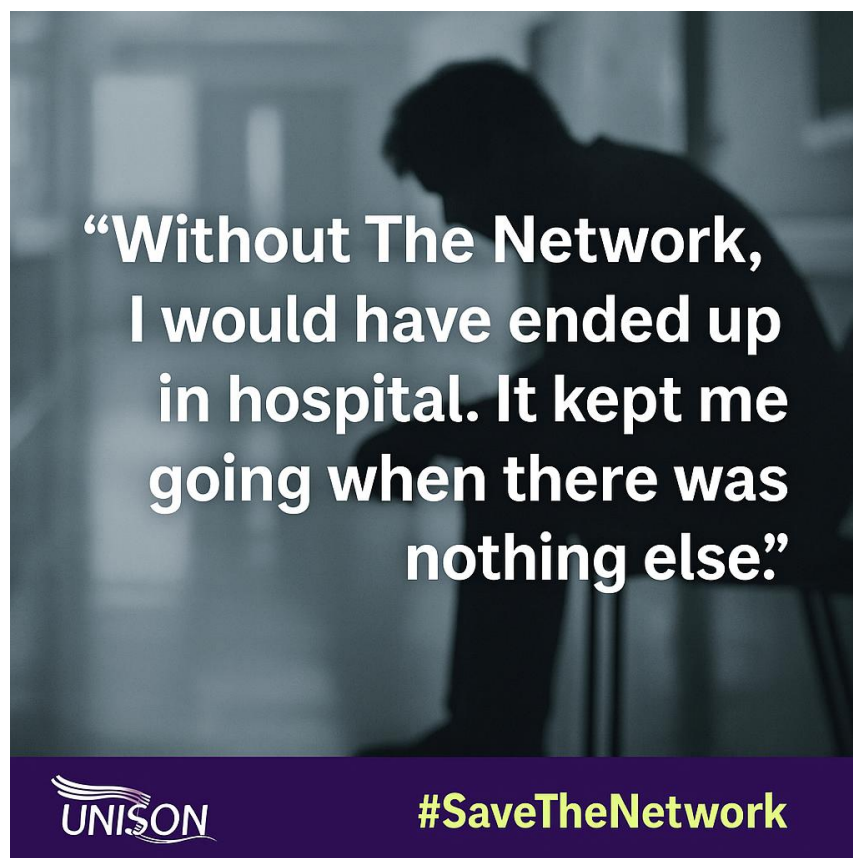


# Response to Cabinet Report:

## The Future of The Network

16 September 2025



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## Executive Summary

Barnet UNISON strongly opposes the proposal to close The Network, a crucial community mental health service. The Council's own consultation shows that 73% of respondents opposed closure, including service users, families, professionals, and residents. Closing the service contradicts Labour's commitment to expand mental health support and help people remain well and in work.

The case for closure rests on assumptions, not evidence. Officers assert that alternative providers have spare capacity, but there is no data or formal commitment from those providers. Declining referrals are cited as proof of reduced need, yet the more plausible explanation is the withdrawal of NHS staff, austerity-era underinvestment, and under-promotion of the service.

Financially, the c.£0.5m annual cost is negligible beside Barnet's £55m Exceptional Financial Support loan. Savings are likely to be wiped out by higher costs elsewhere: NHS crisis care, safeguarding, homelessness, and benefits.

The Equalities Impact Assessment (EqIA) shows disproportionate harm to working-age disabled women, yet this is minimised by assuming alternatives will absorb demand. In short, closure is a false economy that will harm residents, increase costs, and undermine Labour's credibility. Barnet UNISON urges Cabinet to reject closure and instead pursue redesign and partnership solutions.

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## 1. Labour Party Policy on Mental Health

Labour's 2024 Manifesto pledged parity of esteem between mental and physical health, 8,500 new mental health staff, expansion of talking therapies, and early support hubs in every community. Health Secretary Wes Streeting has repeatedly emphasised the importance of community-based support:

***“Too many people are being written off ... if you can get that support to people much earlier, then you can help people to either stay in work or get back to work.”***

Closing The Network runs directly counter to these national commitments and risks reputational damage for a Labour-run authority.

## 2. The Irony of Closure under a Labour Council

Nationally, Labour argues that more people with mental health conditions should be supported into work and off benefits. Locally, this proposal removes exactly the support that enables Barnet residents to do that.

Disability Rights UK and the Mental Health Foundation warn that cutting community support pushes people into crisis, poverty and long-term exclusion from the labour market. Consultation comments echo this reality:

***“This service has helped me stay well enough to keep my part-time job. Without it, I don't know how I would cope.”*** (Appendix A)

The irony is stark: while the Labour government demands people move from benefits to work, Barnet Labour is proposing to dismantle the very service that sustains work and independence for hundreds of residents.

## 3. Two Decades of Cuts to Mental Health Funding

Despite repeated pledges of parity, mental health has been underfunded for years. Local authority prevention budgets were cut heavily after 2010. Research from King's College London found a 48% fall in social care for mental illness since 2005, linked to a £260m funding shortfall.

The King's Fund and Centre for Mental Health describe cuts to prevention as a false economy. As Professor Wendy Burn (Royal College of Psychiatrists) has warned:

***“Every pound cut from mental health prevention costs several more in crisis intervention and benefits.”***

Closing The Network would repeat these mistakes locally.

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## 4. UNISON National Policy and Leadership Commentary

UNISON has consistently opposed cuts to mental health services. General Secretary Christina McAnea has said:

***“Care should be a human right and a public service. Slashing vital services that keep people well and independent is a false economy.”***

Assistant General Secretary Jon Richards has similarly warned:

***“Cutting already overstretched services abandons some of the most vulnerable people in our communities.”***

Barnet UNISON’s position aligns with this national stance to defend prevention and early-help services.

## 5. Detailed Analysis of the Cabinet Report

### 5.1 Summary & Assumptions

The Cabinet Report claims that other providers can absorb The Network’s work. Appendix D, however, is purely descriptive: it lists services (e.g., NHS Talking Therapies, MIND, Meridian) without any data on capacity, waiting times, eligibility or willingness to take on displaced users. Professionals stressed during consultation that The Network uniquely supports people who fall “in between” NHS services; removing it will leave many without support.

This is an assumption masquerading as evidence.

### 5.2 Consultation Outcomes

Opposition to closure was overwhelming: 73% across all respondents; 70% of service users; 100% of family/carers; and 74% of professionals.

Users explained why the service matters:

- ***“Without The Network, I would have ended up in hospital. It kept me going when there was nothing else.”***
- ***“This service has helped me stay well enough to keep my part-time job.”***

These accounts demonstrate prevention in practice—keeping people well, connected, and in work.

### 5.3 Equalities Impact Assessment (EqIA)

The EqIA shows the majority of users are women (67.5%), working-age (91%), and disabled (60%). Closure therefore disproportionately harms working-age disabled women—already disadvantaged in health and employment.

The EqIA acknowledges risk but then minimises it by assuming alternatives exist, despite no evidence of capacity. This approach exposes the Council to challenge under the Public Sector Equality Duty.

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## 5.4 Recommendations & Reasons

Recommendation 3 proposes closure with a “robust transition plan.” A transition plan is meaningless if there is nowhere to transition people to.

Declining referrals are cited as proof of reduced need, yet they more plausibly reflect the withdrawal of NHS staff, funding pressures, and limited promotion. Consultation testimony confirms continuing need—especially while people wait for NHS therapies.

## 5.5 Financial Analysis (paras 1.28–1.30)

The annual cost of The Network is c.£0.5m. In the context of Barnet’s £55m Exceptional Financial Support loan, the “saving” is negligible.

Barnet underinvests in prevention compared with London peers: around £157 per head on mental health versus £247 in Camden; the public health grant is c.£46.76 per head versus a London average of £82.10.

Cuts to prevention are a false economy. Removing £0.5m will not materially improve the budget but will increase demand elsewhere—A&E attendances, inpatient admissions, homelessness support, safeguarding workload and benefits.

Nationally, adult social care spend continues to rise and in some councils consumes up to two-thirds of budgets; prevention helps to flatten these pressures. Evidence shows workplace wellbeing programmes produce £10 in benefits for every £1 invested, and early intervention in psychosis saves ~£2,000 per person over three years.

Closure offers a paper saving only; real costs will rise across the system.

## 5.6 Financial Summary – Headline Figures

- Barnet spends ~£157 per head on mental health vs ~£247 in Camden.
- Barnet’s public health grant ~£46.76 per head vs London avg ~£82.10.
- The Network costs ~£0.5m annually – trivial beside a £55m loan.
- Prevention ROI: ~£10 benefit for every £1 invested.
- Early intervention in psychosis saves ~£2,000 per person over 3 years.

## 5.7 Alternative Options

The report does not present a genuine options appraisal. Viable alternatives include: integration with the Prevention & Wellbeing Team; joint-funding with NHS North Central London ICB; and service redesign combining peer support with professional input. Other boroughs (e.g., Islington’s Recovery College; Camden’s Wellbeing Hubs) have successfully pursued such models.

## 5.8 Resource Implications

Without evidence of spare capacity in alternative services, closure will increase waiting times and leave people without support. Demand will not disappear—it will reappear as crises in emergency services, primary care and housing.

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## 5.9 Legal Implications

Under the Care Act 2014 s.2 the Council has a duty to prevent or delay care needs. Closing The Network without ensuring equivalent provision risks breaching this duty.

The Council must also comply with the Equality Act 2010's Public Sector Equality Duty; minimising identified disproportionate impacts by assuming unproven alternatives is unsafe.

## 6. Evidence from Appendices A–D

Read together, the appendices contradict the case for closure and support retaining The Network.

- **Appendix A – Consultation:** 73% oppose closure (70% users; 100% carers; 74% professionals). Qualitative feedback is powerful:
  - *“Closing the service will leave a gap and increase pressure and waiting times for other services.”*
  - *“Without this service, I would be isolated. It helps me keep my life on track.”*
  - *“Without The Network, I would have ended up in hospital. It kept me going when there was nothing else.”*
- **Appendix B – EqIA:** Confirms disproportionate impacts on working-age disabled women but minimises them via unproven assumptions about alternatives.
- **Appendix C – Scrutiny:** Focused on finance rather than the lived evidence of risk and impact; this is a democratic deficit.
- **Appendix D – Other Services:** A descriptive list only; no capacity data or provider commitments. Professionals were clear that The Network supports people “in between” NHS offers; closure leaves gaps.

## 7. Risks to Service Users if Closure Proceeds

The risks are substantial and cannot be mitigated by signposting alone.

- **Relapse and hospitalisation:** Early community support prevents admissions; users report The Network kept them out of hospital when no other help was available.



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- **Suicide risk:** Loss of connection and support is a recognised risk factor. Removing a stabilising service heightens risk for those with serious mental health needs.
  - **Employment and income:** The Centre for Mental Health estimates poor mental health costs the UK £118bn annually, much via lost productivity. Users state The Network helps them stay in work—exactly the outcome national policy seeks.
  - **Homelessness and safeguarding:** Deterioration without preventative help can escalate to housing crisis and safeguarding interventions—both costly and harmful.

## 8. Alternative Proposals

Barnet UNISON proposes the following alternatives to closure:

1. Integrate The Network within the Prevention & Wellbeing Team to share overheads and management.
2. Establish joint-funding with NHS North Central London ICB, recognising referrals often occur while residents wait for NHS Talking Therapies.
3. Redesign the service: blended peer-support and professional model; shorter group interventions; digital access options; strong links with employment support.
4. Seek external partnerships (e.g., Thrive LDN) for project-based funding and innovation.

## 9. Practitioner Evidence (Appendix E)

In addition to the consultation responses and equality analysis already presented, Barnet UNISON attaches as Appendix E a report authored by the professional staff who deliver The Network service. This document provides a detailed, evidence-based account of the service's value, its preventative role, and the consequences of closure.

Unlike the Cabinet report, which was drafted by senior officers and frames closure primarily as a financial measure, this practitioner report reflects frontline expertise. It is written by those who understand the day-to-day needs of service users, the referral pathways, and the real-world outcomes of preventative support. Councillors should treat it as a vital source of evidence that has been underplayed in the official officer narrative.

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**Key points highlighted in Appendix E include:**

- **Scale and efficiency:** Despite staff reductions, The Network continues to manage 350–500 referrals annually and maintains one of the shortest waitlists in Adult Social Care.
- **Value for money:** Preventing just ten 14-day inpatient admissions saves approximately £280,000 — more than a third of the service’s annual budget. The Network routinely prevents far more admissions.
- **Meeting statutory duties:** The service directly contributes to Barnet’s obligations under the Care Act 2014, the Health & Wellbeing Strategy, and the Suicide Prevention Strategy. Closure risks non-compliance with these duties.
- **User outcomes:** Service users describe The Network as “life-changing” and “hope-giving.” The suicide prevention group has been formally recognised by the Mayor of Barnet.
- **Gaps in alternative provision:** Other services listed in Appendix D are unable to meet demand, with some social care services carrying waits of up to two years. The Network uniquely supports residents who fall “in between” NHS thresholds and social care eligibility.

Barnet UNISON believes that Appendix E provides the evidence councillors have not been given by senior officers. It demonstrates that closure is not only financially short-sighted but also contrary to statutory duties, professional best practice, and Labour’s national commitments to prevention and mental health.

We urge Cabinet members to read Appendix E carefully and give due weight to the voices of practitioners whose professional judgement and daily experience underline why The Network must remain open.

## 10. Addendum

### **Addendum to Barnet UNISON Report: The Future of The Network**

*(For circulation with main UNISON counter-report)*

#### **Purpose of this Addendum**

This addendum highlights new issues raised in the **final Cabinet report** (*The Future of the Network Service*, September 2025) and Appendices A–D. It demonstrates why Barnet UNISON’s opposition to closure remains stronger than ever, and provides councillors with up-to-date evidence to reject Recommendation 3.

#### **1. Declining referrals and “non-engagement”**

##### **What the Cabinet report says**

The Cabinet paper and Appendix A emphasise that referrals to The Network have fallen significantly over the past five years, from 693 in 2019/20 to 228 in 2023/24.

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They also highlight that “non-engagement” has increased, with 49.5% of referrals not taken up. Officers present these figures as evidence that demand is falling and that the service is no longer efficient or needed.

### **Why this argument is misleading**

The raw figures do not tell the whole story. The drop in referrals coincides directly with the withdrawal of NHS staff who were previously co-located at The Network. When those staff were withdrawn, referral pathways collapsed, and numbers naturally fell. This is an issue of system design and disinvestment, not of falling community need. Similarly, “non-engagement” is a well-recognised challenge in mental health services nationally. Many people in crisis or recovery struggle with attendance and follow-through; this is not unique to The Network. For example, national NHS Talking Therapies services report attrition rates of 30–40% — yet no one suggests shutting them down. To present disengagement as proof of redundancy is to fundamentally misunderstand how recovery services work.

### **What the consultation and practitioner evidence show**

Consultation feedback tells a very different story. Service users consistently described The Network as the one service that prevented hospitalisation, sustained their employment, or kept them connected:

- *“Without The Network, I would have ended up in hospital. It kept me going when there was nothing else.”*
- *“This service has helped me stay well enough to keep my part-time job. Without it, I don’t know how I would cope.”*

Practitioners (Appendix E) also stress that despite reduced staffing, The Network still handles 350–500 referrals annually and maintains one of the shortest waiting lists in Adult Social Care. Far from being redundant, it remains highly valued, efficient, and responsive.

### **Risks if Cabinet accepts this argument**

If councillors accept the framing that falling referrals equal falling demand, Barnet risks dismantling a preventative service precisely at a time of rising mental health pressures. NHS England reports year-on-year increases in demand for mental health support, with Talking Therapies referrals alone up 6.4% nationally in 2023. Local residents are no different. The danger is that unmet need will simply re-emerge in A&E, GP surgeries, safeguarding referrals and housing crisis applications. Councillors should be clear: declining referral numbers reflect **system withdrawal**, not a fall in community need.

## **2. Awareness of alternative services**

### **What the Cabinet report says**

The final Cabinet paper notes that awareness of NHS Talking Therapies, Mind, and the Wellbeing Hub is “high.” Officers argue that this awareness shows other services can meet the needs of current Network users.

### **Why this argument is misleading**

Awareness is not the same as access. Many residents are aware of NHS Talking Therapies, yet still face waits of up to 20 weeks for an initial appointment. The Wellbeing Hub is well known but operates at capacity. Mind Barnet provides important

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support but on a voluntary sector funding model, without the scale to absorb hundreds of additional users. Listing services that residents have “heard of” is not evidence of their ability to take on new referrals.

#### **What the consultation and practitioner evidence show**

Appendix A includes numerous warnings from users and carers that closing The Network would “leave a gap and increase pressure and waiting times for other services.” Professionals noted that The Network uniquely supports those who fall “in between” NHS thresholds and social care eligibility. Appendix D confirms the point: it simply describes services in the borough but provides **no data on capacity, waiting times, or written commitments from providers**.

#### **Risks if Cabinet accepts this argument**

Assuming that awareness of alternatives means capacity exists risks pushing people into long queues or into no service at all. This creates significant dangers of relapse, isolation, and hospitalisation — all of which carry higher financial and human costs than sustaining The Network.

### **3. Scrutiny Committee endorsement**

#### **What Appendix C says**

The Adults, Health & Overview and Scrutiny Committee (AHOSC) endorsed closure, describing it as a “prudent” decision in light of financial pressures.

#### **Why this argument is misleading**

Scrutiny members based their endorsement on officer assurances alone. They did not test these claims against consultation evidence (73% opposed closure) or EqlA findings (disproportionate harm to disabled women). Nor did they hear directly from service users or staff.

#### **What the consultation and practitioner evidence show**

The consultation evidence base was extensive and powerful, with residents giving personal testimony of the difference The Network made in keeping them well, in work, and out of hospital. Practitioners added detailed evidence of efficiency and value-for-money (Appendix E). Yet this was absent from the scrutiny discussion, leaving the decision based solely on budget headlines.

#### **Risks if Cabinet accepts this argument**

Cabinet risks repeating Scrutiny’s mistake — weighing financial pressure above legal duties, equality impacts, and consultation outcomes. This exposes the Council to challenge and undermines public confidence in democratic processes.

### **4. Financial framing**

#### **What the Cabinet report says**

Barnet faces a £55.7m budget gap and has already delivered £23.5m of efficiencies. Officers argue that closing The Network, saving c.£0.5m annually, is a necessary part of the overall package.

#### **Why this argument is misleading**

£0.5m is **less than 1%** of the reported gap. It will not solve Barnet’s financial crisis. The apparent “saving” is an illusion if the decision creates higher costs elsewhere. The King’s Fund and Centre for Mental Health both warn that cutting prevention leads to greater expenditure on crisis care, safeguarding, homelessness, and benefits.

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### **What the consultation and practitioner evidence show**

Appendix E demonstrates that preventing just 10 hospital admissions saves £280k — more than a third of the service’s annual budget. In reality, The Network prevents far more admissions every year. Service users themselves testify that the service kept them out of hospital, while staff confirm it handles 350–500 referrals a year despite reduced resources.

### **Risks if Cabinet accepts this argument**

Barnet risks saving pennies but spending pounds. The cost of in-patient admissions, safeguarding interventions, and homelessness support far exceeds the modest cost of sustaining The Network. The proposed closure may appear to contribute to balancing the books, but in practice it will deepen financial and human pressures across the system.

## **5. Transition plan**

### **What the Cabinet report says**

The Cabinet paper presents a “robust transition plan” to move service users into alternative provision.

### **Why this argument is misleading**

A transition plan is only meaningful if there are services to transition people into. Appendix D provides no evidence of capacity or willingness from providers to take on displaced users. Without that, a “plan” is nothing more than a list of signposts to overstretched services.

### **What the consultation and practitioner evidence show**

Service users and carers said repeatedly that closure would leave them isolated and unsupported. Professionals stressed that The Network uniquely supports those who do not meet NHS thresholds but are too unwell for community-based voluntary support. Appendix E shows the service plays a vital preventative role recognised by the Mayor of Barnet through its suicide prevention group. No other service fills this gap.

### **Risks if Cabinet accepts this argument**

Residents risk being abandoned with nowhere to go. This is both a human tragedy and a breach of the Council’s statutory duties under the Care Act 2014 to prevent, reduce, or delay care needs. A “transition plan” without real capacity is a legal and moral risk.

## **6. Equality impacts**

### **What the EqIA (Appendix B) says**

The Equalities Impact Assessment confirms that most Network users are working-age (91%), female (67.5%), and disabled (60%). It acknowledges disproportionate impacts on these groups but claims mitigation through referral to alternatives.

### **Why this argument is misleading**

Pointing to overstretched alternatives as “mitigation” is unsafe. Mitigation requires credible evidence of capacity and effectiveness. Without this, the disproportionate impact stands. The EqIA itself confirms who will be harmed: working-age disabled women, a group already facing multiple disadvantages in health and employment.

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### What the consultation and practitioner evidence show

Consultation responses underline the real-world equality impact:

- *“Without this service, I would be isolated. It helps me keep my life on track.”*
- *“As a carer, I rely on The Network to support my loved one. If it goes, we will both be left struggling.”*

Practitioners further confirm that closure risks undermining Barnet's statutory obligations under both the Care Act and Equality Act.

### Risks if Cabinet accepts this argument

The Council risks breaching its Public Sector Equality Duty (s.149 Equality Act 2010) by failing to properly account for and mitigate disproportionate harm. Proceeding on the basis of unproven mitigation exposes Barnet to legal challenge and reputational damage.

### Conclusion

The final Cabinet report and appendices do not provide new evidence that justifies closure. They rely on **assumptions and selective data** that collapse under scrutiny. Consultation evidence, practitioner testimony, and the Council's own EqlA all point in the opposite direction: closure will harm residents, worsen inequalities, and increase costs.

Barnet UNISON urges Cabinet members to:

- Reject Recommendation 3 (closure).
- Commission a genuine options appraisal with NHS partners and service users.
- Protect prevention and align with Labour's national commitments on mental health.

## 11. UNISON Recommendations

Barnet UNISON urges Cabinet to:

1. Reject closure of The Network.
2. Pursue integration, joint-funding and redesign options, with a rapid options appraisal.
3. Re-run the EqlA with a realistic assessment of disproportionate impacts and viable mitigations.
4. Align with Labour's national commitments to expand community mental health support.
5. Respect the consultation outcome (73% opposed) and the lived evidence of residents and professionals.

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## 12. References

- Barnet Council, Appendix A – Consultation Final Report (Aug 2025).
- Barnet Council, Appendix B – Equalities Impact Assessment (2025).
- Barnet Council, Cabinet Report – Future of The Network (2025).
- *The Guardian* (27 Mar 2024) “Mental illness costs England £300bn a year” (includes Wes Streeting comments).
- *The Guardian* (16 Mar 2025) Interview with Wes Streeting.
- Disability Rights UK – policy briefings.
- Mental Health Foundation – prevention evidence.
- King’s College London (2015) Cuts in mental health social care since 2005.
- The King’s Fund – Social care 360; mental health funding analysis.
- Centre for Mental Health – economic case for prevention.
- UNISON – “UK won’t grow without investment in public services” (Mar 2025).
- Public Services International – Christina McAnea: Care should be a human right (2023).
- County Councils Network – rising social care spend share.
- Barnet Productivity Plan (2024) – public health grant context.

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# Practitioners Evidence - Appendix E

## SECTION 1: What is The Network?

- The Network is a **mid-term adult mental health enablement service**, providing relational, **strength-based, person-centred psychosocial support** for up to 9 months.
- It supports people with a wide range of mental health conditions, including:
  - Complex diagnoses: personality disorders, psychosis recovery, PTSD, severe depression, anxiety
  - Neurodivergence (e.g. autism, ADHD)
  - Co-morbidities, substance misuse, forensic histories, agoraphobia
  - People with suicidal ideation or histories of self-harm
- Also serves people with lower-level MH challenges who exceed IAPT criteria.
- A key referrer group is **IAPT**, who turn to The Network for complex or high-risk cases.
- Other regular referrers: GPs, social prescribers, NHS mental health teams, Barnet's Adult Social Care.
- The service offers:
  - 1-to-1 key working
  - Evidence-based group interventions (online and in-person)
  - Active Outreach for hard-to-engage clients
  - Social engagement and re-integration strategies
- Based in a community-centred, accessible building in **Finchley**.

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## SECTION 2: Scale and Operational Impact

- The Network currently supports:
  - **Over 165 active service users**
  - Manages **on going screened referrals** on its waiting list
  - Responds to **350–500 referrals annually**
- Despite a **halving of staff due to budget constraints**, it has **one of the shortest waitlists** in Barnet Adult Social Care, enabling quicker intervention and better outcomes.
- The service was originally set up for **prevention**, and continues to play a vital **preventative role** by:
  - **Avoiding escalation to crisis**
  - **Reducing need for inpatient care, safeguarding, or long-term social care involvement**
- Preventative monetary value: Preventing **just ten 14-day psychiatric admissions (~£2,000/day)** saves ~£280,000—**more than a third of the service's annual cost**.



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## SECTION 3: Strategic Importance & Legal Duties

- The Network directly supports the **Council's statutory duty** under **Section 2 of the Care Act 2014** to prevent or delay the development of care and support needs.
- It is embedded in:
  - The **Barnet Health & Wellbeing Strategy 2025** (focus on prevention and early intervention)
  - Barnet's **Suicide Prevention Strategy**, which included The Network's introducing the element of peer support within psychosocial group learning and shared experience was described as "groundbreaking"
- The service ensures compliance with legal obligations by:
  - Offering earlier support to vulnerable individuals
  - Filling a **gap between low-level therapy and secondary care**
  - Reducing long-term system dependency and safeguarding costs

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## SECTION 4: Unique Position in the Care Pathway

- The Network is often regarded by primary, secondary care and the 3<sup>rd</sup> sector as:
  - **"The gateway to specialist care" often stabilising clients towards more successful engagement in specialist Mental Health services.**
  - **Young people transitioning from children to adult services-** The Network is the only service that accepts clients from **17.5 years old**, preventing those who may **fall through the gap between children's services and adult criteria.**
- Alternative services are not designed for the **complexity and risk profile** of many Network clients.
- Referrers consistently say **other services "do not cater for complex presentations."**
- Helps stabilise clients and provide continuity when:
  - They're too complex for IAPT but don't meet secondary care thresholds/services have lengthy waiting times
  - They're deteriorating while waiting for Social Care interventions- social worker allocations (some >2 years)

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## SECTION 5: Value for Money & Efficiency

- The Network operates on a **low-cost, high-impact** model.
- It saves the NHS and Barnet Council large sums by avoiding:
  - Unplanned psychiatric admissions
  - Crisis team interventions
  - Homelessness and emergency housing provision
- Evidence shows similar services have:
  - **A £14 return for every £1 invested** (Hampshire pilot)

- 
- Consistent long-term cost savings over 3–5 years (peer-reviewed studies)
  - Defunding would likely **increase downstream costs**, including:
    - Inpatient psychiatric care
    - Safeguarding and emergency responses
    - Housing and eviction-related support
- 

## SECTION 6: Housing Strategy Synergy

- The Network has **direct relevance to Barnet's current housing ambitions** and challenges:
    - Mental distress is **highest in wards with the greatest housing pressure**
    - Private rents in areas like Chipping Barnet **outpace wages**
  - Integration potential proposals to include active outreach:
    - On-site drop-ins and peer groups in new housing estates
    - Embed Network support in rough sleeping pathways
    - Assign Network keyworkers at the **point of tenancy** for vulnerable individuals
  - This would support:
    - **Tenancy sustainment**
    - Reduced evictions, arrears, and A&E attendances
    - Breaking the **homelessness-mental health cycle**
- 

## SECTION 7: User Outcomes and Lived Experience- Suicide prevention, The Carers course, psychosocial groups, 1-1 sessional support.

- Service users describe The Network as:
  - **"Life-changing"**
  - Helping with **reduced isolation, re-employment, hope, and social re-engagement**
- The **Hope Through Action** suicide prevention group and manual was:
  - **Co-produced with Network clients**
  - Formally launched with input from Barnet's mayor and funded by public health.
  - Circulated across acute care settings, community forums, and events
- Monthly **focus groups and User check in's** continue to inform service development and self support.

This prevents young adults from falling through potential gaps and deteriorating significantly if they are made to wait for significant periods of time without support.

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## SECTION 8: Risks of Closure & Public Consultation

- Key risks if closed:
  - Create significant **service gap** and increase risk for complex MH presentations
  - Increased pressure on our already **overstretched** adult social care (2-year waitlists)
  - Higher financial burden through hospitalisation, safeguarding, housing
- Feedback shows that:
  - Most users referred **take up the service and report tangible sometime life saving benefits post engagement with the Enablement model.**
  - Even those who disengaged reported benefit from the **initial assessment and signposting preventing an escalation of need.**
  - Where engagement did not proceed, **barriers were often external** (housing, food insecurity) not choice

## SECTION 9: The Network could have greater reach and be even more cost effective to Barnet

- **Changes to consider** could be to make The Network referral pathway deliver an even more fully inclusive, comprehensive and accessible service relevant to **ALL** Barnet residents –to allow this preventative and life skill Enablement offer to reach a larger demographic, this could include people when non pathological presentations but with challenging life experiences, environmental, interpretational or physical factors that affect their Mental Health.