



## Adults and Safeguarding Committee

### 17 February 2020

|                                |   |
|--------------------------------|---|
| <b>Title</b>                   | <b>Quarter 3 (Q3) 2019/20<br/>Delivery Plan Performance Report</b>  |
| <b>Report of</b>               | Councillor Sachin Rajput – Committee Chairman   |
| <b>Wards</b>                   | All   |
| <b>Status</b>                  | Public  |
| <b>Urgent</b>                  | No  |
| <b>Key</b>                     | No  |
| <b>Enclosures</b>              | None  |
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### Summary

This report provides a thematic overview of performance for Q3 2019/20 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Committee Annual Delivery Plan. The report also provides the budget forecast for the committee.

### Officer Recommendations

- 1. The Committee is asked to review the performance, budget and risk information for Q3 2019/20 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.**

## 1. INTRODUCTION

- 1.1 The Adults and Safeguarding (A&S) Committee has responsibility for all matters relating to vulnerable adults, adult social care (ASC) and leisure services; and works with partners on the Health and Wellbeing Board (HWBB) to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare.
- 1.2 This report provides a **thematic overview of performance** for **Q3 2019/20** focusing on the budget forecast and activities to deliver the **priorities** in the **A&S Committee Annual Delivery Plan**, which can be found online at:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>

## 2. BUDGET FORECASTS

- 2.1 The **Revenue Forecast** (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is **£101.654m** (see table 1).

**Table 1: Revenue Forecast (Q3 2019/20)**

| Service                               | Revised Budget | Q3 19/20 Forecast | Variance from Revised Budget Adv/(fav) <sup>1</sup> | Reserve Move-ments | Q3 19/20 Forecast after Reserve Move-ments | Variance after Reserve Move-ments Adv/(fav) |
|---------------------------------------|----------------|-------------------|---|--------------------|--|---|
|                                       | £000           | £000              | £000  | £000               | £000                                       | £000  |
| Integrated Care - LD                  | 30,629         | 27,565            | -3,064  | 0                  | 27,565                                     | -3,064                                      |
| Integrated care - MH                  | 8,699          | 9,392             | 693   | 0                  | 9,392                                      | 693   |
| Integrated Care - OA                  | 31,616         | 36,247            | 4,631   | 0                  | 36,247                                     | 4,631                                       |
| Integrated Care - PD                  | 9,049          | 8,794             | -256  | 0                  | 8,794                                      | -256  |
| Prevention Services                   | 2,770          | 2,791             | 21  | 0                  | 2,791                                      | 21  |
| Workforce                             | 15,752         | 15,950            | 198   | 0                  | 15,950                                     | 198   |
| Leisure, Sports and Physical Activity | 521            | 916               | 395   | 0                  | 916  | 395   |
| <b>Total</b>                          | <b>99,035</b>  | <b>101,654</b>    | <b>2,618</b>  | <b>0</b>           | <b>101,654</b>                             | <b>2,618</b>                                |

- 2.2 Barnet ASC is a service that achieves outcomes equal to comparator local authorities (LAs) at low cost. The most recently available national ASC-FR benchmarking data for 2018/19 shows that spend on ASC per head of adult population is low compared to other LAs (18th lowest in England), whilst spend per person in receipt of services is the 10th lowest in England and the 6th lowest in England for the over 65s. At the same time, the service achieves good outcomes compared to other councils, for example in admissions to residential care, independent living for people with learning disability and people feeling in control of their lives.

<sup>1</sup> Adv/fav refers to an adverse or favourable position. An adverse position would be a budget overspend. An adverse variance would mean the position has got worse since the last reported period.

- 2.3 The service has achieved £27.5m of savings over the last four years.
- 2.4 The ASC placements budget has forecast an overspend of £2.004m, which is the net variance of overspends in OA (£4.631m), MH (£0.693m) offset by underspend in LD (£3.064m) and PD (£0.256m). The overspends in the respective areas are because of unfunded pressures in care and support costs. As the complexity of need increases, individuals need more intensive support for longer and there are some market capacity challenges – particularly sufficient capacity for nursing care. The underspend in LD (£3.064m) is due to use of Ordinary Residence provision of £2.897m and £0.167m net impact of client income.
- 2.5 In Q3, the non-placements budgets overspend by £0.219m, which is because of overspends on the staffing budget (£0.198m) and the prevention budget (£0.021m). Management recovery actions have been taken to reduce budget pressures which includes holding c.39 FTE posts vacant. Despite these actions, an overspend is forecast because of a range of unfunded pressures in care and support costs. Due to these pressures, the service has developed a recovery plan in addition to its planned 2019-20 medium term financial savings (MTFS). The recovery plan is currently forecasting to deliver in-year savings of £1,180m. As a result, the total social care forecast overspend has been reduced to £2.223m.
- 2.6 Leisure, Sports and Physical Activity budget is forecasting to overspend by £0.395m, due to revenue income loss resulting from the closure of the swimming pools at Finchley Lido Leisure Centre.
- 2.7 There are several significant debtors (such as the Barnet Clinical Commissioning Group or BCCG) for the service which could result in debt write offs being written back to the service. The service management are working hard to resolve the debt issue.
- 2.8 The **Capital Forecast** for areas within the committee’s remit is **£14.184m**.

**Table 2: Capital Forecast (Q3 2019/20)**

| Service                        | 19/20 Revised Budget | Additions/ (Deletions) | (Slippage)/ Accelerated Spend | Q3 19/20 Forecast | Forecast variance from Approved Budget |
|--------------------------------|----------------------|------------------------|-------------------------------|-------------------|--|
|                                | £0                   | £0                     | £0                            | £0                | £0                                     |
| Investing in IT                | 2,060                | 0                      | 0                             | 2,060             | 0                                      |
| Sports and Physical Activities | 12,124               | 0                      | 0                             | 12,124            | 0                                      |
| <b>Total</b>                   | <b>14,184</b>        | <b>0</b>               | <b>0</b>                      | <b>14,184</b>     | <b>0</b>                               |

### 3. SAVINGS

- 3.1 The medium term financial strategy (MTFS) **savings** target for the A&S Committee in 2019/20 is **£6.081m**. These are shown in table 3. At Q3, **£5.504m** of savings are forecast as achievable, leaving a budget pressure £0.577m. The following table shows the reasons for the reduced forecast. Savings achievement is being monitored monthly and potential risks identified and mitigated early. The service is maintaining robust controls on spend to mitigate the impact of the at risk and unachievable savings.

**Table 3: Savings forecast delivery (Q3 2019/20)**

| Ref                  | Description of Savings   | Savings for 19/20 | Q3 19/20 Forecast | Comment  |
|----------------------|--|-------------------|-------------------|--|
| E2                   | Staffing reductions  | -682              | -682              | Achieved   |
| E3                   | Transformation of Your Choice Barnet                                 | -227              | -131              | £96k of unachievable savings from reduction in care costs for LD clients.                    |
| E4                   | Rescoping and targeting of prevention contracts                      | -370              | -213              | £157k at risk – delivery is dependent on conclusion of contract negotiations with providers. |
| E6                   | Meeting eligible needs in more cost-effective settings               | -424              | -100              | £0.324m of placement cost avoidance likely to be non-achievable.                             |
| E7                   | Reduction of printing  | -25               | -25               | Achieved   |
| I1                   | BCF  | -647              | -647              | Achieved   |
| I2                   | iBCF   | -1,391            | -1,391            | Achieved   |
| I3                   | Maintaining affordable levels of inflation on existing care packages | -1,000            | -1,000            | Achieved   |
| I4                   | Prepaid card solution  | -250              | -250              | Achievement is being monitored monthly   |
| I5                   | Reduction of bad debt  | -100              | -100              | Achievement is being monitored monthly   |
| R1                   | Increasing the independence of OA / PD                               | -192              | -192              | Achievement is being monitored monthly   |
| R5                   | Assistive Technology   | -300              | -300              | Achievement is being monitored monthly   |
| R8                   | Support for working age adults                                       | -285              | -285              | Achievement is being monitored monthly   |
| R9                   | Mental Health service user independence                              | -188              | -188              | Achievement is being monitored monthly   |
| <b>Total savings</b> |  | <b>-6,081</b>     | <b>-5,504</b>     |  |

## 4. PRIORITIES

4.1 This section provides an update on the Committee's priorities as follows:

- A summary of progress on Actions<sup>2</sup> to deliver the priority
- Performance of Key Performance Indicators (KPIs)<sup>3</sup>
- Risks to delivering the Actions and priority
- High (15 to 25) level risks from the Corporate Risk Register<sup>4</sup>

4.2 The Q3 status for each of the Committee's priorities is shown in table 4. This reflects the overall performance on Actions, KPIs and Risks<sup>5</sup> for each priority.

**Table 4: Priorities for A&S Committee**

| Section | Priority   | Q3 Status |
|---------|--|-----------|
| 5.      | Integrating health and social care and providing support for those with mental health problems and complex needs | Limited   |
| 6.      | Supporting older and vulnerable residents and those with disabilities to remain independent                      | Good      |
| 7.      | Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing                        | Good      |
| 8.      | Safeguarding adults at risk of abuse and neglect   | Good      |
| 9.      | Efficient delivery of statutory duties   | Good      |

| 5. | Integrating local health and social care and providing support for those with mental health problems and complex needs | Q3 Status    |
|----|--|--------------|
|    |  | Satisfactory |

### 5.1 Summary of Actions Limited progress

5.1.1 This priority incorporates joint work with NHS Barnet Clinical Commissioning Group (BCCG) on the development of primary care networks (PCNs - formerly called Care Closer to Home networks). The programme aims to transform how primary and community health care and support is delivered, so that people receive care and support closer to their homes. PCNs are part of the development of a local integrated care system (ICS) as per the NHS Long Term Plan launched in January 2019.

<sup>2</sup> A summary of the Actions is provided for each priority. These are RAG rated as followed: Complete or Good progress = GREEN (where no Actions RAG rated RED); Satisfactory progress = AMBER (where no more than one Action RAG rated RED) or Poor progress = RED (where more than two Actions RAG rated RED)

<sup>3</sup> KPI RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (↓ W) or Same (→ S). The percentage variation is calculated as follows: Q3 19/20 result minus Q3 18/19 result equals difference; then difference divided by Q3 18/19 result multiplied by 100 = percentage variation. KPIs are illustrated by (q) quarter; (c) cumulative up to end quarter; (s) snapshot in time; or (r) rolling 12 months.

<sup>6</sup> The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high (15 to 25) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q3 19/20 Corporate Risk Register provides a snapshot in time (as at end December 2019). All risk descriptions for the strategic and high (15 to 25) level service/joint risks are available in Appendix A. The risk ratings are: Low = 1 to 3 (GREEN); Medium/Low = 4 to 6 (YELLOW); Medium/High = 8 to 12 (AMBER); and High = 15 to 25 (RED).

<sup>5</sup> The Q3 Status reflects overall performance on Actions, KPIs and Risks as follows: Complete or Good progress = GREEN (where no Actions or KPIs RAG rated RED and no more than one high level risk); Satisfactory progress = AMBER (where no more than one Action or KPIs RAG rated RED and/or no more than two high level risks) or Limited progress = RED (where two or more Actions or KPIs RAG rated RED and/or more than two high level risks).

- 5.1.2 Currently, there are seven Primary Care Network's (PCN's)<sup>6</sup> in Barnet. The council has been leading this programme of work with BCCG and has supported the first PCN to improve referrals and signposting to council and other universal services. Adults and Health have continued to work closely with other PCNs, for example being part of the frailty multi-disciplinary team in PCN 2 and developing an improved community model of care and support for adults with dementia and their carers within PCN 5. This new model aims to go live in Q4 and a member of the ASC Specialist Dementia Support Service will be embedded into this PCN to improve post diagnostic support for adults with dementia and their carers.
- 5.1.3 Adults and Health have continued to work with the PCN's to develop the social prescribing model. The Prevention and Wellbeing Team has worked with Public Health and the Barnet Homes Partnership Manager to deliver training and a week-long induction programme for the new Social Prescribing Link Workers based in PCNs. This induction ensured an informative introduction to statutory services, including Adults and Family Services, Mental Health Services, Housing, and Employment; and what is on offer from the local Voluntary and Community Sector.
- 5.1.4 The number of people benefiting from mental health recovery support has increased with the Network (the mental health enablement service), doubling the number of referrals it has managed over the last year. An additional group work course has been developed in Q3 led by the peer support and community access workers, based on feedback from service users. The intensive enablement team has developed awareness and training programmes for providers of supported accommodation, with the team working with staff in these services to enhance user safety and reducing their risk of social exclusion.
- 5.1.5 The Barnet Integrated Learning Disability Service (BILDS), based in the council and made up of social care, community health and mental health trust staff, has continued to support the 'progression' of people with learning disabilities to increased independence. This has included in-depth reviews, which identify opportunities to build people's skills and independence; and with care providers to reduce any overprovision of care in the same setting and work with clients to help them progress towards their identified goals. There were 146 clients identified as a focus for this work and 80% of these reviews were completed by end December 2019. The service has been working with six care providers to alter the way they are commissioned, enabling greater flexibility in supporting progression and changes in people's needs, at a lower overall cost. In the remainder of 2019/20, the BILDS will explore greater use of general purpose housing for people with Learning Disabilities and deliver intensive reviews of out-of-borough residential placements to assess opportunities for progression, improving overall quality and cost.
- 5.1.6 The council is setting up a Shared Lives Scheme and has appointed a Scheme Manager who is working towards the scheme being registered with CQC with a view to launch by March 2020. Carer recruitment is scheduled to begin in February 2020.
- 5.1.7 Council officers continue to work closely with NHS partners on preventing admissions to hospital and ensuring timely discharge through daily meetings and formal programme boards such as the hospital-site based Urgent Care Boards and the system-wide A&E Delivery Board. Nationally, performance against the A&E 95% 4 - hour target has been the worst on record between November 2019- January 2020, with attendances up by c.6.5% These challenges have been reflected in the 4- hour target performance of local hospitals.

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<sup>6</sup> Primary Care Networks are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations.

In addition, discharges from local acute hospitals to social care and other agencies have increased by 17% compared to last year.

5.1.8 Council officers continued to work closely with NHS partner organisations on the development of integrated care models as part of the North London Sustainability and Transformation Partnership's (NCL STP) move to form an integrated care system, made up of five local integrated care partnerships (ICPs). This committee has received reports on these developments separately. The council is represented in this programme by the chief executive, the executive director for adults and health and the director of public health. The initial priorities are to improve community-based integrated care for people with dementia and older people with frailty.

## 5.2 KPIs

5.2.1 There are 10 KPIs for this priority, which monitor health and social care integration. Five KPIs met the Q3 targets. Two KPIs were Monitor only for Q3. The overall status of Limited is applied to this priority because three KPIs did not meet the Q3 targets. Two of the three KPIs RAG rated RED reflect the performance of NHS organisations with some elements of council performance. The target on independent living in mental health covers the group of people known to the mental health trust who have a care programme approach (CPA) plan. Most of this group do not receive support from adult social care. The KPI for health and social care delayed transfers of care is also RAG rated, of which the NHS will typically account for two-thirds of the target performance; however, adult social care also did not achieve its own target for the snapshot month and is also RAG rated red.

### 5.2.2

- **Delayed transfers of care (DTOC) from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated RED) – 9.64 against a target of 7.19.**
- **Delayed transfers of care (DTOC) from hospital per day per 100,000 population which are attributable to adult social care only (RAG rated RED) – 3.23 against a target of 2.07.**
  - **NHS DTOC** at the end of November 2019 was performing at **5.50 per day** per 100,000 population against the **target of 4.76** daily rate
  - Delays attributed to **Social Care** at the end of November 2019 were performing at **3.23 per day** per 100,000 population against the **target of 2.07** daily rate
  - **Joint NHS and Social Care DTOC** at the end of November 2019 was performing at **0.73 per day** per 100,000 population against the **target of 0.35** daily rate.

5.2.3 For the period reported (November 2019<sup>7</sup>), the targets were not met for NHS, Social Care or Joint DTOC delays. For November 2019, 287 social care days delayed, and 65 jointly attributed days delayed are expected to be published. Adult social care performance has been negatively impacted by a change in the national reporting guidance, where Central London Community Healthcare NHS Trust (CLCH) started reporting non-acute delays from Adams Ward (in Finchley Memorial Hospital) from September 2019 onwards. These patients follow 'Pathway 3 - Discharge to Access', which means that clients are moved from a hospital bed to a community ward where the clients are assessed. Any days in this ward are counted towards the overall DTOC performance for Barnet. Other comparator group councils move patients to Pathway 3 placements in nursing and residential care whilst they are being assessed, which is not counted within the DTOC target, so

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<sup>7</sup> There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

comparisons may not be like-for-like. Reasons for ASC delays remain difficulties sourcing home care and nursing care for people with complex needs. The council is working with the NHS on new pathways to improve discharges from hospitals.

#### 5.2.4

- **Adults with mental health needs who live independently, with or without support (RAG rated RED) – 69.7% against 83%.** This is a national indicator that includes the cohort of all adults supported by NHS mental health services under the care programme approach (CPA), which is significantly broader than those receiving ASC. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set (MHSDS) and the data reported to committee comes from this national submission made by health partners.

The 2018/19 ASCOF data has been published. The 18/19 EOY result has been revised to 71.9%. This compares to 71.5% for CIPFA neighbours. As people progress with their recovery, move into stable accommodation and then stop receiving support with their mental health, they are no longer included in the dataset. The Trust has also indicated that there are data quality issues affecting this indicator.

| Indicator  | Polarity          | 18/19 EOY <sup>8</sup> | 19/20 Target       | Q3 19/20 |          |                | Q3 18/19          | Benchmarking  |
|--|-------------------|------------------------|--------------------|----------|----------|----------------|-------------------|---|
|  |                   |                        |                    | Target   | Result   | DOT            | Result            |   |
| Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)       | Smaller is Better | 334.4 <sup>9</sup>     | 511 <sup>10</sup>  | 383      | 378 (G)  | Not comparable | 260 <sup>11</sup> | CIPFA Neighbours 389.2<br>London 430<br>England 580 (NASCIS, 18/19) |
| Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)     | Smaller is Better | 9.5 <sup>12</sup>      | 13.0 <sup>13</sup> | 9.7      | 6.2 (G)  | Not comparable | 3.3 <sup>14</sup> | CIPFA Neighbours 8.9<br>London 9.6<br>England 13.9 (NASCIS, 18/19)  |
| New admissions to residential care for working age adults, per 100,000 population, MH only (Monthly) | Smaller is Better | New for 19/20          | 7.5                | 5.7      | 0.83 (G) | New for 19/20  | New for 19/20     | No benchmark available  |

<sup>8</sup> 18/19 EOY results have been updated with the latest ASCOF publications for 18/19

<sup>9</sup> 18/19 EOY result changed from 381.4 to 334.4.

<sup>10</sup> The annual target has been adjusted to 511 (from 490) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>11</sup> Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

<sup>12</sup> 18/19 EOY result changed from 9.1 to 9.5.

<sup>13</sup> The annual target has been adjusted to 13.0 (from 12.0) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>14</sup> Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

| Indicator   | Polarity          | 18/19 EOY <sup>8</sup> | 19/20 Target       | Q3 19/20 |                        |                              | Q3 18/19 | Benchmarking   |
|---|-------------------|------------------------|--------------------|----------|------------------------|------------------------------|----------|--|
|   |                   |                        |                    | Target   | Result                 | DOT                          | Result   |  |
| Adults with mental health needs who live independently, with or without support <sup>15</sup> (s)   | Bigger is Better  | 71.9% <sub>16</sub>    | 83% <sup>17</sup>  | 83%      | 69.7% (R)              | ↓ W<br>-16.6%                | 83.5%    | 18/19 CIPFA Neighbours 71.5%<br>London 62%<br>England 58% (ASCOF, 2018-19) |
| Adults with learning disabilities who live in their own home or with their family (s)   | Bigger is Better  | 77.5% <sub>18</sub>    | 74%                | 74%      | 76.7% (G)              | ↓ W<br>-2.2%                 | 78.4%    | CIPFA Neighbours 73.7%<br>London 75.1%<br>England 77.4% (ASCOF, 2018-19)   |
| Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care <sup>19</sup> (s) | Smaller is Better | 7.2 <sup>20</sup>      | 7.19 <sup>21</sup> | 7.19     | 9.64 <sup>22</sup> (R) | Not comparable <sub>23</sub> | 6.98     | CIPFA Neighbours 6.1<br>London 6.3<br>England 10.3 (ASCOF, 2018-19)        |

<sup>15</sup> 'Living independently with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set (MHSDS) and is reported from national submission from health partners. Social care does not hold these datasets and relies on partner submission.

<sup>16</sup> 18/19 EOY results changed from 80.9% to 71.9%.

<sup>17</sup> Data provided by Barnet, Enfield, Haringey Mental Health Trust. NHS England have been working with all Mental Health Trusts to improve the quality of this data. As this work continues this may lead to variations in reported performance and the target may be revised accordingly.

<sup>18</sup> 18/19 EOY result changed from 78% to 77.5%.

<sup>19</sup> The results for the DTOC KPIs are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

<sup>20</sup> 18/19 EOY result changed from 9.45 to 7.2.

<sup>21</sup> The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 7.19 (from 6.87) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>22</sup> Result is for November 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

<sup>23</sup> Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

| Indicator   | Polarity          | 18/19 EOY <sup>8</sup> | 19/20 Target                                | Q3 19/20 |                        |                              | Q3 18/19      | Benchmarking  |
|---|-------------------|------------------------|---|----------|------------------------|------------------------------|---------------|---|
|   |                   |                        |   | Target   | Result                 | DOT                          | Result        |   |
| Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only <sup>24</sup> (s) | Smaller is Better | 1.7 <sup>25</sup>      | 2.07 <sup>26</sup>                          | 2.07     | 3.23 <sup>27</sup> (R) | Not comparable <sup>28</sup> | 1.2           | CIPFA Neighbours 1.9<br>London 2.0<br>England 3.1 (ASCOF, 2018-19)    |
| People who feel in control of their own lives <sup>29</sup> (Annual)  | Bigger is Better  | 72.2% <sup>30</sup>    | 75.8% <sup>31</sup> (within conf. interval) | 75.8%    | 72.2% (G)              | ↓ W -4.7%                    | 75.8          | CIPFA Neighbours 72.8<br>London 71.4<br>England 77.6 (ASCOF, 2018-19) |
| People signposted to information, advice and guidance (c)   | Bigger is Better  | New for 19/20          | Monitor                                     | Monitor  | 3087                   | New for 19/20                | New for 19/20 | No benchmark available  |
| Referrals to voluntary sector organisations at first contact (c)  | Bigger is Better  | New for 19/20          | Monitor                                     | Monitor  | 1763                   | New for 19/20                | New for 19/20 | No benchmark available  |

### 5.3 Risks

5.3.1 There are three risks to delivery of the actions for this priority<sup>32</sup>. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC004 - Surge in demand from NHS (risk score 12).** To manage an unpredictable surge in demand for ASC from the NHS, regular meetings are held between ASC, BCCG and NHS Provider Trusts to manage pressures in the system and management of patients who are delayed in hospital. There continued to be pressure on admissions and beds in both the acute and rehab sites, with hospital social work staff and team managers focused on facilitating discharges of long length of stay patients with multiple complex needs. The council has continued to work closely with providers on ensuring capacity and quality of care and managing expectations from system partners about capacity in care provider

<sup>24</sup> The results for the DTOC KPIs are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

<sup>25</sup> 18/19 EOY results changed from 2.01 to 1.7.

<sup>26</sup> The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 2.07 (from 2.03) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>27</sup> Result is for November 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

<sup>28</sup> Q3 19/20 result is not comparable with Q3 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

<sup>29</sup> This survey indicator has a confidence interval of +/-4.2%pts.

<sup>30</sup> 18/19 EOY result changed from 75.8% to 72.2%.

<sup>31</sup> All indicators based on the Adults Social Care user survey are set using a 'confidence interval' that takes account of the margin of error which may result from surveying a small sample of the population.

<sup>32</sup> There were three Delivery Plan risks; however, AC018 – Strategic relations with the NHS has been reflected in the new strategic risk (STR12 – Relationship with healthcare providers and partner organisations), which has been mapped to the Safeguarding priority instead of the Integrating local health and social care priority; and AC020 has been moved to this priority from the Supporting older and vulnerable residents priority

markets. Home care capacity remains at a satisfactory level. Hospital social work teams have had significant management changes in the last few months, with new managers now in post. The teams continue to respond to increasing demand through assessing and reviewing care needs promptly.

- **AC016 - Strategic prevention and intervention (risk score 8).** Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity of preventative services. ASC continued to work with the Voluntary and Community Sector (VCS) to support development of the prevention and wellbeing offer. Prevention and Wellbeing Co-ordinators develop new community resources with individuals and local organisations aimed at promoting wellbeing and independence. The prevention and wellbeing service has continued to identify opportunities for the VCS to support social care and vice versa and lead a successful quarterly VCS forum for VCS providers in the borough (an informal networking opportunity to discuss issues and problem solve while getting to know new and well-established providers).
- **AC020 - Lack of practicing Approved Mental Health Professionals (AMHP) (risk score 9).** The AMHP service has been tracking any delays in Mental Health Act assessments and the reasons for them. The AMHP assessment pathway policy has continued to be updated. The three BEHMHT boroughs are discussing the provision of cross-borough arrangements, the app for Section 12 Doctors has been progressed as part of the NCL plans. Work between the CCG and the Trust looking at the crisis pathway has continued. One person has been identified to undergo AMHP training.

|  |                   |
|--|-------------------|
| 6. Supporting older and vulnerable residents and those with disabilities to remain independent | Q3 Status<br>Good |
|--|-------------------|

### 6.1 Summary of Actions Good progress

- 6.1.1 Ansell Court, a dementia friendly extra-care scheme with 53 flats (50 x 1-bedroom flats and 3 x 2-bedroom flats), is the first of the council's three new developments in Barnet. Building works were completed in February 2019 and occupation of the flats commenced during the first week of April 2019. As at end December 2019, all flats have been allocated and 45 residents have moved in. Staff at Ansell Court are working with ASC staff to support people to move into the remaining flats.
- 6.1.2 Two additional extra care sites are in development, one is due to commence build in 2020 and the other is entering planning stages following the approval of the outline business case.
- 6.1.3 The Reablement Service has continued to perform well with 408 individuals supported in Q3, of whom 55 required ongoing care services.
- 6.1.4 The Care Technology service continues to grow significantly; now in year three of the contract it is projected there will be another 1,440 user installations, which is significantly above the contract target of 700.
- 6.1.5 In October 2019, the Prevention and Wellbeing Team led and co-ordinated Barnet Silver Week. This week-long celebration highlighted the skills and talents of the older population and gave people the opportunity to showcase what is on offer locally, encourage others to join in, and meet new people, with the aim of reducing isolation over the longer term as people continue with activities. Barnet Silver Week saw over 80 events hosted by 60 organisations, many of them coming together to collaborate on new projects. The events

included exercise and dancing showcases, information and advice events, digital workshops, and events focusing on improving mental health and wellbeing. Healthwatch Barnet evaluated the Silver Sunday Afternoon Tea and information event and feedback included ““I live alone and good to see so many people”, “It’s helpful as it gives us a lot of information”, “Increases the awareness of services people can use”.

6.16 The Joint Commissioning Team are developing a Dementia Strategy, which will set out the strategic vision, direction and priorities for how adults with dementia and their carers are effectively supported across health and social care. A dementia strategy co-production group made up of adults with dementia and their carers has been established and there is also strong engagement with ASC staff, health colleagues, VCS, primary care and acute services.

## 6.2 KPIs

6.2.1 There are three KPIs for this priority, which monitor support to older and vulnerable residents. One KPI met the Q3 target. Two KPIs are Monitor only for Q3, with 13.5% of people receiving reablement going on to require a long-term service; and 408 clients receiving preventative reablement services enabling them to live in the community for longer.

| Indicator <sup>33</sup>  | Polarity          | 18/19 EOY     | 19/20 Target          | Q3 19/20 |        |               | Q3 18/19      | Benchmarking           |
|--|-------------------|---------------|-----------------------|----------|--------|---------------|---------------|------------------------|
|  |                   |               |                       | Target   | Result | DOT           | Result        |                        |
| Number of Extra Care beds in Ansell Court which are filled (c)                                       | Bigger is Better  | New for 19/20 | 53                    | 39       | 45 (G) | New           | New for 19/20 | No benchmark available |
| Proportion of people receiving reablement who go on to require a long-term service (SALT)            | Smaller is Better | New for 19/20 | Monitor               | Monitor  | 13.5%  | New for 19/20 | New for 19/20 | No benchmark available |
| Clients receiving preventative reablement services enabling them to live in the community for longer | Bigger is Better  | New for 19/20 | Monitor <sup>34</sup> | Monitor  | 408    | New for 19/20 | New for 19/20 | No benchmark available |

## 6.3 Risks

6.3.1 There are no risks delivery of the actions for this priority<sup>35</sup>.

<sup>33</sup> KPIs on the proportion of people with a reduction in support needs following telecare and service users receiving ongoing services with telecare have been taken out. These have been replaced by a new KPI on clients receiving preventative reablement services enabling them to live in the community for longer. This enablement measure is a good replacement as it shows value added services and impact with the number clients supported to live within the community and not requiring more complex social care support.

<sup>34</sup> The 19/20 data will be used to establish a baseline.

<sup>35</sup> There was one Delivery Plan risk (AC020 – Lack of practicing AMHP) but this has been moved to the Integrating local health and social care priority.

|  |                   |
|--|-------------------|
| 7. Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing | Q3 Status<br>Good |
|--|-------------------|

## 7.1 Summary of Actions Good progress

- 7.1.1 The new leisure centres at New Barnet and Barnet Copthall opened their doors on 30 August 2019 and 1 September 2019 respectively. Offering a diverse mix of facilities and activities, the leisure centres support residents to lead more active and healthy lifestyles. There have been 173,066 attendances at Barnet Copthall Leisure Centre and 80,189 attendances at New Barnet Leisure Centre between their opening and the end of December 2019. This figure accounted for a range of activities that took place, including swimming opportunities, sports courses and lessons, health and fitness, group exercise and healthwise initiatives. For the purposes of comparison, attendances at the new Barnet Copthall centre between September 2019 and December 2019 were 10,000 higher than average attendances per quarter at the old centre.
- 7.1.2 The Fit and Active Barnet (FAB) brand continued to grow, with 24,630 registered FAB card members by the end of December 2019. Future FAB promotions will be focused on targeted demographic groups such as carers and the cared for (January 2020) and women and girls (March 2020).
- 7.1.3 The council's leisure management contract with GLL (Better) has continued to deliver a range of programmes to support the achievement of Public Health outcomes including weight management (children and adults); support for those with cancer; diabetes & falls prevention; dementia cafe etc. The council continued to co-ordinate and deliver the Disability Sports Network, diversifying the membership through further stakeholder engagement.
- 7.1.4 The pools at Finchley Lido remained closed during Q3 but planned remedial works are estimated to be completed in Q4 following which the pools will reopen. Poolside improvements have been completed during the closure period to create a better experience for customers when the pools re-open, including new poolside changing cubicles, a vanity area, new lockers and the installation of a new ventilation system.

## 7.2 KPIs

- 7.2.1 There are three KPIs for this priority, which monitor active and healthy lifestyles. All three KPIs met the Q3 targets. The indicator 'participants engaged in targeted programmes' covers those using the public health programmes within the Better contract.
- 7.2.2 Barnet has experienced a significant increase in the Active Lives dataset with 64% of the adult population (16+) active for at least 150 minutes per week. Barnet is one of four London boroughs to achieve a statistically significant increase since 2015 when the Active Lives Survey was launched. London Sport featured a case study reflecting how a collaborative approach in Barnet has led to an increase in levels of physical activity and opportunities for residents in the borough.

| Indicator   | Polarity         | 18/19 EOY     | 19/20 Target | Q3 19/20 |           |               | Q3 18/19      | Benchmarking  |
|---|------------------|---------------|--------------|----------|-----------|---------------|---------------|---|
|   |                  |               |              | Target   | Result    | DOT           | Result        |   |
| Adults (16+) taking part in moderate activity at least 150 minutes per week (Bi-annual) <sup>36</sup> | Bigger is Better | New for 19/20 | 60%          | 60%      | 64% (G)   | New for 19/20 | New for 19/20 | Rank 19 (out of 32 London Boroughs) (2019, Sport England) |
| FAB card holders following FAB2 campaign (c)  | Bigger is Better | New for 19/20 | 22000        | 21000    | 24630 (G) | New for 19/20 | New for 19/20 | No benchmark available                                    |
| Participants engaged in targeted programmes (q)   | Bigger is Better | New for 19/20 | 690          | 195      | 196 (G)   | New for 19/20 | New for 19/20 | No benchmark available                                    |

### 7.3 Risks

7.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a low (scoring 1 to 3) and medium/high (scoring 8 to 12) level and have controls/mitigations in place to manage the risks.

- AC023 - Construction of leisure facilities (risk score 9).** An increase in construction costs places a risk on affordability of the schemes and potential delays to the programme. Barnet Cophall Leisure Centre and New Barnet Leisure centre were fully opened to the public in Q3. The decommissioning of Church Farm Leisure Centre has been completed and the demolition programme at the previous Barnet Cophall Leisure Centre has commenced. The programme is due for completion by March 2020. The project remains within the budget agreed by P&R Committee and budget monitoring takes place on a monthly basis.
- AC043 - FAB Card registrations (risk score 1 – reduced from 2).** There is a risk that the second phase of the FAB campaign might not result in the level of anticipated FAB Card registrations. There were 24,630 FAB Card registrations by Q3, exceeding the year-end target of 22,000. Communications have continued in line with national awareness dates to promote the FAB Card and engage under-represented groups.
- AC044 - Leisure operator performance against contract (risk score 12 - reduced from 16).** If the leisure operator fails to deliver against contractual obligations/commitments, this could impact on the delivery of the contract and health and wellbeing activities. The leisure management contract has continued to be monitored in alignment with the Performance Management Framework to ensure delivery against contractual obligations, commitments and targets. An unexpected closure of the pools at Finchley Lido Leisure Centre since March 2019 (now anticipated to open within Q4) may impact performance. The SPA team are working with the leisure operator to understand and minimise this. Disrupted service delivery is being absorbed at other leisure facilities where possible and communications are being managed. Guild Architects have been appointed to support the remedial programme at Finchley Lido. The programme was on track in Q3 and is expected to be delivered in Q4. The council is in consultation with GLL regarding commercial arrangements in relation to loss of revenue impact.

<sup>36</sup> KPI is reported from the Sport England Active Lives Adult Survey, which is undertaken twice a year. This uses the Chief Medical Officer guidelines as a measurement.

- **AC045 - Barnet Disability Sports Network (DSN) (risk score 2).** There is a risk the DSN fails to identify and collaborate on opportunities to enhance access and experience for disabled residents. The DSN comprises stakeholders within the borough that provide a service or have contact with residents with a disability. The DSN meets every six months to collaborative on opportunities to maximise Sport and Physical Activity (SPA) access and experience for disabled residents. The DSN has continued to engage stakeholders with a meeting in October 2019. Membership has continued to diversify, providing support for collaborative working.

|   |           |
|---|-----------|
| 8. Safeguarding adults at risk of abuse and neglect | Q3 Status |
|   | Good      |

## 8.1 Summary of Actions Good progress

- 8.1.1 The Adult Multi Agency Safeguarding (MASH) hub was launched on 10 June 2019. The MASH brings together knowledge and expertise from across ASC and key partners and is being implemented in phases. Stronger links with key partners have been established who are engaged on a regular basis to assist with the assessment and decisions on safeguarding. This has led to positive case discussions and quicker responses to referrals. At present the adult social care practitioners are co-located one day per week with Solace (domestic violence) and WDP (drugs and alcohol service). The children’s MASH and police team will move to Colindale in March 2020 which will improve multi-agency working. There has been a significant increase in the number of safeguarding concerns received since the launch of the MASH. This has been known to occur when Adults MASHs are implemented because the referral pathway is clearer and simplified for partner agencies; and the process of communicating about the establishment of a MASH raises awareness amongst agencies. There has been a 22% increase in safeguarding concerns in June – September 2019 when compared to the previous year. Funding for an additional social worker has been given to the service and recruitment is underway to ensure there is increased resource to manage demand.
- 8.1.2 The Barnet Safeguarding Adults Board (SAB) is dedicated to working to embed the ‘Making safeguarding personal’ principles across all organisations working to support adults at risk of abuse, neglect or exploitation. The SAB Annual Report was presented to A&S Committee on 19 September 2019 and provided progress against the three key priorities for the SAB by individual organisations and across the partnership as a whole. During Q3, the seven-minute briefing and action plans for the most recent Safeguarding Adults Review were published and shared. Partners completed the London Safeguarding Adults Partnership Audit Tool (SAPAT), the outcomes of which were considered at the SAB and will contribute to the development of the 2020/21 Operational Plan for the BSAB.

## 8.2 KPIs

- 8.2.1 There is one KPI for this priority.

| Indicator   | Polarity | 18/19 EOY     | 19/20 Target | Q3 19/20 |        |               | Q3 18/19      | Benchmarking           |
|---|----------|---------------|--------------|----------|--------|---------------|---------------|------------------------|
|   |          |               |              | Target   | Result | DOT           | Result        |                        |
| Conversion rate safeguarding concerns to Section 42 enquiries | Monitor  | New for 19/20 | Monitor      | Monitor  | 23.7%  | New for 19/20 | New for 19/20 | No benchmark available |

### 8.3 Risks

8.3.1 There are two risks to delivery of the actions for this priority<sup>37</sup>. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC046 - Adults MASH Resourcing (risk score 15).** There is a risk that there will be insufficient resource and subject expertise within the Multi-Agency Safeguarding Hub (MASH) due to capacity constraints within service areas & delays to co-location with other services/partners, which may lead to the MASH being less effective and unable to effectively safeguard vulnerable adults. There is a dedicated team of six staff. In the absence of MASH Police moving to Colindale there have been discussions about having a Police representation in the weekly Hub.
- **STR12 - Relationship with healthcare providers and partner organisations (risk score 12).** Ineffective relationships with healthcare providers and partner organisations such as the NHS could lead to an inability to manage demand resulting in failure to meet statutory duties and safeguarding of vulnerable residents. Engagement with the NHS has continued locally; although there is still significant uncertainty as to the CCG merger and what the new model will be in practice. Work has progressed with the CCG and Royal Free Hospital to improve discharge pathways and regular meetings have taken place to identify further improvements and ensure that residents are supported to be discharged as soon as possible.

|    |  |           |
|----|--|-----------|
| 9. | Efficient delivery of statutory duties | Q3 Status |
|    |  | Good      |

### 9.1 Summary of Actions Good progress

9.1.1 This element of the Delivery Plan was focused on delivering the Medium Term Financial Strategy (MTFS) and savings programme, whilst continuing to deliver statutory duties. Progress on the MTFS is set out in section 3.1.

### 9.2 KPIs

9.2.1 There are no KPIs for this priority.

### 9.3 Risks

9.3.1 There are two risks to delivery of the actions for this priority<sup>38</sup>. These have been assessed at a medium/low (4 to 6) level and have controls/mitigations in place to manage the risks.

- **AC047 - MTFS Savings Delivery (risk score 6 – increased from 4).** There have been some additional challenges to achieving some savings, as a result the risk score has increased to 6. These challenges are being addressed through continued joint working and agreeing validation processes.
- **AC007 - Database and reporting environment (risk score 4).** If information is not recorded, as per compliance, on the new social care database this could lead to limited or inaccurate intelligence and insight to meet statutory obligations. Following the hosting from Capita, the full management of the database will move to a new supplier by the end

<sup>37</sup> There was one Delivery Plan risk for this priority (AC046). However, STR12 has replaced AC018 (which was mapped to the Integrating local health and social care priority) and moved to the Safeguarding priority.

<sup>38</sup> AC031 - Business intelligence and financial reporting merged with AC007 – Database and reporting environment (an existing risk on Adults and Health risk register).

of Q4. A new reporting framework is being developed which will link to performance reporting frameworks and target operating models.

9.3.2 In addition to the risks in the Annual Delivery Plan, there was a *service risk* linked to this priority that was scored at a high (15 to 25) level in Q3.

- **AC001 - Increased overspend to meet statutory duties (risk score 20).** Increased demand and the uncertainty of the operating environment could lead to insufficient resources for the service to meet its statutory duties. There are strong monitoring processes in place for all savings as part of the MTFS. Budget monitoring processes have remained robust. Controls on all spend are in place and closely monitored. 2020/21 MTFS plans are being finalised as part of the business planning process.

## **10 REASONS FOR RECOMMENDATIONS**

10.1 These recommendations are to provide the Committee with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and A&S Committee Annual Delivery Plan. This paper enables the council to meet the budget agreed by Council in March 2019.

## **11 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

11.1 None.

## **12 POST DECISION IMPLEMENTATION**

12.1 None.

## **13 IMPLICATIONS OF DECISION**

### **13.1 Corporate Priorities and Performance**

13.1.1 The report provides an overview of performance for Q3 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.

13.1.2 The Q3 2019/20 results for all Corporate Plan and Delivery Plan KPIs are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>

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

13.1.4 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan (Barnet 2024)
- A&S Committee Annual Delivery Plan
- Performance and Risk Management Frameworks.

### **13.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

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

### **13.3 Social Value**

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

activities in line with Social Value will be monitored through this contract management process.

### **13.3 Legal and Constitutional References**

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

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

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

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

13.4.4 The council’s Financial Regulations can be found at:

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

### **13.5 Risk Management**

13.5.1 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. In addition, the Annual Delivery Plan risks associated with the priorities for this Committee are outlined in the report.

### **13.6 Equalities and Diversity**

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

need to:

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

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

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

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

This is also what we expect of our partners.

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

## **13.7 Corporate Parenting**

13.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. The services set out in this report are relevant to adult care leavers with care and support needs including eligible needs under the Care Act 2014.

## **13.8 Consultation and Engagement**

13.8.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in March 2019.

## **13.9 Insight**

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

## **14 BACKGROUND PAPERS**

14.1 Council, 5 March 2019 – approved Corporate Plan (Barnet 2024)  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9456&Ver=4>

14.2 A&S Committee, 18 March 2019 – approved Annual Delivery Plan  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>