

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

TUESDAY 11TH JANUARY, 2022

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

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

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor Lisa Rutter

Councillors

Councillor Saira Don

Councillor Nicole Richer

Councillor Anne Clarke

Councillor Golnar Bokaei

Councillor Sarah Wardle

Councillor Gill Sargeant

Councillor Felix Byers

Councillor Paul Edwards

Councillor Jess Brayne

Substitute Members

Councillor Helene Richman

Councillor Reema Patel

Councillor Claire Farrier

Councillor Daniel Thomas

Councillor Anthony Finn

Councillor Alison Moore

Councillor Gabriel Rozenberg

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Thursday 6th January 2022 at 10AM. Requests must be submitted to Jan.Natynczyk@barnet.gov.uk 020 8359 5129

**You are requested to attend the above meeting for which an agenda is attached.
Andrew Charlwood – Head of Governance**

Governance Service contact: Jan.Natynczyk@barnet.gov.uk 020 8359 5129

Media Relations Contact: Tristan Garrick 020 8359 2454

ASSURANCE GROUP

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ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 8
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)	
6.	Public Questions and Comments (if any)	
7.	Presentation from Inclusion Barnet - experiences of the social care voluntary sector during the pandemic Caroline Collier, CEO, Inclusion Barnet will give a presentation .	
8.	Draft Fit & Active Barnet Framework 2022-2026	9 - 42
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12.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

24 November 2021

Members Present:-

AGENDA ITEM 1

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

Councillor Saira Don
Councillor Golnar Bokaei
Councillor Felix Byers
Councillor Nicole Richer
Councillor Sarah Wardle

Councillor Paul Edwards
Councillor Anne Clarke
Councillor Gill Sargeant
Councillor Jess Brayne

1. MINUTES

RESOLVED that the minutes of the meeting held on 14 September 2021 be agreed as a correct record.

2. CHAIRMAN'S INTRODUCTION

The Chairman welcomed everyone to the meeting, outlining covid protocols.

He also pointed out that the meeting would not be recorded or live streamed due to technical problems.

Finally, he congratulated the Adults Team on the recent LGC award and asked the Executive Director to brief the Committee on this achievement.

3. ABSENCE OF MEMBERS

None.

4. DECLARATIONS OF MEMBERS' DISCLOSABLE PECUNIARY INTERESTS AND OTHER INTERESTS

None.

5. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

NONE.

7. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

The following question had been received from **Ben Samuel** relating to agenda item 7 (Business Planning).

The question was taken as read and answered by the Chairman.

Question

Does the chairman agree with me that the public could have more of a say if Barnet Council went beyond a budget consultation and gave us, the people of Barnet borough, the option of a referendum to increase the tax - which is a very small proportion of the wealth of those that own property in Barnet - in order to save social care?

Answer

The council takes a thorough approach to setting its financial plans and has in previous years applied the social care precept as well as council tax increases to fund social care. The government has also published its plan for social care reform, setting out additional funding for the sector over the medium to longer term. We consult on the council's budget every year, considering and addressing the views expressed by residents in their consultation responses. I would encourage all residents to express their views on social care funding in the forthcoming consultation.

8. BUSINESS PLANNING 2022-26

The Chairman informed the Committee that a Business Planning report was presented to Policy and Resources Committee on 30th September 2021 outlining the council's updated Medium-Term Financial Strategy (MTFS) to 2025/26 and the future financial challenges facing the council.

Theme Committees were asked to consider their response to this challenge, by developing savings and efficiency proposals, prior to a revised MTFS being presented to Policy and Resources Committee in December 2021.

Work was ongoing to identify the impacts, both pandemic- and non-pandemic related, across the planning period. Given the high level of uncertainty in the MTFS period, particularly regarding 2022/23, 3 scenarios have been modelled. The central scenario estimated an overall budget gap of £16.2m, which may be reduced by £13.3m to £2.9m if all proposed savings were agreed.

Members asked for an update on funding for hospital discharges that had been introduced during the pandemic and it was noted that the current scheme was in place until the end of March. Information regarding further funding beyond March would be provided to Members when available.

Members questions were also answered in relation to home care costs, how many people were paying the full rate and the average number of hours being purchased on a weekly basis.

The Committee also discussed the Government's Plan for Health and Social Care which was due to be implemented in October 2023 and asked if the Council was lobbying the Government in respect of this. Officers confirmed that Barnet were a member of ADASS, who were lobbying accordingly.

Confirmation with respect to the national announcement on the local government finance settlement for the forthcoming year was sought by Members. Officers confirmed that this should be available before Christmas.

Finally, some Members raised concerns about the consequences of the plan, whilst positive aspects were also highlighted. The Committee thanked Officers for their hard work and for the detailed report.

The Committee voted on the recommendations in the report:

For (recommendations 1-4)	7
Against	0
Abstained	4

RESOLVED

1. **That Committee agree the revenue savings programme listed in Appendix A and recommend it to Policy and Resources Committee in December;**
2. **That Committee note the risks associated with these savings proposals. These risks relate both to impact on services and residents and deliverability of savings;**
3. **That Committee note the equalities impact assessments associated with these savings proposals;**
4. **That Committee agree the changes to fees and charges as set out in Appendix B.**

9. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT - 2020/21

The Chairman introduced this report and noted that the production of an annual complaints report was a statutory requirement for Councils with adult social care responsibilities. The report provided an overview of the management of and performance in responding to adult social care complaints.

Effective complaints management was an important element in maintaining the Council's reputation. Complaints are a valuable tool in helping to understand resident expectations of the services they received.

As well as providing a meaningful response to all complainants, the outcomes of investigations were used by the council to improve services and resident experience.

Finally, the Chairman highlighted the many positive comments, particularly during the pandemic.

Members enquired about hospital discharges and complaints relating to this.

Officers replied that the Council worked in tandem with the NHS on improving discharges and the levels of complaints in this area were not high.

It was unanimously agreed that:

- 1. The Adults and Safeguarding Committee notes the Annual Complaints Report 2020-2021 and approves the report for publication.**

10. QUARTER 2 (Q2) 2021/22 DELIVERY PLAN PERFORMANCE REPORT

The Chairman noted that the Committee received a performance report each quarter updating on progress, performance and risk against its priorities. This report provided a thematic overview of performance for Q2 2021/22, focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Delivery Plan.

Members asked if the next report to Committee could also benchmark with pre-pandemic times.

Questions were also asked about debt recovery and the Committee were comprehensively briefed on arrangements and actions within Adults and Social Care and how that worked closely with corporate debt recovery. Details of debt recovery rates and figures were also outlined.

RESOLVED that the report be noted.

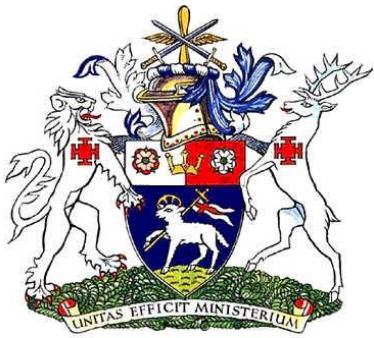
11. COMMITTEE FORWARD WORK PROGRAMME

RESOLVED that the Work Programme be noted and a presentation by Inclusion Barnet be added to the next agenda.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 8.15pm



Adults and Safeguarding Committee

AGENDA ITEM 8

11th January 2022

Title	Draft Fit & Active Barnet Framework 2022-2026
Report of	Chairman, Adults & Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Draft Fit & Active Barnet Framework (2022 – 2026)
Officer Contact Details	Courtney Warden, Service Manager; Sport & Physical Activity courtney.warden@barnet.gov.uk Laura Thornton, National Management Trainee laura.thornton@barnet.gov.uk

Summary

The Fit & Active Barnet (FAB) Framework 2022–2026 outlines a local framework for the development of sport and physical activity in Barnet over the next five years.

Through alignment with national and local strategies, it sets out a partnership approach to increasing participation in sport and physical activity to achieve a more active and healthy borough.

The draft Framework has been shaped by services across the Council, partners, and residents through a series of engagement methods.

The draft Framework builds on the success of the previous FAB Framework covering 2016–2021 and aims to increase physical activity levels in the borough in the context of people, place, and partnerships.

The Adults and Safeguarding Committee is asked to approve the draft Fit & Active Barnet Framework 2022-2026 (Appendix 1) for public consultation. Following consultation, the final Fit & Active Barnet Framework 2022-2026 will be presented to the Adults and Safeguarding Committee for approval in March 2022, together with an implementation plan and consultation findings.

Officers Recommendations

1. The Adults & Safeguarding Committee approves the draft version of the Fit & Active Barnet Framework 2022–2026 (Appendix 1) for public consultation
2. The Adults & Safeguarding Committee notes that the final Framework will be presented for approval in March 2022

1. Why this report is needed

- 1.1 In recognition of the Covid-19 pandemic, the Adults & Safeguarding Committee agreed an extension to the existing Fit & Active Barnet Framework (2016–2021) which will expire on 31 March 2022.
- 1.2 The new Framework will build on the success of the previous Framework (2016-2021) and sets out a vision for physical activity in Barnet over the next five years, to “**create a more active and healthy borough**”.
- 1.3 The approach and evidence in the draft Fit & Active Barnet (FAB) Framework 2022-2026 (Appendix 1) reinforces the benefit of sport and physical activity in influencing physical, wellbeing and social outcomes. This is increasingly important in our diverse and growing borough, and in the context of the Covid 19 pandemic.
- 1.4 Through alignment with national and local strategies, the Framework provides a renewed approach to increasing participation in the context of people, place, and partnerships.
- 1.5 Over the past five years, the Sport England Active Lives Survey has shown fluctuations in physical activity levels in the borough. Barnet saw a 7.3% increase between November 2016 and November 2017. Activity levels then decreased, but have since increased to 61.6%, with Barnet showing the largest increase among all London boroughs since the Active Lives Survey commenced in 2016 (4.4%).
- 1.6 Whilst the Fit & Active Barnet Partnership can be proud of its achievements, there continues to be inequality in physical activity levels across the borough. We acknowledge that we need to do better to tackle this issue and our refreshed Framework intends to support everyone in our growing and diverse borough to have the opportunity to be more physically active.
- 1.7 The Framework will be delivered via the FAB Partnership Board and local networks such as the Disability Physical Activity Network. The Board and networks include a diverse range of organisations including the Council, sports and physical activity providers, National Governing Bodies, the NHS, education and the voluntary, community and faith sector.

2. Reasons for recommendations

- 2.1 The Fit & Active Barnet Framework (2022-2026) will support partners to deliver their own plans, projects, and interventions. The aims and commitments set out in the Framework

will encourage new partnerships and improve opportunities in sport and physical activity at all levels across the borough.

3. Alternative options considered and not recommended

3.1 None

4. Post decision implementation

4.1 Officers will continue to work with partners to develop the new Framework, as set out in the timetable below

Proposed Date	Activity
11 th January 2022	Draft Framework presented to Adults & Safeguarding Committee to approve for public consultation
12 th January 2022 – 9 th February 2022 (pending committee approval)	Public consultation via Engage Barnet
7 th March 2022	Final draft Framework presented to Adults & Safeguarding Committee for approval, with an implementation plan and consultation findings.

5. Implications of decision

5.1 Corporate Priorities and Performance

5.1.1 The FAB Framework supports the delivery of the Barnet Plan (2021–2025) ‘Healthy’ priority. As physical activity supports the achievement of wider social, economic, and environmental outcomes, the Framework also contributes to the achievement of other priorities within the plan.

5.1.2 Implementation of the FAB Framework supports delivery of the Barnet Joint Health & Wellbeing Strategy (2021-2025), in addition to other key policies e.g., the Long-term Transport Strategy (2020–2041), Parks and Open Spaces Strategy (2016), and the Children and Young People Plan (2019–2023).

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

5.2.1 As public sector resource, capacity and investment faces significant pressure, the importance of collaboration to maximise opportunities and sustainability is vital.

5.2.2 The costs of the continued development of the Framework will be met within existing budgets. The council’s leisure team will seek to maximise the impact of partnership resources in the borough and pursue external funding opportunities where available.

5.3 Legal and Constitutional References

5.3.1 In accordance with the Councils Constitution, Article 7 (Committees, Forums, Working Groups and Partnerships), Section 7.5 (Responsibility For Functions), the Adults & Safeguarding Committee;

- Is responsible for all matters relating to vulnerable adults, adult social care, and leisure services;
- Will 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 Well Being Strategy and its associated sub strategies; and
- Will receive reports on relevant performance information and risk on the services under the remit of the Committee.

5.4 Insight

5.4.1 Data and insight have been used to support development of the draft Framework (2022-2026) and will continue to be reviewed during its implementation to ensure interventions are targeted and effective. This will include feedback from residents, networks, and partners.

5.5 Social Value

5.5.1 A report by the Sport Industry Research at Sheffield Hallam University concluded that every £1 spent on community sport and physical activity generates nearly £4 for the English economy. The report concluded that investment into physical activity creates a return across health and social care, improves wellbeing, builds stronger communities, and develops skills in the economy¹.

5.5.2 We will continue to utilise the social value calculator (developed by 4Global, Experian & Sheffield Hallam University) to measure social value based on regular participation within Better leisure facilities. Between April 2019 - March 2020, the leisure management contract indicated a social value of £10,019,791 (averaging £284 per participant). This is measured across a range of outcomes including improved health, improved subjective wellbeing, increased educational attainment, and reduced crime.

5.6 Risk Management

5.6.1 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.

5.6.2 The FAB Partnership and the leisure team will ensure that appropriate risk

¹ <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

management is in place to mitigate risks associated with delivery of interventions that support implementation of the Framework.

5.7 Equalities and Diversity

- 5.7.1 A core aim of the new Framework is to create equal opportunities for all residents to become more active, and tackle inequalities in access. A full Equalities Impact Assessment will be completed to support the FAB Framework (2022-2026) and will be available alongside the final draft submitted to committee on 7th March 2022.
- 5.7.2 As part of the FAB partnership, local groups have developed inclusive opportunities. The Barnet Disability Physical Activity Network facilitates inclusive access to opportunities for people with a disability and/or long-term health condition across the borough.
- 5.7.3 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:
- 5.7.4 A public authority must, in the exercise of its functions, have due regard to the need to:
- a) Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.7.5 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:
- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 5.7.6 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of

disabled persons' disabilities.

5.7.7 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to:

- a) Tackle prejudice, and
- b) Promote understanding.

5.7.8 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

5.8 **Corporate Parenting**

5.8.1 The implementation of the FAB Framework will support the Councils Corporate Parenting Commitment through the delivery of interventions such as the FAB Card and its additional benefits to carers (including foster carers), looked after children, and care leavers.

5.9 **Consultation and Engagement**

5.9.1 The refreshed Framework has been developed through a series of engagement methods including:

- Virtual workshops with partners* and colleagues representing service areas across the Council. These provided an opportunity for partners and colleagues to develop the draft vision, guiding principles, aims and commitments of the Framework
- One to one discussion with partners and Council colleagues

- Presentations and discussions at networks such as the Barnet Community & Voluntary Sector Forum, Communities Together Network, and the Covid-19 Health Champions Information Session
- Focus groups with residents to understand the importance of physical activity, awareness of opportunity and barriers to participation from a resident's perspective. Groups engaged included older people, disabled people, young people from the Barnet Youth Board, members of the LGBTQ+ community and Covid-19 Health Champions. Engagement also took place with representatives from Faith groups via one-to-one interviews. Each focus group included a diverse mix of individuals from White and BAME communities
- Grassroots club engagement session to learn more about the sport and physical activity provider landscape in the borough, and to receive input on the draft Framework development

* partners include representation from sport and physical activity providers, National Governing Bodies of Sport, the NHS, education sector, and the voluntary, community and faith sector.

5.9.2 Subject to the Adults and Safeguarding Committee's approval to consult on the draft Framework, further engagement is scheduled, including:

- Public consultation via the Engage Barnet platform (also available in paper and other accessible formats)
- Engagement with young people attending Youthzone
- Presentation at the Barnet Youth Partnership Board

5.9.3 Officers will continue to seek further opportunities for engagement whilst the consultation period is live.

6. Environmental Impact

6.1 The FAB Framework will support the achievement of the Barnet Sustainability Strategy Framework and the Long-Term Transport Strategy (2020-2041) through the coordination and delivery of active travel interventions, such as walking & cycling, and promoting everyday movement in the borough.

7. Background papers

- 7.1 [Adults & Safeguarding Committee report, 14th September 2021: Fit & Active Barnet Framework \(2016 – 2021\) Review](#)
- 7.2 [Adults & Safeguarding Committee report, 6 March 2017: Fit & Active Barnet Framework \(2016 – 2021\)](#)

7.3 [Adults & Safeguarding Committee decision, 6 March 2017: Fit & Active Barnet Framework \(2016 – 2021\)](#)

DRAFT

Fit & Active Barnet Framework

(2022 – 2026)

“Creating a more active and healthy borough”



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Foreword

There is a huge amount of evidence to support the importance of leading an active lifestyle. In fact, it is widely documented that if physical activity was a drug it would be classed as a 'wonder drug' due to the numerous benefits it has on our health and wellbeing. It also helps to bring communities together, tackle crime and support a thriving economy.

Building on the success of the last Fit & Active Barnet Framework (2016–2021), I am delighted to endorse this new Framework, which provides a refreshed approach to create a more active and healthy borough over the next five years.

Whilst we have seen an improvement in physical activity levels across the borough since 2016, there continue to be lower participation levels in our more deprived areas, and among minority ethnic communities and disabled residents. We also continue to see stark health inequalities with 56.4% of Barnet adults and one in five children aged 4-5 overweight or obese.

The unprecedented COVID-19 pandemic has exacerbated the health inequalities in the borough, in addition to driving a national decline in physical activity levels. This has shone a light on the importance of physical activity as we recover from and learn to live through the pandemic.

Our ambition is clear, but we can only achieve our vision by working closely with our residents and partners across the sport, physical activity, health, education and voluntary, community and faith sector to implement the changes that we need to make. The refreshed Framework emphasises the importance of working collaboratively within a whole systems approach to ensure that we are making physical activity everyone's business at every given opportunity.

Achieving our vision will not be without its challenges, however I am confident that the passion and expertise of the Fit & Active Barnet Partnership will take the lead in implementing this Framework and maximise opportunities to deliver meaningful outcomes for everyone.

Councillor Sachin Rajput

Chairman, Adults & Safeguarding Committee

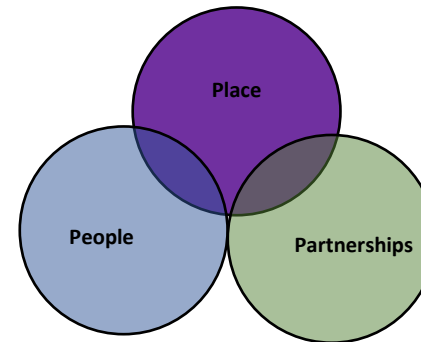
Introduction

We care about the borough and want it to be a great place to live, work and visit. Listening to and working with residents and communities, we want everyone in Barnet to have opportunities to live more active and healthier lives.

Physical activity is vital for health and wellbeing. Studies have shown that being physically active has a range of benefits, whether they are health or community focussed. This is increasingly important in our diverse and growing borough, and in the context of the Covid 19 pandemic.

This Framework builds on the success of our previous Fit & Active Barnet Framework (2016–2021). It sets out our whole-systems approach for physical activity in Barnet over the next five years by outlining our vision and aims in the context of People, Place and Partnerships.

Within each of these aims we have established a series of commitments that will steer our direction.



This Framework has been developed through collaboration among partners to define our vision and how it contributes to the achievement of wider priorities across the borough. The partnership includes the London Borough of Barnet, sport & physical activity providers, National Governing Bodies, the health sector, the education sector and the voluntary, community and faith sector. To achieve our goals, we will continue to work together, so that everyone who lives, works, or studies in Barnet has the opportunity and support to become more physically active.

Our Vision

Is to **'create a more active and healthy borough'**.

Our Guiding Principles

To achieve our vision, we will apply the following principles:

1. Make physical activity everyone's business:

Ensure physical activity is not just the business of typical 'sports' agencies but is considered by all

2. Embed a whole systems approach:

Implement a whole systems approach, by working collaboratively with partners and the community to co-produce and deliver

3. Be driven by insight:

Invest time to understand and challenge barriers to participation by engaging with communities and using a robust evidence base to inform decisions

4. Challenge the status quo:

Find innovative approaches and attract investment into the borough

5. Promote equality and reduce inequality:

Make Barnet a place where everyone can lead more active and healthier lifestyles

Our progress against the FAB Framework 2016-2021

This refreshed Framework builds on the success of its predecessor that covered a five-year period, 2016–2021. Over this time a diverse range of partners worked together to support residents to lead more active and healthier lifestyles.

Our achievements include:

- The number of adults aged 16 and over who are active for at least 150 minutes per week increased by 7.3% between Nov 15/16 to Nov 17/18 (measured by the Sport England Active Lives Survey). Activity levels did then experience a decrease but have since increased to 61.6% (May 20/21)
- Delivery of a FAB campaign involving the development of a FAB Hub (digital platform) and creation of the FAB Card - incentivising residents to be active through offering physical activity discounts and benefits. At the time of writing there are 36,112 registered FAB Card holders
- Formation of a Disability Physical Activity Network which has supported collaborative working to deliver inclusive interventions such as wheelchair rugby, dementia swimming and multi-sports sessions
- Procurement of a 10-year leisure management contract with Better which includes operation of the boroughs five leisure facilities and the delivery of health and community-based physical activity interventions
- Delivery of two new leisure facilities at Barnet Copthall and New Barnet, supported by £44.9m Council investment and £2m from the Sport England Strategic Facilities Fund
- Circa. £2m investment from Better to enhance facilities at Burnt Oak, Finchley Lido, and Hendon Leisure Centres
- An estimated 2 million attendances across targeted physical activity interventions delivered within the borough e.g., Parkrun, London Youth Games, Health Walks and Rugby4Life
- More than 2.5 million visits to the boroughs five leisure centres operated by Better between 1st January 2018 to 31st March 2020 - an increase of 9% based on the same reporting period in 2016-2017.
- Delivery of Barnet Playing Pitch Strategy and Indoor Sport and Recreation Study

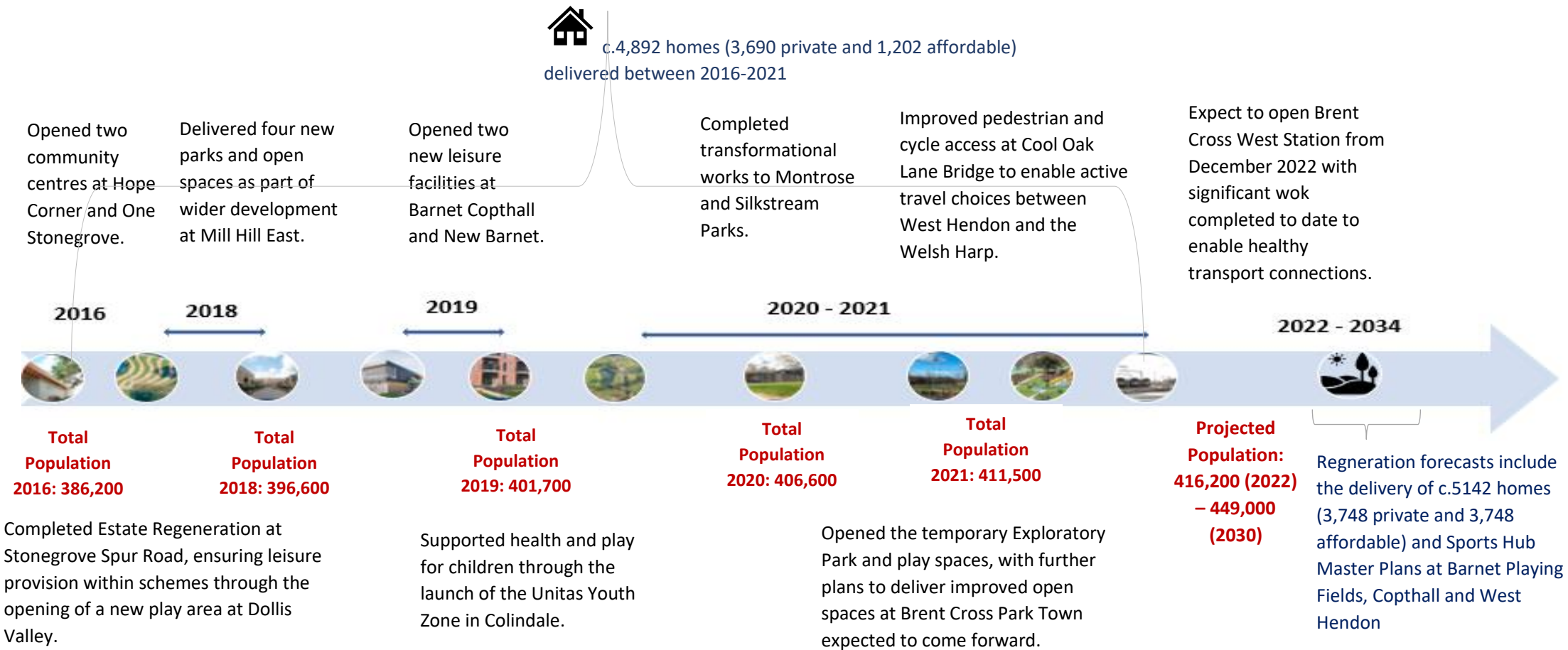
A full update report, submitted to Adults and Safeguarding Committee on 14th September 2021, can be read [here](#)

We are proud of our achievements, but there continues to be inequalities in physical activity levels across the borough. We acknowledge that we need to do better to tackle this issue and our refreshed Framework intends to support everyone in our growing and diverse borough to have the opportunity to be physically active.

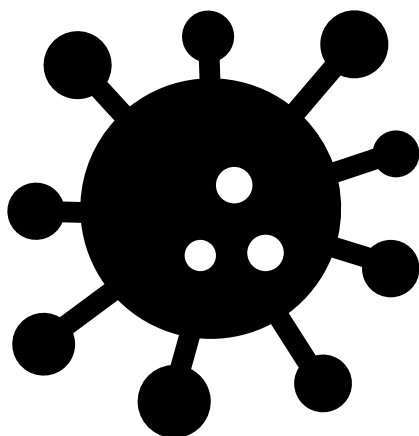
Why do we need a new Framework?

Policy relating to physical activity, such as Sport England’s strategy ‘Uniting the Movement’, now has a greater emphasis on everyday movement and reducing sedentary time. This shift, along with the environment and infrastructure being recognised as critical to encouraging participation, requires us to evolve our approach to achieving increased physical activity levels.

Barnet as a borough has changed significantly since the emergence of the first Fit & Active Barnet Framework in 2016.



The Covid 19 pandemic has led to major changes in physical activity. Nationally, there are 0.8 million fewer active adults (achieving at least 150 mins a week) and 1.4m more inactive adults (achieving less than 30 mins a week) than before the pandemic¹. At the same time, the pandemic has highlighted the importance of leading an active lifestyle to improve our health and wellbeing.



Physical inactivity is associated with a higher risk of severe Covid-19 outcomes.

Women, young people aged 16-24, over 75s, disabled people and people with long-term health conditions, those from Black, Asian, and minority ethnic backgrounds most negatively impacted.

Significant reductions in walking for travel, swimming, and team sports. Walking for leisure, running, and cycling for leisure all increased during the pandemic.

There has been an increase in digital participation via apps and streaming services.

A survey of 188 young people, undertaken by StreetGames, found young people did not find it easy to stay active, or to get active during lockdown, with two-thirds (68%) reporting that their activity levels had dropped.

Post third lockdown,

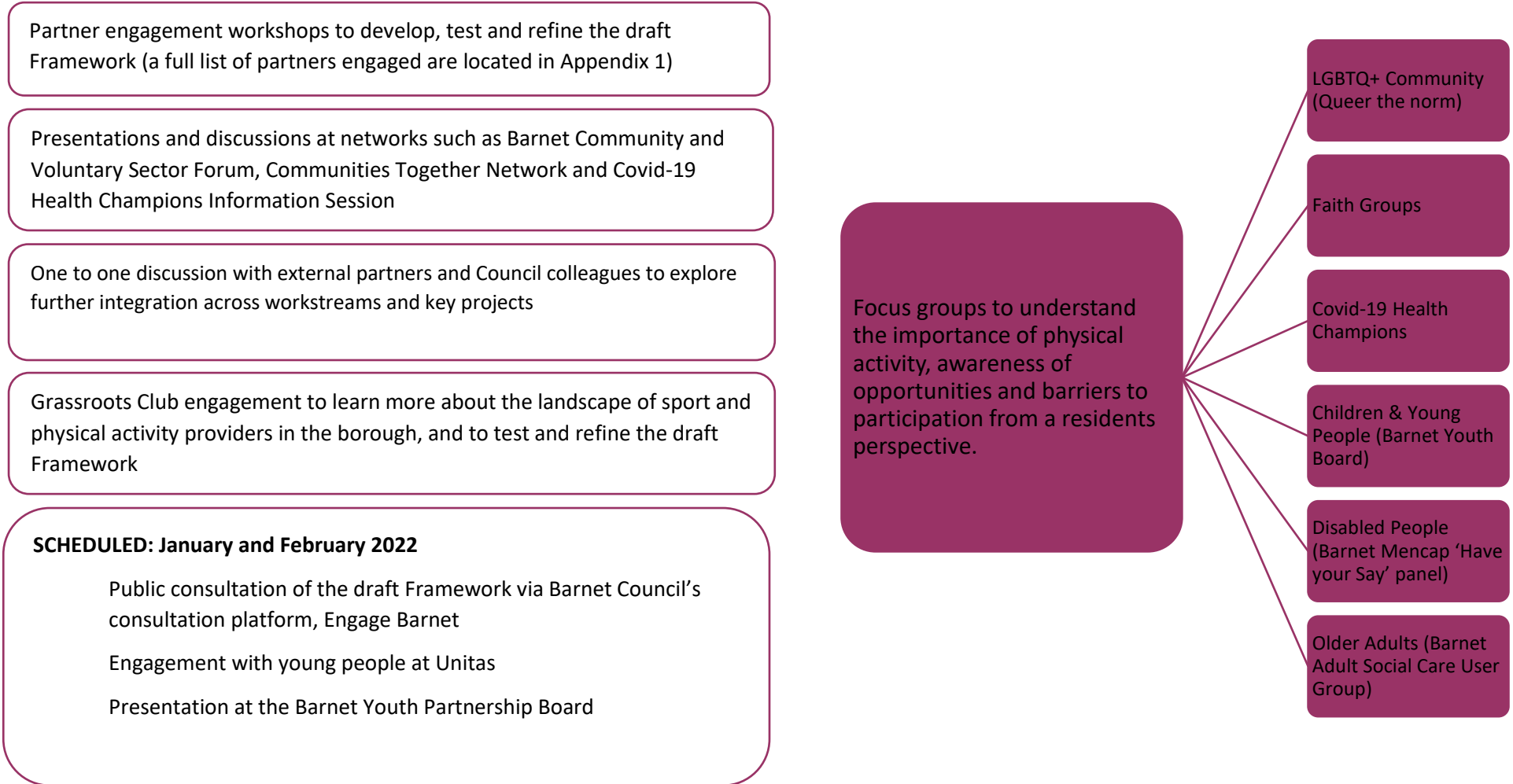
- 87% of teachers believe children's physical fitness is worse
- 67% believe general wellbeing is worse
- 78% believe children returned to school with excessive weight

The new Framework focuses on how we can support people to become active again following the Covid-19 pandemic.

¹ Active Lives Adult Survey May 2020 – 21 Report [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com)

How we developed this Framework

Development of the Framework was coordinated by the Sport and Physical Activity and Public Health teams at London Borough of Barnet. The Framework has been co-produced through engagement with representatives from different communities and a wide range of partners. For example.



Links to other strategies and plans

Recognising the wide-reaching impact of physical activity and our ambition for the Fit & Active Barnet Framework to provide a platform for partners to deliver their own priorities, it is important that our direction is guided by local and national policy.

The Barnet Plan (2021–2025):

The Barnet Plan sets out the four priorities for the borough.



The plan focuses on key outcomes that the Council is seeking to achieve and how we will work to achieve them.

The Fit & Active Barnet Framework falls primarily under the **Healthy** priority of the Barnet Plan, with a commitment to provide “Great facilities and opportunities to be physically active”. However, the Framework also links to the other three priorities set out in the Barnet Plan by supporting their workstreams through links to physical activity.

PHE Everybody Active, Every Day: framework for physical activity (updated January 2021)

‘Everybody Active, Every Day’ is a national, evidence-based approach to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective, and ‘normal’ choice in every community in England.

The framework focuses on four areas for action

- Change the social ‘norm’ to make physical activity the expectation
- Develop expertise and leadership with professionals and volunteers
- Create environments to support active lives
- Identify and up-scale successful programmes nationwide

10

Sport England Strategy: Uniting the Movement (2021):

Uniting the movement is Sport England’s 10-year vision to transform lives and communities through sport and physical activity.

The strategy prioritises five big issues that have the greatest potential for preventing and tackling inequalities in sport and physical activity. Each ‘issue’ is a building block that on its own would make a difference, but together could make a profound change

- Recover and Reinvent
- Connecting Communities
- Positive Experiences for Children and Young People
- Connecting with Health and Wellbeing
- Active Environments

Listed are all other strategies and plans that have been reviewed and contributed to the development of the Framework;

London Borough of Barnet

- Joint Health & Wellbeing Strategy (2021-2025)
- Local Plan (Draft)
- Playing Pitch Strategy 2017 (review 2021)
- Suicide Prevention Strategy (2021-2025)
- Children & Young People Plan (2019-2023)
- Growth Strategy (2020-2030)
- Equalities Diversity & Inclusion Policy (2020-2024)
- Sustainability Strategy Framework
- Sports Hub Masterplans; West Hendon, Copthall and Barnet Playing Fields
- Draft Domestic Abuse and Violence Against Women and Girls Strategy (2021-2024)
- Draft Barnet Child Participation and Family Involvement Strategy (2022-2025)
- Barnet Carers and Young Carers Strategy (2015-2020)
- Parks & Open Spaces Strategy (2016)
- Indoor Sport & Recreation Study
- Community Safety Strategy (2015-2020)
- Long Term Transport Strategy (2020-2041)
- Community Participation Strategy (Draft)
- Brent Cross Town Masterplan

National and Local

[PHE: Engaging NHS System leaders in whole systems approaches to physical activity](#)

[PHE: Physical Activity-Prevention and Management of Long-Term Conditions](#)

[PHE: Working Together to Promote Active Travel](#)

[NHS Long Term Plan](#)

[NCL STP Prevention Plan](#)

[Saracens Sport Foundation](#)

[PHE: Obesity Strategy](#)

[CMO: Physical Activity Guidelines](#)

[TfL: Healthy Streets Indicators](#)

[London Sport: LDN Moving](#)

[Barnet Partnership for School Sport](#)

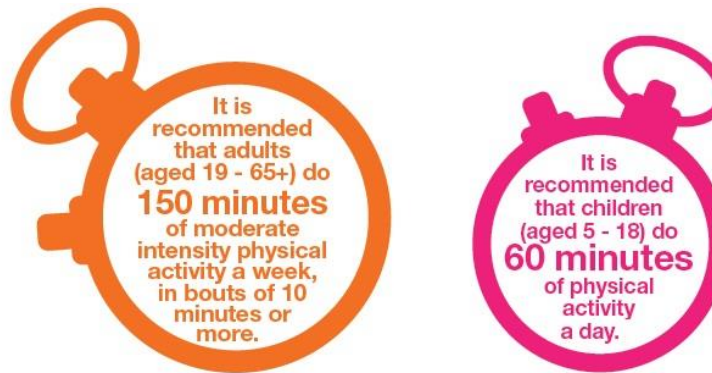
[Age UK; Our Purpose, Vision & Values](#)

What do we mean by physical activity?

Physical Activity includes exercise as well as other activities which involve bodily **movement** and are done as part of playing, working, active transportation, house chores and recreational activity.”²

How active should we be?

The Chief Medical Officer (CMO) sets national guidelines on the recommended levels of physical activity at different stages of the life-course. People of all ages are encouraged to spend as little time as possible being sedentary³.



² [World Health Organization Definition of Physical Activity - Public Health](#)

³ [Physical activity guidelines: infographics - GOV.UK \(www.gov.uk\)](#)

What are the benefits of physical activity?

Physical Activity is one of the best preventative tools that can be used as a vehicle to improve a multitude of health, wellbeing, and social outcomes.

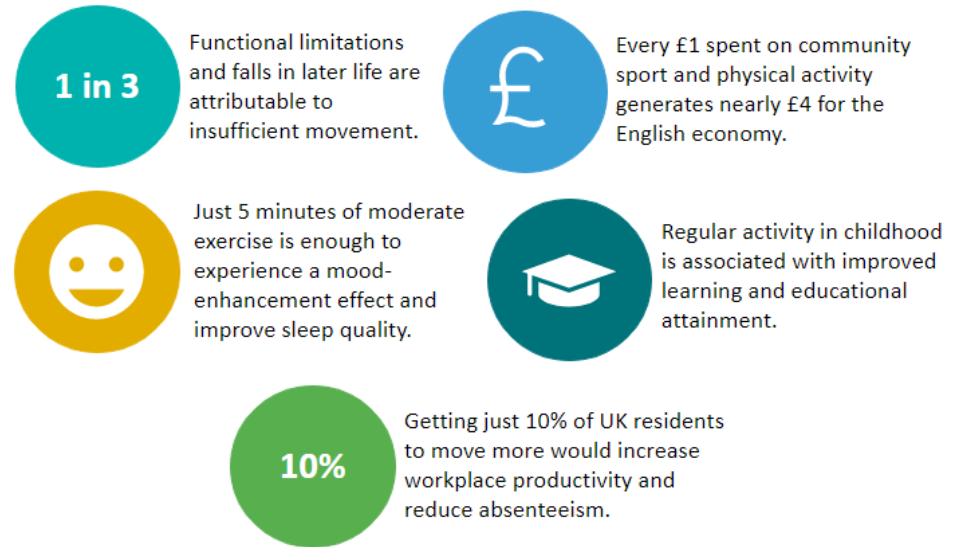
Improves physical and mental wellbeing, social and community cohesion, educational attainment, and economic prosperity

Lowers risk of:

- Coronary heart disease and stroke
- Type 2 diabetes
- Cancer e.g., breast and bowel
- Early death
- Premature osteoarthritis
- Falls (among older adults)
- Depression
- Dementia
- Excess weight and obesity

Reduces loneliness and isolation, and crime and anti-social behaviour

Research shows that play helps children's learning and holistic development, including social, emotional, cognitive, physical and creative skills.



What are the common influencing factors to physical activity?

Along with the wide-ranging benefits of physical activity, there are also numerous influencing factors which can act as facilitators and/or barriers to an individual's ability to access and engage in physical activity opportunities.



- Cost
- Ability (skill, health, disability)
- Suitability
- Caring responsibilities
- Cultural requirements
- Location
- Transport
- Time
- Education and work
- Lack of knowledge
- Low motivation and esteem
- Lack of social network (no encouragement or support)
- Weather

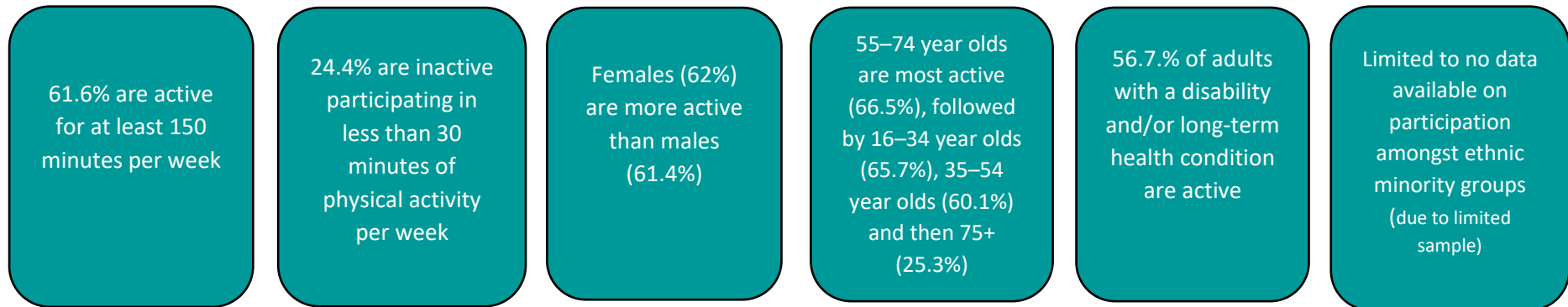
How physically active is Barnet?

Sport England collects data via the national Active Lives Survey that measures participation amongst adults aged 16 and over and children and young people aged 5 – 16 years.

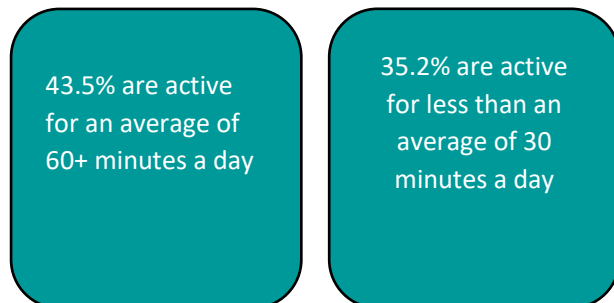
The Active Lives Survey (adults aged 16 and over), is conducted twice a year. The survey is sent out to a randomly selected sample of households across England, with a 500 sample per Local Authority area.

The Active Lives Children and Young People Survey is an annual survey that measures participation amongst 5–16-year-olds. The methodology uses a sample of schools drawn each year from the 'Get Information about Schools' database.

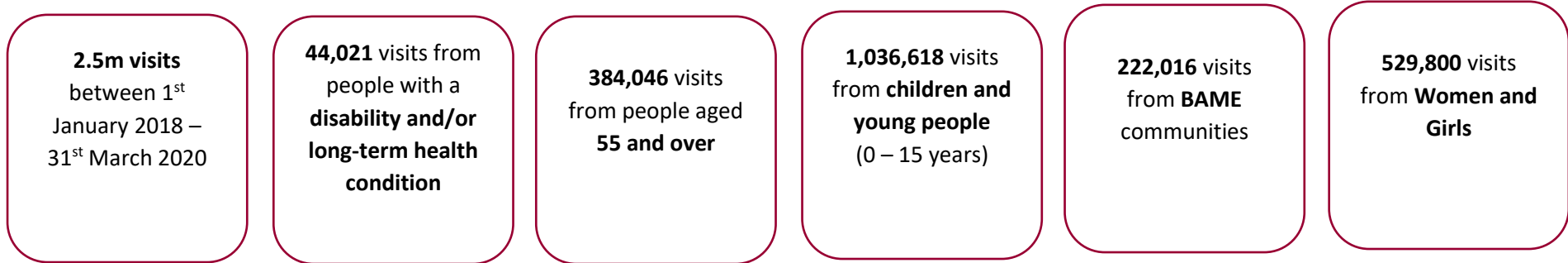
The most recent Active Lives Survey (May 20/21) tells us that for adults aged 16 and over in Barnet:



The last Active Lives Children and Young People Survey for Barnet (academic year 2018/19) tells us that for 5 – 16-year-olds:



To understand participation at a local level, we also have access to participation data from those visiting the boroughs leisure facilities operated by Better.



Note – the data collection period covers 1st January 2018 – 31st March 2020. Data from 1st April 2020 has not been provided due to Covid-19 restrictions and whilst the sector recovers.

Our Aims and Commitments

To achieve our vision, we need to continue to maximise engagement and work collectively towards a shared set of aims.



We will take a multi-agency approach to achieving these aims by focussing on a series of related commitments across a whole system to create a more active and healthier borough.



People



We aim to increase physical activity levels amongst everyone

Our Commitments 'we will do this by':

- Providing opportunities to be active, particularly, where physical activity levels are lowest, and inequalities exist
- Understanding the barriers to participation and addressing gaps in provision, to ensure equal and fair access for everyone
- Changing behaviours and perceptions towards leading an active and healthier lifestyle
- Advocating for active lifestyles to be embedded within local policies, strategies and plans and ensure that this is central to decision making

We aim to increase physical activity levels amongst everyone irrespective of their age or how they identify, however we recognise that there are individuals within the borough who experience a multitude of barriers in respect of engaging in physical activity opportunities. These individuals often require additional support and targeted interventions to make physical activity an accessible and attractive choice. Examples include children and young people, particularly those from deprived communities; those experiencing a life transition e.g., leaving school, retirement, starting a family; older people; people from Black, Asian, and Minority Ethnic (BAME) communities; and disabled people, or those with a long-term health condition.

To fulfil our aim of increasing physical activity levels amongst everyone, we will ensure that our work is guided by insight and that this is supplemented by resident engagement.

Barnet is a growing, thriving, and diverse borough

Barnet has **411,500** residents
By 2030, this is expected to grow to **449,000**

40.3% of residents are from backgrounds **other than White British**

There are an estimated **95,700** children and young people aged 0-17 in Barnet

Barnet is an ageing borough with **9,700** residents aged **85 and over**

8th least deprived out of 33 London boroughs (IMD 2019)

The borough is generally healthy...

Average life expectancy is **82.4 years for males and 85.8 years for females**

2nd lowest mortality rate for cardiovascular diseases in London (51.1 per 100,000)



...however inequalities exist

Around **12,000** people in Barnet live in the **20% most deprived** parts of England, primarily in the wards of Brunswick Park, Burnt Oak, Colindale, Golders Green and Underhill

Life expectancy in the **most deprived** areas is on average **7.8 years less** for women and **7.4 years less** for men

An estimated **4,434** people aged 65+ in Barnet are living with **dementia**

22,229 people live with diagnosed diabetes

1 in 5 children aged 4-5 years in Barnet are overweight or obese

Just over a half of Barnet adults (56.4%) are overweight or obese



Place

We aim to provide environments that support active lifestyles

Our Commitments 'we will do this by':

- Supporting the protection, revival, and creation of accessible environments
- Enhancing community spaces through the delivery of targeted physical activity interventions
- Creating a culture that optimises active travel in the borough
- Encouraging workplaces in the borough to embed physical activity and wellbeing within their business
- Advocating for active environments to be embedded within local policy, strategies and plans and that this is central to decision making

What do we mean by active environments?

An active environment is any space that allows an individual or a group the opportunity to participate in physical activity. It is not limited to traditional spaces such as leisure centres and parks, it could include homes, community spaces such as the high-street, schools and community centres, commutes to work, the workplace and even the digital world.

Recognising the importance of 'Place' in achieving a 'more active and healthy borough' the Framework supports the delivery of priorities set out within key local strategies, policies and plans including the Barnet Playing Pitch Strategy, Indoor Sport & Recreation Study, Parks and Open Spaces Strategy, Sports Hub Masterplans, Sustainability Strategy Framework, Long Term Transport Strategy, Growth Strategy and the Brent Cross Town Masterplan.

Barnet is well served by a diverse mix of facilities and environments that support and encourage active lifestyles

28% of the borough is green with **over 200** parks and open spaces with **55** play areas

172 Pitches
(Football, Rugby, Cricket, Baseball and Gaelic Football)

13 Active Trails
16 Outdoor Gyms
2 Skate Parks

205 Tennis Courts
25 Multi-Use Games Areas
13 Outdoor Table Tennis Tables

55 Artificial Grass (3G) Pitches
9 Bowls Greens

27 Sports Halls
30 Swimming Pools
12 Squash Courts

Designated **Gymnastics and Athletics** Facilities

150+ Sports Clubs
24,615 Businesses

All residents live within a **20-minute cycle trip** of a train or underground station

On average, travel time by walking, cycling or public transport is **14 minutes** to a secondary school and **8 minutes** to a supermarket (Dft 2017)

66% of travel journeys in Barnet are **less than five miles**.

...we know that

22% of residents use outdoor spaces for exercise, slightly higher than the London average

More than 2.5 million visits were recorded at our Better Leisure Centre sites between Jan (2018)-Mar (2020)

Just under half (49%) of residents participating in the Barnet healthy weight survey (2018) felt that **making roads and parks safer** would **increase their likelihood of walking or cycling**

Partnerships



We aim to work together to embed physical activity at every opportunity

Our Commitments 'we will do this by':

- Facilitating effective working between partners to deliver the Framework and maximise outcomes
- Enabling the partnership to advocate the value of physical activity, and its contribution to achieving a range of outcomes
- Optimise and secure resources among the partnership to support increased physical activity levels

Development and implementation of the Framework is owned and driven by the Fit & Active Barnet Partnership Board and local networks.

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

Embracing the five guiding principles set out on page 5, the Fit & Active Barnet Partnership Board and its local networks provides a foundation that supports maximum influence on deliberate and unintentional physical activity in the borough by

- Ensuring strategic alignment
- Optimising investment opportunities
- Avoiding duplication of services
- Identifying and addressing gaps
- Sharing skills, knowledge, and resources to maximise efficiencies
- Promoting the value and benefit of physical activity



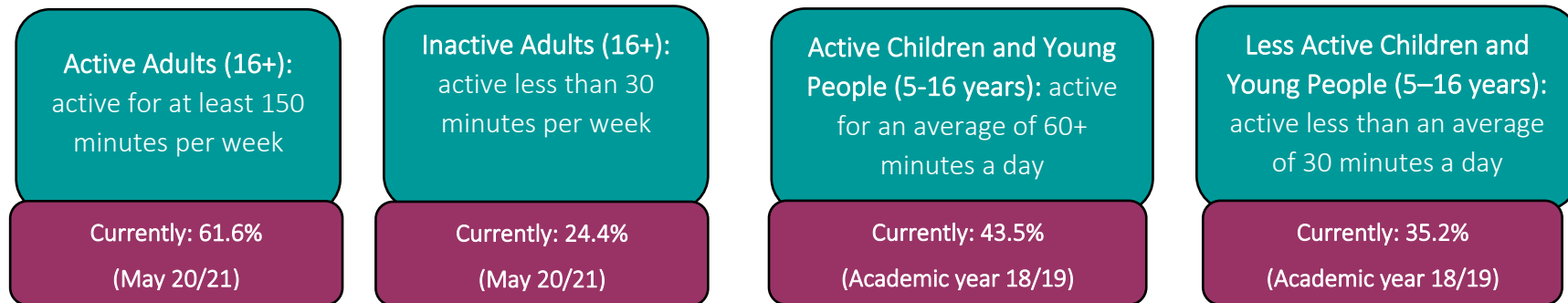
Implementation of the Framework

An implementation plan will be developed annually with members of the Fit & Active Barnet Partnership Board and local networks to achieve the aims and commitments set out within this Framework.

Reviewing our progress

A quarterly progress review will be undertaken against the Framework aims and commitments, with an annual report presented to the Adults and Safeguarding Committee.

We will seek to achieve an improvement over the lifespan of the Framework in the following indicators measured by the Sport England Active Lives Survey.



In consideration of the variables associated with the Survey methodology we intend to achieve an increase within the range of 2% - 7%. Our proposed increase range has been benchmarked among other London Local Authorities to ensure transparency, and that Barnet continues to strive to be one of the most active London boroughs.

We will also analyse local data sets alongside the Active Lives Survey data. For example, leisure centre visits collected by the boroughs leisure operator (Better); results from the Resident Perception Survey and Young People Survey conducted by Barnet Council; and the Physical Education, School Sport and Physical Activity (PESSPA) survey conducted annually by the Barnet Partnership for School Sport. Reviewing these additional datasets will enable us to better understand participation in the borough and provide a proactive response to emerging needs and gaps in provision.

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[Report - LGA \(local.gov.uk\)](#)

[PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#)

[Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients \(bmj.com\)](#)

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[jhws 2021 to 2025.pdf \(barnet.gov.uk\)](#)

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[Joint Strategic Needs Assessment – Barnet Open Data](#)

Local Government Association Research: The Impact of Covid-19 on culture, leisure, tourism, and sport (July 2020)

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Barnet Healthy Weight Survey: [Healthy weight | Barnet Council](#)

[Sport England: Why investing in physical activity is great for our health – and our nation](#)

[Public Health England: The link between pupil health and wellbeing and attainment](#)

[Public Health England: Health matters: physical activity - prevention and management of long-term conditions](#)

[London Borough of Barnet: Long Term Transport Strategy 2020 – 2041](#)

[Barnet Community Local Insight Tool](#)

[Greater London Authority: Demographics](#)

StreetGames. The experience of the coronavirus lockdown in low-income areas of England and Wales. Manchester: StreetGames; 2020.

Appendix 1: FAB Framework Engagement (list of partners)

Age UK Barnet
Argent Related – BXS Project Play
Arkley Cricket Club
Barnet Carers Centre
Barnet, Enfield and Haringey Mental Health Trust
Barnet Hive (FC) Foundation
Barnet Homes
Barnet Mencap
Barnet Multi Faith Forum
Barnet Partnership for School Sport
Barnet & Southgate College
Better
Brampton Lawn Tennis Club
British Blind Sport
Cannons Cricket Club
Central London Community Healthcare NHS Trust
Colindale Community Trust
Community Barnet
COVID-19 Health Champions
Elms Ravenscroft Lawn Tennis Club
England Netball
Groundwork
Healthy Schools LondonLondon Sport
Herts Baseball Club
Inclusion Barnet
London Borough of Barnet
London Sport
Meridian Wellbeing
Middlesex County Cricket Club
Middlesex University
Mind Barnet
North Central London Clinical Commissioning Group
Phoenix Canoe Club
Premier Tennis
Re.
Royal Free London
Rugby Football Union
Saracens Foundation
Sense
Sported
UK Deaf Sport
Unitas
Young Barnet Foundation

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Adults and Safeguarding Committee 11th January 2022

Title	Prevention
Report of	Cllr Rajput - Chairman Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	James Mass, Director of Adult Social Care james.mass@barnet.gov.uk

Summary

For a number of years, the Prevention and Wellbeing team within adult social care has been working with individuals on the edge of the care system to improve their outcomes and prevent, reduce or delay their requirement for care services. The team has also carried out development work at a local level to improve the service offer for residents. Funding has been secured to expand the Prevention and Wellbeing team. This report asks the Committee to give consideration to the work that the expanded team will do and agree the approach to prioritising work and allocating resource.

Officers Recommendations

That the Adults and Safeguarding Committee agree the proposed priorities and approach for the expanded prevention and wellbeing service.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Corporate Plan 2021 – 2025 includes a focus on prevention, emphasising the need to “adopt preventative measures to help people remain healthy, happy and independent in all aspects of life”. Prevention has long been a focus in adult social care and the council has a statutory duty in the Care Act (2014) to prevent, reduce and delay needs for care and support.
- 1.2 The council has an in-house Prevention and Wellbeing Team as well as commissioning a range of prevention services from the voluntary and community sector. The Adult and Safeguarding committee’s delivery plan for 2021/22 includes the following: “we will explore opportunities to increase the number of people who can benefit from the work of our Prevention and Wellbeing team, delaying or avoiding the need for adult social care.”
- 1.3 The Prevention and Wellbeing Team, which is similar to the ‘Local Area Co-ordination’ model, is focused on three core areas of activity:
- Personalised & individual support for people known to adult social care and their informal carers
 - Community engagement and development work with local organisations
 - Creating new initiatives and increasing community capacity
- 1.4 Funding has been secured to expand the team to enable a significant expansion of their work. This paper sets out proposals for the team’s work programme for the Committee to approve.
- 1.5 ***Personalised & individual support for people known to adult social care and their informal carers.***

The Team’s approach focuses on meaningful conversation and interactions at the first point of contact, reinforcing the guidance from the Care Act 2014 to prevent, reduce and delay needs for formal social care.

The team works with individuals who are willing to engage proactively and set short term, achievable wellbeing goals themselves. There is a broad range of people supported but they will often have had a significant life change, for example a bereavement or a health problem, that has triggered a change in need or loss of confidence. In other circumstances it could be that a person has gradually become more socially isolated and need some support to help them access services in the community again.

Team members, known as Prevention & Wellbeing Coordinators work alongside residents to:

- Think about objectives the resident wants to achieve and how to achieve them
- Ensure their objectives are achievable in the short term and sustainable in the long term
- Identify their strengths, skills and passions and how these can be used
- Access and find the information they want and create an action plan
- Develop relationships and community links

- Find out about their community, local activities and opportunities to get involved

All residents receive a follow up call 6 months after the team's involvement has ended.

The Prevention & Wellbeing team also offer a specialist Dementia Support Service to support those living with dementia and their carers to access support, information, and advice. This includes a bespoke training programme to build carers confidence and knowledge, ensure that the person can sustain their caring role and that the person living with dementia can remain living in the community for as long as possible.

1.6 *Community engagement and development work with local organisations.*

The Prevention and Wellbeing Team work on a ward-by-ward basis to understand what local support is available, identify gaps, reduce duplication, and encourage and facilitate joint working between community organisations. This insight is then shared with social work practitioners so that they can direct residents to appropriate local provision and with the commissioning team so that they can develop strategies based on this evidence.

The Coordinators will engage with residents within their wards to talk about what is happening in their area, find out more about what they would like to see, and link them with groups and organisations to make project ideas happen.

The Barnet Voluntary and Community Sector Forum is facilitated by the Team and brings local organisations together to discuss new developments, address issues and create opportunities to network. The team also oversees information, advice and signposting work to create a consistent approach in Barnet and ensure a good quality service.

1.7 *Creating new initiatives and increasing community capacity.*

The Team works with a range of partners including health, housing associations and the voluntary and community sector. In addition, by working directly with residents the Team can explore any gaps in service provision and how residents themselves can facilitate new initiatives. For example, the Team has previously supported the development of an autism friendship group, a Bollywood dancing group (now run by Age UK Barnet) and informal carer groups for those who attended the Specialist Dementia Support training programme. This also ensures the Council has a strong understanding of local support when working with adults, supporting them to access local alternatives to paid-for commissioned services.

- 1.8 The following case studies provide examples of how the Prevention and Wellbeing Team's work can significantly improve outcomes for residents whilst preventing needs for formal social care.

CASE STUDY A.

Margaret was referred to the Prevention and Wellbeing Team, her objective was to return to her home in Barnet, but she was also feeling overwhelmed with where to start and sometimes physically unable to carry out some of the tasks. Margaret was living in a care home following a safeguarding intervention and change in circumstances but wanted to decide how to speed up the return to her own home.

Working alongside Margaret and with her consent, the Coordinator made online purchases, and managed deliveries and installations to make the house habitable. The toilet and electrics were repaired to ensure the house was safe. The Prevention and Wellbeing Coordinator supported Margaret to contact neighbours and friends so that her support network could be restarted. Margaret was supported to make outstanding payments and debit & credit cards have been restarted.

Margaret now feels less anxious and was happy to make steps towards returning home. The fact that the council has supported her to move home has reduced the need for high-cost care provision. She is looking forward to attending activities to build her physical strength and reconnecting with her friends and neighbours.

Wellbeing & Satisfaction Outcomes:

Margaret moved back into her own home several weeks earlier than planned, due to the Coordinator's involvement.

Savings in care costs: £316 per week initially, further anticipated.

Feedback: *"Oh! Thank you ever so much for everything. You have been wonderful".*

CASE STUDY B.

Carol was referred to Prevention and Wellbeing Coordination, her objective was to increase her confidence to use, plan and manage transport, complete the form and take a photograph to apply for a Freedom Pass and use transport to attend social activities to meet her friends more regularly.

Carol has osteoarthritis and a neurological condition and recently a close family member died, leaving her feeling overwhelmed. Carol and the Coordinator outlined all the steps that needed to be taken and set a timeframe. They allocated the tasks and worked on some together. They also agreed that the Coordinator would call Carol after the first journey to see how it went and discuss any issues.

Carol now uses the leisure centre at Copthall and enjoys outings with her friend as she has her freedom pass. Carol has the confidence to use technology to plan journeys and enable her to manage her own care, for example she has an *Alexa* and sets medication reminders. The Coordinator was able to discuss care alternatives as Carol's health improved.

Wellbeing & Satisfaction Outcomes:

As a result of her increased confidence and more active lifestyle, Carol's health and wellbeing has greatly improved. She has become more independent and decided that she did not need any ongoing care.

Savings in care costs: £97 per week.

Feedback: Carol has expressed her thanks and given the Coordinator a badge saying '*100% commitment*' which she proudly displays on her lanyard.

CASE STUDY C.

Mustafa was referred to the Prevention and Wellbeing Team, and his objective took some time to confirm but he was clear he wanted to organise his home and stop it getting too untidy and cluttered.

Mustafa and the Coordinator took time to look at options for tidying his home and belongings and he agreed that a deep clean was required. Mustafa agreed to pay for this, and the coordinator agreed to be present with him to ensure any important items were kept or he agreed to them going.

Following the deep clean, a fire safety visit by London Fire Brigade was completed and Mustafa is now aware of the risks and hazards collecting and hoarding items can present.

PA Choices are supporting Mustafa with his shopping, cleaning, and other domestic needs. He has contacted them privately so can add tasks or additional hours if he feels this is needed.

Wellbeing & Satisfaction Outcomes:

Mustafa feels and is in control of his finances. He has become more independent. He now feels confident to manage activities of daily living, such as keeping his home clean and shopping.

Savings in care costs: £29 per week.

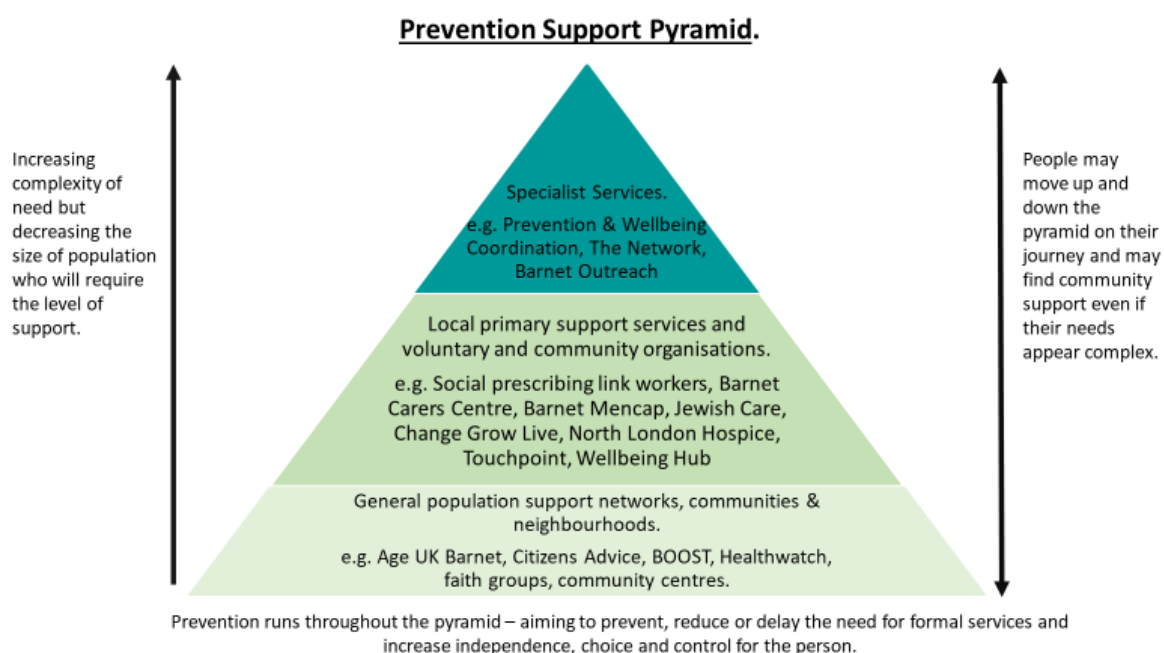
Feedback from Social Worker: “The coordinator was able to encourage and work with Mustafa patiently, to achieve his outcomes in his own time. He is more confident that he will be able to address future issues himself”.

Proposed model for expanded Prevention and Wellbeing Service

- 1.9 The current service consists of 8 roles, a service manager, four co-ordinators, a service development office and two specialist dementia support officers. This will expand to 19 roles with the addition of seven further co-ordinators, a social work lead practitioner and three further posts.

Case work

- 1.10 Section 1.5 sets out how the service works with individuals. The current service capacity is to manage c.200 referrals per year. It is anticipated with the balance of work proposed that the new service will be able to manage c.450 referrals per year from 22/23.
- 1.11 The Team will work with the social work functions that identify suitable individuals and refer into the service to ensure they are clear on the scope and capacity of the function. This will include hospital teams to identify those being discharged from hospital that would benefit from support and the 0-25s team to focus on those making the transition from children's services to adult social care.
- 1.12 They will work with residents and families that would benefit from multi-agency support, helping them to navigate the system to address unresolved issues.
- 1.13 The addition of senior coordinators to the structure provides the capability to manage more complex cases within the team and also to clearly identify when it is appropriate to refer for social work or safeguarding advice.
- 1.14 Coordinators link up with social prescribers from a range of organisations across Barnet. The roles are distinct but complementary. The Prevention and Wellbeing Coordinators will work with a smaller number of people in a more in-depth way and can support those with more complex needs. The diagram below shows the scale of prevention support services in Barnet:



Ward-level service development

- 1.15 In the present model, the team has capacity to work in four wards each year. In the expanded team, each coordinator will cover 2-3 wards, enhancing community engagement with residents and partners. This will enable the team to cover the whole borough throughout the year.
- 1.16 When working at ward level, Prevention and Wellbeing Coordinators will link in with ward Councillors as appropriate, as well as with local voluntary and community sector groups and community leaders to help maximise opportunities for residents.

2. REASONS FOR RECOMMENDATIONS

Improved resident outcomes and reduced demand for care

- 2.1 The approach will help find alternatives to commissioned care by working with residents on the edge of care, supporting them to access the community, source domestic help, including shopping, deliveries and meal options.
- 2.2 Increasing capacity in the team should reduce referrals for formal care, as well as enabling the sustainable use of community services.
- 2.3 The larger team will mean that more residents can be supported to ensure their personal objectives are achieved and sustainable for a longer period of time, continuing our strength-based approach.
- 2.4 The team can also work to ensure a wide-ranging carers support offer, with short term interventions, training, and a collaborative approach with partners to avoid crisis; building carers' confidence with sustainable support available when needed.

Partnership working

- 2.5 The new approach will ensure we can collaborate with the Council's social prescribing partners to have a consistent approach, supporting residents with their wellbeing. This will ensure consistency across services that take referrals from primary care and social care, avoiding duplication.
- 2.6 The team will be able to provide intelligence to the corporate Data and Insight work across Barnet. This work includes the identification of inequalities.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Section 1 of this report set-out the different functions of the Prevention and Wellbeing Team, broadly categorised into work directly with individual residents and community development work. With the additional capacity being introduced, the balance of work within the team could be configured differently to do more or less work with individuals or community engagement / development. Two alternative models are set out below.

Alternative model A

- Do not expand the work on community development at the ward level.
- This would increase capacity within the Team for work with individuals by around c.100 referrals per year.
- It is uncertain if there would be sufficient demand for working with this many individuals.
- It will be hard to find services for all the individuals to access without doing any more of the service development work.

Alternative model B

- Double the resource time allocated to ward service level work to allow an even greater focus on local area development.
- This would reduce capacity for work with individuals by around c.50 referrals per year.
- It is unlikely that there would be sufficient benefit from expanding the ward work by this amount.

Having worked through the likely demands, it is felt that the proposal outlined in section 1 is proportionate and should lead to an effective way of operating.

4. POST DECISION IMPLEMENTATION

If the Adults and Safeguarding Committee approves recommendation the implementation stage will include the following:

- 4.1.1 Completion of recruitment to new posts.
- 4.1.2 Design & configure IT systems for the new approach.
- 4.1.3 Create Standard Operating Procedures and process flow charts.
- 4.1.4 Embed alternatives to care approach, team criteria & priorities.
- 4.1.5 Creation of joint health and social care induction/training module.
- 4.1.6 Engage with VCS and other partners to roll out training model.
- 4.1.7 Developing and then using a new performance framework to measure effectiveness of the team.
- 4.1.8 Ongoing quality assurance and using this to make modifications to systems and processes, driving improvements.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

On 8th February 2021, Policy and Resources Committee approved the Barnet Plan, which identified the four key priorities for the council over the next four years, as set out below. The Prevention and Wellbeing team's expansion will support the achievement of the healthy priority.

- **Clean, safe and well run:** a place where our streets are clean and antisocial behaviour is dealt with so residents feel safe. Providing good quality, customer friendly services in all that we do;
- **Family Friendly:** creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best;
- **Healthy:** a place with fantastic facilities for all ages, enabling people to live happy and healthy lives.
- **Thriving:** a place fit for the future, where all residents, businesses and visitors benefit from improved sustainable infrastructure & opportunity.

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

The costs of the expanded team have been secured for the next two years through the Council's medium term financial planning process.

P & W Team Establishment	Budget
Current Establishment <i>Of which:</i>	£390,000
<i>Public Health funding</i>	£34,000
<i>Better Care Fund funding</i>	£200,000
<i>Base budget funding</i>	£156,000
Cost of additional posts	£574,000
TOTAL ANNUAL BUDGET	£964,000

5.3 Social Value

None applicable to this report, however the council must take into account the requirements of the Public Services (Social Value) Act 2012 to try to maximise the social and local economic value it derives from its procurement spend. The Barnet living wage is an example of where the council has considered its social value powers.

5.4 Legal and Constitutional References

The prevention duty is set out in s2 of the Care Act 2014

1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—

(a) contribute towards preventing or delaying the development by adults in its area of needs for care and support.

(b) contribute towards preventing or delaying the development by carers in its area of needs for support.

(c) reduce the needs for care and support of adults in its area.

(d) reduce the needs for support of carers in its area.

The local authority's responsibilities for prevention apply to all adults, including:

- people who do not have any current needs for care and support
- adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not (see chapter 6)
- carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation

5.5 Risk Management

The service will be managed in accordance with the council's risk framework.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in the decision making of the council.

5.6.2 Decision makers should have due regard to the public sector equality duty in making their decisions. The Equality Act 2010 and the Public-Sector Equality Duty require 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. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

5.6.3 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.

5.6.4 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- 5.6.5 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 5.6.6 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- Tackle prejudice, and
 - Promote understanding.
- 5.6.7 Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
- Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race,
 - Religion or belief
 - Sex
 - Sexual orientation
 - Marriage and Civil partnership
- 5.6.8 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.
- 5.6.9 Progress against the performance measures we use is published on our website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

5.7 **Corporate Parenting**

Support from the Prevention and Wellbeing team is available for people known to adult social care and as such can be available for Barnet residents who are care experienced and young adults transitioning from Family Services to Adult Social Care.

5.8 **Consultation and Engagement**


An internal 21-day consultation was undertaken, although there were no changes to job descriptions and no post were at risk. No substantive issues were raised however, it was suggested the layers of management be reduced, this change has been implemented and the new structure incorporated the enhanced Senior Coordinator roles.

5.9 **Insight**

N/A

6. **BACKGROUND PAPERS**

N/A

	Adults and Safeguarding Committee 11th January 2021
Title	Social Care Staff and Covid 19 Vaccination
Report of	Cllr Rajput - Chairman Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Dawn Wakeling, Executive Director of Adults & Health

Summary

On the 11th November 2021, government regulations came into effect which require care staff to be fully vaccinated against Covid 19 in order to work in care homes. These regulations also apply to staff and volunteers who enter care homes as part of their work, such as social workers.

On the 9th November 2021, the government announced that from 1st April 2022, being fully vaccinated would also become mandatory for staff in health and the wider social care sector. This report provides an update on mandatory Covid 19 vaccinations for social care staff in Barnet, including social care staff employed by the council, care home staff and staff in other social care settings.

Officer Recommendations

The Committee is asked to note the contents of the report.

1. **Purpose of this Report**

1.1 The committee is responsible for all matters relating to adult social care in Barnet. The introduction of mandatory Covid 19 vaccination is a significant change affecting adult social care in the borough and it is timely to report progress to the committee.

2. ***Mandatory vaccination in Care homes***

2.1. The regulation requiring all staff working in or entering care homes to be fully vaccinated came into effect on 11th November 2021. The regulation defines fully vaccinated as having 2 doses of a recognised Covid-19 vaccine, as opposed to 3 doses including the booster. As well as those directly employed to work in the home, the regulations also apply to health and social care professionals, CQC inspectors, and other workers such as tradespeople, hairdressers and beauticians who enter the home to work. All volunteers who enter the care residence will need to show proof of vaccination or exemption, unless they are under 18. The exceptions to this requirement are set out in paragraphs 2.2 -2.5 below.

2.2. Medical exemptions. These are very limited and include end of life care, severe allergies to all currently available vaccines, an adverse reaction to the first dose (for example, myocarditis, which is inflammation of the heart muscle), some short-term medical conditions and pregnancy until 16 weeks post-partum. Medical exemption will normally be confirmed by the NHS but a temporary self-certification process is also in place until the end of March 2022.

2.3. When someone is entering the care home for emergency assistance for an incident in the care home itself, or in relation to an incident in a neighbouring building (for example if access is required to respond to a fire), they will not need to show proof of vaccination or medical exemption. This exemption also applies to social workers responding to immediate safeguarding concerns.

2.4. In addition to providing emergency assistance, emergency services staff attending the care home in the execution of their duties are exempt from the requirement. This includes:

- members of the fire and rescue services attending the care home to execute their duties
- members of the police service attending the care home to execute their duties
- members of the health service deployed for emergency response.

2.5. Essential Care Givers (usually a family member) and visitors do not have to show proof of vaccination or exemption. Essential Care Givers do, however, need to follow the same infection prevention & control guidance as staff. There is also no legal requirement for residents to be vaccinated.

2.6. It is the responsibility of the CQC registered person to check the vaccination status of care home staff and visiting professionals to whom the regulations apply. If proof is not provided, the registered person must not allow entry to that staff

member/professional. The registered person must keep a record that vaccination status has been checked. Adherence to the regulations will be monitored by CQC in its regular inspections of care homes.

3. *Current position in care homes*

- 3.1. There are 80 registered care homes employing 3000 staff in the borough. Care Homes, council and NHS staff in Barnet have worked hard over the course of the year to provide easy access to the vaccine for staff and to support staff who were hesitant about being vaccinated to receive both doses. Barnet Council and health partners have supported care providers with this by running information sessions and arranging one-to-one clinical conversations between hesitant staff and GPs to discuss concerns on an individual basis. Workers have also received a £50 payment in recognition of their time and travel costs to get both doses of the vaccine, funded by the council.
- 3.2. When the regulations came into effect, Care Homes reported that fewer than 50 staff across all care homes had left employment or had temporarily stopped working pending receiving their 2nd dose. This amounts to less than 1 member of staff on average across all homes in Barnet and it is understood that in most instances the staff who had temporarily stopped working have now returned to work. This is a significant achievement relative to early August 2021, when the Government published the mandatory vaccination regulations, when Care Homes were reporting that 750 staff were not fully vaccinated.
- 3.3. Fewer than 30 staff across all care homes have declared they are 'medically exempt' from being vaccinated.
- 3.4. All care homes have confirmed to the council's Care Quality Team that they are compliant with the regulations.
- 3.5. In advance of the regulations coming into effect, every Care Home updated their business continuity plan to ensure that service continuity would not be affected. The Council has also supported this by running a borough- wide recruitment campaign for the care sector and funding a £200 recruitment incentive payment for new entrants. Care Homes are not reporting any business continuity concerns related to mandatory vaccines at the time of writing.

4. *Monitoring*

- 4.1 The Care Quality team, alongside the sector regulator, CQC, will continue to monitor care homes to ensure compliance with the regulations as a whole, in terms of checking vaccine status of staff and also ensuring wider measures are in place in line with the regulations to check the vaccine status of professional visitors.

5. *Council staff who enter care homes*

- 5.1. The vast majority of the council's adult social care workforce were already double-vaccinated and so the November 2021 change had no impact for them. Those colleagues with a core role that involves visiting care homes are now required to be

vaccinated or exempt. All currently employed staff who fall within the scope of the regulations are fully vaccinated.

5.2. ***Tracking***

The council clearly needs to be confident in who is sent to care homes and so a formal policy has been adopted that sets out how we monitor and our approach to staff who fall within the scope of the regulations but are not vaccinated and do not have an exemption. In terms of tracking, all staff who could enter a care home have emailed their line manager with a copy of their vaccine status via the Covid pass in the NHS app. HR have collated this data and are updating the HR electronic database. Staff have been given opportunities to discuss their vaccination concerns with experts from the NHS and public health, along with support from management.

5.3. ***Recruitment***

We have made full vaccination a mandatory requirement for applicants to the roles of frontline practitioners, operational managers and care quality staff. An additional, mandatory question has been added to systems for permanent and agency recruitment. Successful applicants will be asked to email a copy of their Covid pass to HR as part of the pre-employment checks process.

5.4. Our approach for those that have not had two vaccines and do not have a medical exemption is as follows:

- We will continue to encourage staff to have the vaccine and access opportunities to talk to experts about any concerns they may have.
- For those in operational teams with a mix in their caseloads of people in the community and in care homes, where they may need to enter a care home, we have adjusted our approach to case allocations and will not give them any cases where the adult lives in a care home. If they support an adult to move to a care home we will re-allocate for the review if this is best done in person. This position will be monitored and if it causes too much operational difficulty we may need to adjust our approach.
- We have been, and will continue to be, working with the Trade Union representatives as we implement this.

6. **Mandatory vaccination in the wider social care sector**

6.1. Following a public consultation, the government has announced that mandatory vaccination will be introduced from April 2022 for CQC regulated health and social care providers, which includes home care and supported living. Mandatory vaccination will be required for staff working in roles where they have direct, face to face contact with people who use services. This will include care staff and non-clinical workers who have face to face contact, for example receptionists and domestic staff.

- 6.2. The requirements will apply to CQC-regulated activities whether they are publicly or privately funded. They will also apply where a regulated activity is delivered through agency workers, volunteers or trainees, or contracted to another provider.
- 6.3. At the time of writing, detailed guidance on the wider regulations in respect of social care has not yet been published. However, as with care homes, medical exemptions will apply. It has also been confirmed that the regulations will not apply to shared lives carers who provide care as part of a shared lives agreement, even though shared lives schemes are regulated by CQC.
- 6.4. In order to comply with the regulation, unvaccinated staff will need to have had their first dose by 3rd February 2022.

7. Current position

- 7.1. There are 49 home care providers active in the borough with 1900 staff. As of early December 2021, 1600 staff are known to have had at least 1 dose of the vaccine, with 300 staff either unvaccinated or where their status is unknown.
- 7.2. There are 18 registered supported living schemes in the borough with 513 staff. As of early December 2021, 427 staff are known to have had at least 1 dose of the vaccine, with 86 staff either unvaccinated or where their status is unknown.
- 7.3. The care quality team, working with NHS colleagues and the Boost team, have put in place a series of measures to support vaccine take up and business continuity in advance of the regulation coming into effect, in the same way as they did with care homes. The measures include:
- continuing to offer payment to staff in recognition of time and travel costs
 - recruitment campaign with retention payment (available to new starters who are fully vaccinated)
 - support from the Boost team to match job seekers with vacancies in the care sector
 - easy access to vaccination – for example, faster access to vaccine clinics, use of the vaccine bus
 - information, advice and guidance
 - access to clinical advice and 1-1 consultations for hesitant staff
 - support with business continuity planning

8. Council employed staff

- 8.1. The council does not provide CQC regulated activities, other than its Shared Lives scheme. Further guidance is expected, which should provide more detail on the extent to which the regulations will apply to directly employed staff, such as social workers and occupational therapists. Subject to the detail of the guidance, officers will put in place appropriate measures to ensure compliance with the regulations.

9. Reasons for recommendations

9.1. The report provides assurance to the committee on compliance with the regulations on vaccine as a condition of deployment in care homes and future plans for regulations.

10. Alternative options considered and not recommended

10.1. None in the context of this report.

11. POST DECISION IMPLEMENTATION

11.1. The care quality team will continue to work with care providers and NHS partners to support compliance with the regulations, as detailed above. Council officers will put in place measures to ensure the council meets any requirements outlined in detailed guidance.

12. IMPLICATIONS OF DECISION

12.1. Corporate Priorities and Performance

12.1.1. On 8th February 2021, Policy and Resources Committee approved the Barnet Plan, which identified the four key priorities for the council over the next four years, as set out below. The council's work in supporting vaccine take up and monitoring compliance supports the achievement of the strengths and independence element of the Healthy priority.

- **Clean, safe and well run:** a place where our streets are clean and antisocial behaviour is dealt with, so residents feel safe. Providing good quality, customer friendly services in all that we do.
- **Family Friendly:** creating a Family Friendly Barnet, enabling opportunities for our children and young people to achieve their best.
- **Healthy:** a place with fantastic facilities for all ages, enabling people to live happy and healthy lives.
- **Thriving:** a place fit for the future, where all residents, businesses and visitors benefit from improved sustainable infrastructure & opportunity.

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

13.1. The costs of the Care Quality Team's work are contained within existing budgets. Vaccine support to the sector provided by the council has utilised specific grants given to the council to support care providers, such as the infection control fund and the workforce capacity fund.

13.2. So far, we have issued £25,000 in £50 payments to providers for staff who have had both doses of the vaccine.

13.3. We have budgeted £50,000 from the workforce recruitment and retention fund in payments for staff who are newly employed and have both doses of the vaccine.

Within the latest tranche of the infection control grant £160,250 has been allocated to costs associated with the logistical costs of staff getting vaccinated (travel costs / time off work etc.)

14. Social Value

14.1. None applicable to this report, however the council must take into account the requirements of the Public Services (Social Value) Act 2012 to try to maximise the social and local economic value it derives from its procurement spend.

14.2. Legal and Constitutional References

14.3. 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 can be found at <https://barnet.moderngov.co.uk/documents/s68757/08Article7CommitteesForumsWorkingGroupsandPartnerships.doc.pdf>

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 promote the Health and Wellbeing Strategy and its associated sub strategies.
- 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.
- 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.

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 which apply to England only, amend the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations") for the purposes of preventing, detecting and controlling the spread of infections, specifically in response to the effects of the coronavirus pandemic. The Regulations requires all care home workers or visiting professionals to be fully vaccinated against COVID-19, unless exempt, before entry to the premises of Care Quality Commission (CQC) regulated providers of nursing and personal care, as set out in the body of this report.

15. Risk Management

15.1. The work of the care quality team is managed in accordance with the council's risk framework.

16. Equalities and Diversity

- 16.1. Equality and diversity issues are a mandatory consideration in the decision making of the council.
- 16.2. Decision makers should have due regard to the public sector equality duty in making their decisions. The Equality Act 2010 and the Public-Sector Equality Duty require 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. The equalities duties are continuing duties they are not duties to secure a particular outcome. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:
- 16.3. 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.
 - Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
 - Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
 - Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
 - Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - Tackle prejudice, and Promote understanding.
 - Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:
 - Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity

- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil partnership

16.3. 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.

16.4. Progress against the performance measures we use is published on our website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

17. Corporate Parenting

17.1. Adult social care services are provided to people who meet Care Act eligibility criteria and who may have been looked after by the council or are care experienced.

18. Environmental impact

18.1. N/A

19. Consultation and Engagement

19.1. N/A

20. Insight

20.1. N/A

21. BACKGROUND PAPERS

21.1. N/A

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**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
2022**

Contact: governanceservice@barnet.gov.uk

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
7th March 2022			
Performance Report Q3 2021/22	Regular performance report.	Head of Programmes, Performance, Risk Growth and Corporate Services	Non-key
Fit & Active Barnet (FAB) Framework	The committee to approve the Fit & Active Barnet (FAB) Framework following consultation.	Assistant Director Community & Performance, Adults & Health Assistant Director Greenspaces & Leisure, Environment	Non-key
Committee Delivery Plan 2022-23	The committee to approve the delivery plan.	Assistant Director Communities and Performance – Adults and Health and	Non-key