1,079	0
Disabled Facilities Grants Programme	2,542	2,885	343
Total	6,326	6,109	(217)

10. SAVINGS

- 10.1 The total amount of savings identified for A&S Committee for 2020/21 is £5.317m. This is shown in Table 3. Savings have been reviewed and risk assessed. The current position is as follows:

- Where savings delivery has been directly affected by Covid (through Q3) it has been captured on the MHCLG return, c. £2.3million
- Remaining savings to be delivered of c. £3.0million, of which c.£2.6m has already been delivered, including £1m in capitalisation and contract changes agreed last year that go into effect this year, plus BCF income.
- This leaves c£0.350m savings still to be delivered. These are higher risk savings and work is underway to deliver these.

Ref	Description of Savings	Savings for 2020/21 (£)	Comment
E1	YCB transformation	290,000	Impacted by Covid
E2	Prevention contracts	350,000	Achieved - over delivered
E3	Telecare overheads	155,000	On track
E4	Reduction in printing costs	15,000	On track
E5	Nursing care costs	150,000	Impacted by Covid
I1	Better Care Fund	150,000	On track
I2	Prepaid cards and Direct Payments	250,000	On track
I3	VAT efficient leisure contracts	61,000	Impacted by Covid
I4	SPA income	1,096,000	Impacted by Covid

I5	Charges and discretionary services	150,000	Impacted by Covid
I6	Additional client contributions	200,000	On track
I7	Additional capitalisation	1,000,000	On track
R1	OPPD reviews	400,000	Impacted by Covid - modelling being reviewed for savings delivery for the remainder of the year.
R2	Telecare savings	200,000	
R3	Support for working age adults (LD)	550,000	
R4	Mental health reviews	300,000	
Total Savings		5,317,000	

11. REASONS FOR RECOMMENDATIONS

11.1 These recommendations are to provide the Committee with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and A&S Committee Recovery and Delivery Plan.

12. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

12.1 None.

13. POST DECISION IMPLEMENTATION

13.1 None.

14. IMPLICATIONS OF DECISION

14.1 Corporate Priorities and Performance

14.1.1 The report provides an overview of performance for Q3 20/21, including budget forecasts, savings, progress on actions, KPIs and risks.

14.1.2 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.

14.1.3 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan
- A&S Committee Recovery and Delivery Plan
- Performance and Risk Management Frameworks.

15. RESOURCES (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 15.1 The budget forecasts are included in the report. More detailed information on financial performance is provided to Financial Performance and Contracts Committee.

16. SOCIAL VALUE

- 16.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

17. LEGAL AND CONSTITUTIONAL REFERENCES

- 17.1 Section 151 of the Local Government Act 1972 states that: "without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs". Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.

- 17.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority's financial position is set out in section 28(4) of the Act.

- 17.3 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
- (3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
- (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.

- 17.4 The council's Financial Regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

18. RISK MANAGEMENT

18.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee

Risk description	Risk Mitigations and Q3 Update
<p>STR22: Sustainability of VCS Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity and growth of preventative services resulting in difficulties accessing services and demand for more complex support.</p> <p>Risk Rating: 15</p>	<p>In Q3, the risk (including score) was reviewed to be a Corporate Strategy about the relationship with the VCS with overview split between Adults and Health and Strategy. The community participation strategy is exploring several ways of securing funding for the VCS.</p>
<p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 16</p>	<p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and Care Quality advisors support homes through best practice support and supporting staff development. If issues are identified, then there is a clear provider concerns process to access risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and safe transition of individuals if required. During the pandemic, 7 day a week support has been available to care settings, along with regular monitoring, including:</p> <ul style="list-style-type: none"> • Regular collection of information (PPE, Covid-19 cases, staffing levels, hospital admissions) to target support where it is needed most • Delivery of PPE to care providers where required • Developed a new One Care Home clinical in reach team approach, working with health colleagues to provide clinical support to care homes. <p>There is a robust quality assurance and provider concerns process in place if there are any quality issues identified. There is additional Covid-19 funding and ongoing work to support the short, medium- and long-term sustainability of the care market considering increased vacancies and reductions in demand.</p>

<p>AC044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances.</p> <p>Risk Rating 15</p>	<p>The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances. Finchley Lido re-opened on 28th September 2020. All centres remained opened to end of December until London tier-4 restrictions started and had to be closed.</p>
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19. EQUALITIES AND DIVERSITY

19.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

19.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

19.3 In order to assist in meeting the duty the council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

19.3.1 This is set out in the council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

19.4 Corporate Parenting

19.4.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. The services set out in this report are relevant to care leavers with care and support needs including eligible needs under the Care Act 2014. Dedicated concessionary access to Leisure Centres is in place for Care Leavers, Children in Care and Young Carers.

19.5 Consultation and Engagement

19.5.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in April 2020.

19.6 Insight

19.6.1 The report identifies key budget, performance and risk information in relation to the A&S Committee Annual Delivery Plan.


20 BACKGROUND PAPERS

20.1 Policy and Resources Committee 17th June 2020 7.00 pm, Item 10, End of Year (EOY) 2019/20 Corporate Plan Performance Report:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MIId=10197&Ver=4>

20.2 Adults and Safeguarding committee 17th September 2020, Quarter 1 performance report:
[Quarter 1 2020/21 Recovery and Delivery Plan Performance Report](#)

ⁱ 1st dose vaccination for cohort is currently underway

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	<p style="text-align: right;">AGENDA ITEM 9</p> <p style="text-align: center;">Adults and Safeguarding Committee 15 March 2021</p>
<p style="text-align: right;">Title</p>	<p>Adult Social Care Case Management System Implementation Update</p>
<p style="text-align: right;">Report of</p>	<p>Chairman of the Adults and Safeguarding Committee</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>None</p>
<p>Officer Contact Details</p>	<p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk</p> <p>Appy Reddy, Head of Business Intelligence, Performance and Systems appy.reddy@barnet.gov.uk</p>

Summary

This report provides an update on the implementation of Adult Social Care Case Management System, Mosaic.

Officer's Recommendations

- 1. That the Committee note the progress made in implementing the case management system.**

1. INTRODUCTION

- 1.1. The adult social care Investing in IT Programme was established to deliver a new IT system to support the legislative requirements of the Care Act 2014 and replace the two former systems, Swift and Wisdom. The outcomes sought through this programme of work include:
- Improved citizen and customer choice and control.
 - Increased shared data and records between services enabling more joinedup care.
 - Strong evidence used to inform intelligent commissioning.
 - Increased productivity and efficiency.
- 1.2. There were various issues and delays in respect of the original implementation. Whilst Go-live was achieved on the 3 April 2017, unfortunately the system configuration had not achieved all the intended programme outcomes by that time. Policy and Resources Committee in July 2018 agreed to procure a new delivery partner to complete the delivery of the case management system.
- 1.3. A procurement exercise was carried out and a contract was awarded to the selected delivery partner, Bettergov (Better Group Limited). Bettergov had prior experience in deploying Mosaic solutions to local authorities and a successful track record of implementations, including delivery to local authority requirements from a similar starting point to Barnet's.
- 1.4. The BetterGov programme began in late 2018, and comprised the re-implementation of the case management system, including key financial processes, the development of a core reporting framework, legacy system decommissioning / move to a hosted environment, as well as updating relevant standard operating procedures and support documentation.
- 1.5. The main programme was completed in January 2021. During the course of the main programme, some additional work was identified as desirable. This work has commenced as 'phase 2' and has been scheduled for completion by Summer 2021. Phase 2 deliverables include;
- Delivery of 'Finance Manager' (an enhancement to the home care provider billing system)
 - Integration with Health via the Health integration Exchange (HIE) to share health and social care records with health partners across North Central London
 - Completion of roll-out to previously out of scope Mental Health teams
 - Updating performance reports in line with changes which have come into effect since the completion of the programme, for example the requirements of the new integrated discharge team and discharge to assess processes and new mental health reports

- 1.6. Mosaic is operational and working well. The system is reliable and those using the system report high levels of satisfaction. This report provides an update on the implementation of the case management system and benefits.

2. SYSTEM RE-IMPLEMENTATION

- 2.1. The procurement specification for the completion of the Mosaic Programme set out success criteria that required the programme to:

- Accurately and securely hold citizen information to allow Adult Social Care to support LBB clients and keep them safe, in line with agreed legislative requirements by making sure relevant information can be recorded, and is made available to the right people at the right time in the right locations to allow them to do their jobs.
- Enable the execution of business processes; for example, completion of financial assessments.
- Ability to pay providers and clients accurately within defined and agreed SLAs.
- Ability to generate invoices/bills to individuals and organisations, and collect revenues from individuals and organisations.
- Provide analysis and reporting capabilities to enable the service to keep clients safe, monitor activity, and retain financial control over its purchasing budgets.
- Do all of the above reliably, timely and accurately, with staff confident in how to use the system.

- 2.2. The Mosaic Programme has delivered benefits across case management, financial processing, performance reporting and business system administration. It has enabled our frontline workforce to provide better care and support for our service users and enabled clearer and more efficient evidencing of work completed. Our back office functions are able to work much more efficiently and the performance reporting has enabled managers to make more informed decisions. Benefits include:

- 2.3. **Case Management:** Key workflows from contact through to assessment and case closure have been implemented. Benefits include:

- Work step consolidation and streamlining processes has reduced the time needed to complete cases. There has been a reduction in worksteps of c. 20% across the service and collaborative working between teams to complete work is straightforward.
- Form automation has been introduced, reducing the need to re-key information into forms and providing improved data integrity. For example, the support planning process has 50% fewer pages as well as a new budget calculation form. This produces an indicative personal budget figure and provides improved focus and clarity to recording support planning.
- Manual processes / spreadsheets are no longer in use, improving the robustness of the client record.
- Worker classifications have been reduced from 42 to 16 resulting in less administrative overheads, a more efficient onboarding process, and better security to ensure the right levels of access.

- Standard Operating Procedures have been rewritten to ensure both new and existing practices and processes are clearly documented.

2.4. **Finance:** Authorisations, invoicing and payments are generated within Mosaic bringing both case management and financial information together to improve financial management on an individual and departmental basis.

- Providers and clients are paid accurately for the care services ordered/ provided
- Automated payments have been introduced for Residential Care (across 43 providers and 550 clients to a value of c. £250k per week) and Domiciliary Care (c. 1,000 invoices per week) as well as billing residents for their assessed client contribution through Mosaic (up from £3.4M in 2019-20 to c. £16M in 2020-21)
- Automated payments for residential / nursing services and electronic invoicing for home care have reduced invoice processing overheads and allowed the department to meet prompt payment guidelines.
- Increased financial control has been achieved through electronic approvals made in system at the point of purchase.
- Financial year end processes are managed on system including supplier price increases and client financial assessment updates.
- Actual care delivered is recorded and monitored for cost and quality.

2.5. **Reporting:** Analysis and reporting capabilities have been improved to enable the department to monitor and report on client level, performance and financial activity. The reporting framework is structured around providing performance and insight information into key functions and processes including hospital, learning disability, safeguarding, brokerage, financial commitments and statutory returns.

- Reports have been rationalised from c. 450 reports to 44 core reports.
- Service units have bespoke insight reports which enable them to see activity, client flow, caseloads and work management.
- Reports are also automated and easy to use; making them functional from social worker through to senior management.
- The increased automation has also shifted performance officer time from manual handling of data to having more time for actual analysis.
- Statutory returns mirror new workflow processes meaning they can be generated in-system.
- Performance and financial data is now available in a timely manner. Data quality has also improved as reports help us see where worksteps are building up and address resource, process or training issues.
- Reports request and development process has been standardised providing a more efficient development and delivery pipeline.
- Knowledge transfer sessions over a number of months have upskilled internal team members allowing them to manage key technical tasks.

2.6. **Other key programme deliverables** – Improved system architecture and support functions. Consolidation and decommissioning of legacy environments combined with new hosting arrangements and an upskilled in-house team provides a more robust application, system architecture and support function.

- Four legacy systems have been decommissioned so all information is now held on a single Mosaic record allowing a single view of individuals.
- Savings delivered through reduction in licensing, support and maintenance for multiple systems have been re-directed into enhancing the internal support team.
- Applications are now hosted by the Mosaic supplier; system stability has increased with fewer network and software outages.

3. REASONS FOR RECOMMENDATIONS

3.1. To update Committee on the status of the implementation of Mosaic and benefits realised to date.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

4.1. None.

5. POST DECISION IMPLEMENTATION

5.1. Continue implementation of remaining work and final handover into 'business as usual' function.

6. IMPLICATIONS OF DECISION

6.1. Corporate Priorities and Performance

6.2. The report provides an update on the implementation of the Mosaic case management system.

6.3. Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.

7. RESOURCES (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

7.1. On 18 July 2018, Policy & Resources Committee gave authorisation to procure a new delivery partner to complete the delivery of a fit-for-purpose case management system for adult social care in Barnet, and the allocation of a capital budget to enable the procurement to commence. Approval was given for a procurement exercise to the value of up to £3m.

7.2. In October 2018 a Delegated Powers Report (DPR) formalised the award of the contract and set out the following costs:

Area of cost	Amount
Delivery partner contract costs – phase 1	£2,486,653

Optional Phase 2 activity	£747, 941
Total	£3, 234, 594

7.3. The programme has delivered to the planned budget.

7.4. Health income of £200k will also contribute to the implementation of the Health Information Exchange as part of Phase 2.

8. SOCIAL VALUE

8.1. The Public Services (Social Value) Act 2012 requires people who commission public services to consider how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost.

9. LEGAL AND CONSTITUTIONAL REFERENCES

9.1. The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- (2) To receive reports on relevant performance information and risk on the services under the remit of the Committee.

9.2. The council's Financial Regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

10. RISK MANAGEMENT

10.1. The council has an established approach to risk management, which is set out in the Risk Management Framework. The Mosaic Programme has managed risks in line with this approach.

11. EQUALITIES AND DIVERSITY

11.1. Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must 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.

- 11.2. The Mosaic training programme was planned and delivered to address the protected characteristics throughout its cycle. Mosaic also has adaptability in terms of software functionalities for people with sensory impairment.

12. CORPORATE PARENTING

- 12.1. In line with the Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. The Mosaic system supports care-leaving young people aged 18-25 who go on to receive support from Adults Services.

13. CONSULTATION AND ENGAGEMENT

- 13.1. A key component to the programme's success was ensuring council staff who use the system were happy with the way the system supported their working practices. This was achieved and measured through user satisfaction surveys.
- 13.2. User Surveys have shown high levels of satisfaction in system use (finding information, processes, etc) and that support and training are available.

14. INSIGHT

- 14.1. A new performance reporting framework and capability has been delivered as part of the Mosaic Programme with a suite of insight reports that informs and supports decision making.

15. BACKGROUND PAPERS

- 15.1. Adults and Communities Case Management System, Policy & Resources, 19 July 2018

Committee paper:

<http://barnet.moderngov.co.uk/documents/s47255/Case%20Management%20System.pdf>

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Adults and Safeguarding Committee

15 March 2021



Title	Update on the Delivery of the Prevent Duty
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	<p>Sam Rosengard (Prevent Coordinator)</p> <p>Sam.rosengard@barnet.gov.uk</p> <p>Tel: 0208 359 3323</p>

Summary

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being radicalised into terrorist-related activity before any crimes are committed.

The Counter-Terrorism and Security Act 2018 requires specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

As the Prevent Duty requires statutory bodies to protect vulnerable adults from radicalisation, the following report is needed to update the Adult and Safeguarding Committee regarding progress of delivery of the Prevent Duty in Barnet. The Committee is asked to note the contents of the report. This update on Prevent delivery will include:

- an update on Prevent delivery in 2020 in light of Covid 19 pandemic
- an Update on Prevent case management
- an update on training delivery

- an update on Prevent project delivery.

Officers Recommendations

1. That the Adults and Safeguarding Committee notes the contents of this report.

1. WHY THIS REPORT IS NEEDED

- 1.1 Section 21 of the Counter Terrorism and Security Act 2015 places a duty on certain bodies to have “due regard to the need to prevent people from being drawn into terrorism”.
- 1.2 The Government’s Prevent Strategy¹ was published in 2011 and forms part of an overall Counter Terrorism Strategy known as CONTEST. The Contest Strategy was reviewed in 2018 and has four elements which are detailed below:
 - Pursue
 - Protect
 - Prepare
 - **Prevent**

Prevent is a key part of the Contest Strategy which aims to stop people from either becoming terrorists or supporting terrorism through early intervention.

- 1.3 In December 2017, the Barnet Council Prevent Strategy was launched with the overriding objective:

‘to keep the people of Barnet safe by accurately identifying people vulnerable to being drawn into terrorism and/or violent extremism and to safeguard children and adults by providing early intervention to protect and divert people away from being drawn into terrorist activity’

¹ For further information regarding Prevent delivery, read ‘the Prevent Duty Guidance: for England and Wales’. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf)

1.4 This report will specifically update the Adult and Safeguarding Committee on the following:

- An update on Prevent delivery in 2020 in light of Covid 19 pandemic.
- Update on Barnet Channel Casework Update and Trends.
- Performance in relation to Prevent training delivery.
- Barnet Prevent project delivery in 2021-2022

2. Update on Prevent delivery in 2020 in light of Covid 19 pandemic.

2.1 Channel is a voluntary programme which focuses on providing support and early intervention to safeguard children and adults identified as being at risk of being drawn into terrorism or extremism by:

- Identifying the individuals at risk
- Assessing the nature and extent of that risk, and;
- Developing the most appropriate support plan for the individuals concerned.

The Channel Panel is chaired by a Barnet Community Safety Manager and is a multi-agency panel. Panel members act as SPOCs (Single Points of Contact) for their organisations. As such they will be expected to raise awareness around this agenda within their work areas and they provide advice and guidance to practitioners within their organisation.

2.2 The Barnet Channel Panel has consistent participation from the Prevent Coordinator, the Prevent Education Officer, Barnet SO15 Police Team, Barnet Multi-Agency Safeguarding Hub (MASH), Barnet CCG Adult Safeguarding Lead and the Barnet, Enfield and Haringey Mental Health Trust Prevent Lead staff.

2.3 So far, 13 Channel Panel meetings were held in 2020 with high levels of attendance from all partner agencies. This has been achieved despite reduced face to face contact due to the Covid 19 pandemic. Case management panels have been successfully implemented online utilising Microsoft Teams. There has been no decline in participation from any of the partners highlighted above.

2.4 The Barnet Prevent Delivery group which is a subgroup of the Safer Communities Partnership Board continued to meet on a quarterly basis in 2020 with high levels of engagement from partners including Barnet Enfield and Haringey Mental Health Trust,

Barnet CCG, National Probation Service, Higher and Further Education, Barnet Schools, SO15 and internal local authority workstreams.

- 2.5 In November 2020, partners were briefed on the local authority submission for the 2021 Counter Terrorism Local Profile for North London. Partners were invited to comment on the submission and provide information relating to local risk via the Prevent Delivery Group. The submission was agreed and submitted to SO15 command in December 2020.
- 2.6 The Prevent Delivery Group received regular updates on implementation of the Prevent Action Plan including an update on schools' engagement from the Prevent Education Officer. Updates are also provided on Channel casework trends, Prevent project delivery, training coverage and local hate crime information including any community tension issues.
- 2.7 In 2020 the Prevent Coordinator submitted the local counter terrorism and radicalisation risk assessment and multi-agency action plan to the Home Office (Office of Security and Counter Terrorism) for review. Positive feedback was received in relation to both documents and a redacted version of the risk assessment is used as an example of good practice.

3. Update on Prevent Case Management Performance

- 3.1 Prevent related contacts and referrals reduced significantly during the first Covid 19 lockdown in March 2020 to the end of the school holiday period. Referrals remained low until the beginning of October 2020. Between 1st October 2020 and 31 December 2020, a significant uplift in referrals was received from a variety of sources including schools, Probation providers, social care, housing, and mental health staff. The quality of referrals has been high in that all referrals received were assessed as warranting further assessment and potentially intervention through the Channel process.
- 3.2 Including those cases recently referred there are currently 13 live cases discussed at the Barnet Channel Panel as of January 2021. This represents a significant rise in live cases and since December 2020 there has been a need to hold two separate Panels per month to ensure all cases are discussed. The engagement of partners and attendance at Panels has remained high.
- 3.3 Of the new cases referred to the Barnet Channel panel between 1st October 2020 and 31st December 2020:
 - A reduction was noted in referrals received in relation to concerns re: DAESH/Al Qaeda inspired extremism.
 - An increase in referrals in relation to concerns around extreme right-wing ideology were received.
 - A significant increase in relation to concerns re: violent extremism where no coherent ideology was identified.

- Of the referrals where there was no clear ideology identified, there were elements of extreme right-wing ideology evident in several of the cases. This indicates a considerable rise in relation to extreme right-wing concerns being referred in the identified timeframe.

3.4 Of the vulnerable individuals referred between 01 October 2020 and 31 December 2020, six were young people and four were adults.

3.5 Concerns in relation to poor mental health were present in a significant number of cases referred. The majority of individuals referred where a mental health concern was present were either currently or previously known to mental health services.

4. Performance on the training of Council Staff and Partnership

4.1 The Prevent Multi-Agency Action Plan outlines the statutory duty to provide training to ensure that Barnet and Partnership staff are able to recognise signs that an individual may be vulnerable to being radicalised, and able to respond appropriately to reduce that risk. The Workshop to Raise Awareness of Prevent (WRAP) provides information and guidance that enables staff to fulfil their duties within the Prevent Duty.

4.2 Barnet Council embarked on a refreshed programme of training using the Home Office WRAP3 module. The refreshed programme of training delivery was delivered in 2018 and over 90% of staff in Adult Social Care were trained.

4.3 The Prevent Coordinator reviewed and update the Barnet Prevent Training package in 2020. Material was updated particularly due to concerns raised by senior officials in the Metropolitan Police and other senior safeguarding officials highlighting concerns in relation to the risk of vulnerable people being radicalised online. This concern increased due to concerns about vulnerable people experiencing increased periods of time where they were isolated due to Covid 19 restrictions and the likelihood that people would be spending longer periods of time online.

4.4 Following a meeting with the Manager of the Quality in Practice and Workforce Development Team, it has been agreed that a training will be rolled out to Adult safeguarding staff in 2021 utilising the updated training package. Two sessions per month will be offered to Adult Social Care staff from April 2021.

4.4 The Prevent Coordinator continues to offer monthly training sessions which are offered to all local authority staff and partnership staff operating in the local authority.

4.5 The Prevent Coordinator has provided training to the National Probation Service and Inclusion Barnet teams. Training has also been provided to Safeguarding champions within Barnet Enfield and Haringey Mental Health Trust. In December 2020 a session was delivered to the Adults MASH team.

4.6 Progress in relation to training delivery in 2021 will be monitored by the Prevent Delivery group and updates will be provided to senior leaders within the local authority via bi-annual reports to the Council Management team.

5. Update on Prevent Project Delivery in Barnet.

- 5.1 Following a resource allocation exercise, The Home Office are offering London Borough of Barnet a funding for Prevent posts, projects, and community engagement in 2021/22. However, the final allocation is subject to budgetary and ministerial approval.
- 5.2 The Home Office expect all areas to bid for the posts of Prevent Coordinator and Prevent Education Officer as a minimum. These are the two Barnet posts that are currently funded by the Home Office. There is no funding for any additional posts.
- 5.3 A package of projects has been identified and proposed by the local authority Prevent coordinator and are designed to respond explicitly to local risks and vulnerabilities as identified in the local authority local risk assessments.
- 5.4 Projects are designed to build resilience and increase the understanding of radicalisation and deliver specific outcomes. Several projects have been identified to enhance staff skills in relation to specific types of radicalisation which have been evident in Prevent referrals received locally over the past year. Project sessions will be offered to professionals in the local authority responsible for working with vulnerable children and adults, the community, voluntary and faith sector and Barnet schools and education providers.

6. REASONS FOR RECOMMENDATIONS

- 6.1 As part of the Prevent strategy, the Prevent Coordinator is required to provide the Adults and Safeguarding Committee with an annual update on prevent delivery. The Committee is asked to provide comment on the report.

7. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 7.1 None in the context of this report.

8. POST DECISION IMPLEMENTATION

- 8.1 None. The documents referred to in this report (the Barnet Prevent Risk Assessment and Multi-Agency Action Plan) were presented to the Safer Communities Partnership Board and signed-off in January 2020.

9. IMPLICATIONS OF DECISION

9.1 Corporate Priorities and Performance

The effective implementation of the Barnet Prevent Action Plan supports Barnet in achieving its commitment set out in the corporate plan that Barnet will be amongst the safest places in London, with high levels of community cohesion, and residents feeling safe.

9.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

9.2.1 The Prevent Coordinator, Prevent Education Officer posts are funded through Home Office Grant Agreements which are refreshed annually. All projects proposed for 2021-2022 are funded directly by the Home Office and have been approved. The costs of WRAP training for Adults and Health staff are met within existing budgets. There is no risk to Home Office funding for Prevent posts in the 2021-2022 financial year. As such, there are no financial implications for the Adults and Safeguarding Committee arising from this report.

9.3 **Social Value**

9.3.1 Not relevant in the context of this report

9.4 **Legal and Constitutional References**

9.4.1 The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty. There is statutory guidance issued under section 29 of the Act that the authorities, subject to the provisions, must have regard to when carrying out the duty. (The Revised Prevent Guidance for England and Wales (2015))

9.4.2 According to the Council's Constitution, Article 7, the Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services.

9.5 **Risk Management**

9.5.1 Risk management varies according to the different initiatives and individuals being supported through the Prevent duty. The partnership or appropriate agencies are made aware of risks and actions to mitigate the risk are agreed and put in place. There is always risk that the partnership may not achieve the targets set due to factors outside its direct control – however there is strong partnership working in place enabling agencies to identify and highlight risks and this enables issues of concern that arise to be addressed collectively.

9.6 **Equalities and Diversity**

9.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty to which the authority must have due regard. The Council's public sector equality duty is set out in s149 of the Equality Act 2010:

A public authority must, in the exercise of its functions, have due regard to the need to —

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The London Borough of Barnet Prevent Strategy 2019-2024 and the services delivered as part of this strategy take into account the protected characteristics to ensure services are accessible and fair to all sections of the community.

9.7 Corporate Parenting

9.7.1 Prevent training is currently being rolled out to teams across Children and Young People Services, including teams responsible for supervising looked after children. In recent months, WRAP sessions have been delivered to staff in the Onwards and Upwards (corporate parenting) team, the Fostering & Adoption Team and Children in Care teams to ensure staff are aware how to refer concerns where a child is assessed to be vulnerable to radicalisation. In recent months, cases of concern have been referred appropriately which indicates that the process is embedded.

9.8 Consultation and Engagement

9.8.1 Consultation is undertaken with stakeholder groups as follows:

- The Prevent Delivery Group has met quarterly and provided updates to the local Barnet partnership on Prevent and Community Engagement issues.
- Annual Prevent update reports and briefings are provided to the following boards:

Board	Area of Focus	Frequency	2019-2020 Prevent updates
Barnet Council Management Team	Council progress on meeting duty	Bi-annual	Most recent update: February 2021 Next Update

			Aug 2021
The Safer Communities Partnership Board	Partnership action and inter-agency working to respond to local risk	Annually	Most recent update: January 2020 Next Update Update booked for April 2021
The Children's Safeguarding Board (Executive committee)	Safeguarding Children and educational services	Annually	Most recent update: October 2020 Next Update October 2021
The Health and Wellbeing Board	Health, prevention and care	Annually	Most recent update: 24th January 2019 Next Update Update due
The Adult Safeguarding Board	Adults at risk of abuse or neglect	Annually	Most recent update: March 2021 Next Update March 2022.

9.9 Insight

9.9.1 Not relevant in the context of this report.

10. BACKGROUND PAPERS

10.1 Papers which inform this report:

- a. The Counter-Terrorism Strategy (CONTEST) 2018
<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018>
- b. The Revised Prevent Duty Guidance for England and Wales (2015)
<https://www.gov.uk/government/publications/prevent-duty-guidance>
- c. Barnet Prevent Strategy
<https://www.barnet.gov.uk/citizen-home/housing-and-community/community-safety/radicalisation.html>
- d. Counter Extremism Strategy (2018)
<https://www.gov.uk/government/publications/counter-extremism-strategy>
- e. Building a Stronger Britain Together
<https://www.gov.uk/guidance/building-a-stronger-britain-together>

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