

	<h2>Adults and Safeguarding Committee</h2> <h3>September 17, 2020</h3>
Title	Quarter 1(Q1) 2020/21 Recovery and Delivery Plan Performance Report
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Adults and Safeguarding Committee Recovery and Delivery Plan 2020/21
Officer Contact Details	Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk Appy Reddy, Head of Business Intelligence, Performance and Systems appy.reddy@barney.gov.uk Dean Langsdon, Finance Business Partner for Adults, Public Health and Leisure Dean.Langsdon@barnet.gov.uk

Summary

This report provides a thematic overview of performance for Q1 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan.

Officer Recommendations

1. The Committee is asked to review the performance, budget and risk information for Q1 2020/21 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.

INTRODUCTION

- 1.1 The Adults and Safeguarding (A&S) Committee has responsibility for all matters relating to vulnerable adults, adult social care (ASC) and leisure services; and works with partners on the Health and Wellbeing Board (HWBB) to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare.
- 1.2 Each year the committee adopts an annual plan, setting out the key priorities for the services within its remit, which includes key performance indicators. The plan for this financial year reflects both the Council's policy aims of safeguarding residents and supporting them to live independently; enabling residents to live healthy and active lives; and the Council's response to the Covid-19 pandemic for the services within the committee's remit. The plan also sets out the key actions required to restore services in the recovery phase of the pandemic response.
- 1.3 This report provides a thematic overview of performance for Q1 2020/21 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Recovery and Delivery Plan 2020/21.

RECOVERY AND DELIVERY PRIORITIES 2020/21

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

3. RECOVERY OF CORE SERVICES

- 3.1 In response to the pandemic, the council had to focus on critical services, including several new services to directly respond to the needs of residents. As lockdown restrictions eased, the council then moved to focusing on recovery, initially around a framework of deciding which services to restore in their previous form, which to retain from the lockdown and which to re-invent by bringing back in a new way. A programme of recovery planning has been set up to co-ordinate this process and deal with the

challenges that recovery will bring for the council, the borough and its residents. The programme is split into 5 workstreams which are based around the cross-cutting themes of our emerging Corporate Plan. Each theme has at least one sponsor from the Council's Management Team and at least one workstream lead, a senior officer responsible for the day-to-day delivery of the workstream. The themes are:

1. Thriving
2. Family Friendly
3. Healthy
4. Clean, Safe and Well Run
5. Prevention

3.2 The table below provides an update on key recovery activities relevant to this Theme Committee. It should be noted that the work reported to committee in informal briefing meetings over the summer period is also still continuing. This includes the provision of support to care settings provided by the Care Quality and Public Health teams, as set out in the council's published care home support plan. This includes support with business continuity, quality advice, infection prevention & control training and support, provision of PPE and support to access testing for people who use care services and care workers.

RECOVERY OF CORE SERVICES		
Key Actions	Due date	Key Performance Update
<p>1 Restore in person social work and OT practice. As the pandemic moves into the recovery phase we will restore in person social work and occupational therapy for residents. We will also develop a practice model that combines virtual and face to face practice to maintain the benefits of both ways of working.</p>	March 2021	<ul style="list-style-type: none"> • Continuing to undertake urgent assessments and reviews in person where needed • Plans to increase in person assessments and reviews across all teams from late September. This will be kept under continuous review.
<p>2 Restore respite and day care During the pandemic, most respite and day care service were suspended to reduce the risk to individuals attending these services. Flower Lane remained open for a small number of people. Staff were redeployed to provide outreach or virtual support to both individuals and their carers. As the risk reduces, we will work with people to understand at what point it is appropriate for them to return to services.</p>	From September 2020	<ul style="list-style-type: none"> • Commissioning have worked with colleagues in Care Quality and Public Health to support safe reopening day care in the borough in line with Covid secure guidance. Commissioning have held meetings with borough Providers to support activity which has included presenting guidance and an action plan developed by Public Health (one focused on LD and Autism and one for Dementia and older people). Meadowside and Apthorpe day centres are now due to reopen at reduced capacity from 5th October 2020.

RECOVERY OF CORE SERVICES

Key Actions	Due date	Key Performance Update
<p>3 Restore care quality service functions from virtual to face to face: routine on-site contract monitoring, on site quality support and advice, events and forums, training (beyond core infection prevention and control) as necessary and appropriate to maintain service quality and safeguarding.</p>	March 2021	<ul style="list-style-type: none"> Majority of work continuing remotely but in person work carried out where needed. Plans to re-start routine care quality visits being developed
<p>4 Reinstate user engagement meetings virtually and develop plan for engagement to be held in the most appropriate form for the remainder of the year.</p>	July 2020	<ul style="list-style-type: none"> First virtual engagement meetings have taken place and plans for the remainder of the year have been developed Covid phone survey in progress Engagement plan being updated for remote / virtual engagement
<p>5 Covid community response Help Hub, using an Adult Social Care strength based approach to ensure residents are safe while maximising independent access to community and voluntary sector and universal services, and there remains a resilient offer able to respond to possible future peaks, or local lockdowns</p>	Nov 2020	<ul style="list-style-type: none"> Shielding food supplies ended 31 July as did the council's direct delivery service Council officers contacted all residents in receipt of direct deliveries to undertake a wellbeing check and support with a range of alternatives: supermarket slots, connecting with volunteer shoppers, support with information and advice where appropriate with regard to benefits and welfare advice.
<p>Ensure that vulnerable adults impacted by Covid-19 have access to information, advice and support through the commissioning of effective and targeted VCS support.</p>	Mar 2021	<ul style="list-style-type: none"> Further updates and information added to EngageBarnet online hub to enable residents to self-serve effectively and link to the range of options locally
<p>Jointly lead work with VCS partners to develop the future model of a community hosted hub to support food banks and provide advice and guidance to support people out of food insecurity.</p>	Oct 2020	<ul style="list-style-type: none"> Development of proposal for the future of the Essential Supplies Hub and support to food banks in partnership with Barnet Together Continuing to embed the cross-cutting approach to service delivery and leadership working with other directorates, partners and stakeholders that enabled the council to create a robust response to Covid-19

RECOVERY OF CORE SERVICES

Key Actions	Due date	Key Performance Update
6 Re-open leisure centres: Burnt Oak, Hendon, Cophall and New Barnet gyms, studios and pools with facilities at Finchley Lido Leisure Centre opening later.	Phased from 25 July 2020 Finchley – from October 2020	<ul style="list-style-type: none"> Centres re-opened on the 25th July 2020, excluding Finchley Lido Leisure Centre which is due to re-open in October All facilities have updated risk assessments to reflect Government guidelines and have implemented new measures to ensure buildings are COVID secure. This includes a new enhanced cleaning regime, revisions to the protocol for building management systems (such as air handling and pool chlorination), changes to operations and programmed activities. The remobilisation strategy includes key workstreams such as; COVID secure, Risk Assessments, Facility Management Plans, Utility Management, Cleaning Schedules, Operational Plans, Compliance, Workforce & Training, Programme, Access and Admissions, Customer Experience, Communication.

4. INTEGRATED CARE

4.1 Summary of Actions

- 4.1.1 This priority incorporates developing the Barnet Integrated Care Partnership (ICP) with Barnet NHS partner organisations and the North London integrated care system.
- There has been a huge amount of joint working with the council's NHS partners during this period. One of the first major changes was the creation of an integrated discharge team bringing together staff from the council, Central London Community Health (CLCH), North Central London Clinical Commissioning Group (the CCG) and the Royal Free Group (Barnet Hospital). This team has worked seven days a week from 8am to 8pm to ensure residents do not stay in an acute hospital when they are ready to leave. 693 residents have now been discharged with social care and / or health support, either straight home, to a rehabilitation bed in a community hospital or to a care home. The national discharge guidance came into effect in late March and operated throughout Q1. This included NHSE/I funding all care for all patients leaving hospital from 19th March to the end of August 2020.
 - Partners across health and social care in Barnet have regularly come together to jointly plan for the local system. There has also been additional work across the whole of

North Central London to support learning and resilience. This has resulted in, amongst other things, capacity planning, the mobilisation of additional rehabilitation beds, the block purchasing of care home beds, the development of new pathways – all focused on ensuring the right support for residents.

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

4.2 KPIs

4.2.1 There are 4 KPIs for this priority, which help us monitor progress in health and social care integrated work. The overall status of this priority is Green. A Single Point of Access (SPA) has been set up and Intermediate Discharge Team (IDT) IDT Desk receives referrals from Acute Hospitals, Non-Acute Hospitals and Community (GP) and is processing all discharges as per pathways 0,1,2 and 3. All clients clinically fit discharged in to community are in pathway 1 with social care needs. Pathway 0 and Pathway 2 are clients with health needs while Pathway 3 facilitates patients discharged in to residential or nursing care homes either with social care needs or joint needs between health and social care. National indicators on delayed transfers of care (DTC) have been suspended during the pandemic.

Indicator	Polarity	19/20 EOY	20/21 Target	Q1 20/21		Q1 19/20 Result	Benchmarking
				Result	DOT		
Total number of Hospital discharges in the period (pathway 0,1,2,3)	Smaller is Better	New for 20/21	Monitor	693	Not comparable	New for 20/21	No benchmark available
Percentage of Hospital Discharges to Pathway 1	Smaller is Better	New for 20/21	Monitor	48%	Not comparable	New for 20/21	No benchmark available
Days delayed within period for Pathway 1 clients	Smaller is Better	New for 20/21	Monitor	Q2	Not comparable	New for 20/21	No benchmark available
Adults discharged in to social care (pathway 1 or 3) Assessed or Reviewed within 4weeks	Bigger is Better	New for 20/21	Monitor	240	Not comparable	New for 20/21	No benchmark available

5. PROMOTING INDEPENDENCE

5.1 Summary of Actions:

- 5.1.1 Provide family-based support to adults with care and support needs through the introduction of a dedicated Barnet Shared Lives Scheme, which enables them to increase their independence, life skills and involvement in the community
- 5.1.2 We are working with providers and stakeholders to develop new proposals for an employment model that will support people with learning disabilities to include opportunities from apprenticeships and training and skills retention as the jobs market

settles. An area of renewed focus will be opportunities with the council, the wider public sector and voluntary organisations.

- 5.1.3 Refresh the council's local plan for dementia, which will set out the strategic vision, direction and priorities for how adults with dementia and their carers are effectively supported by health and social care and in our wider communities. This will include work with people living with dementia and those caring for them to develop a coproduced approach to local support, mapping of local services and adherence to best practice guidance and training.

5.2 KPI's

Indicator	Polarity	19/20 EOY	20/21 Target	Q1 20/21		Q1 19/20	Benchmarking
				Result	DOT	Result	
Numbers of shared lives carers recruited	Bigger is Better	New for 20/21	New for 20/21	Q2	New for 20/21	New for 20/21	No benchmark available
Number of shared lives partnerships	-	New for 20/21	New for 20/21	Q2	New for 20/21	New for 20/21	No benchmark available
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	528.3	530	74.7	↑	145.3	CIPFA Neighbours 389.1 London 406.2 England 585.6 (NASCIS, 18/19)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	11.8	13.0	3.29	→	2.9	CIPFA Neighbours 8.9 London 9.6 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	1.5	7.5	1.23	→	0.6	No benchmark available
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80%	82%	76.6%	↓	79.1%	CIPFA Neighbours 70.9% London 75.1% England 77.4% (NASCIS, 18/19)
People who feel in control of their own lives (Annual)	Bigger is Better	72%	-	75.9%	↑	72%	CIPFA Neighbours 72.8% London 71.4% England 77.6% (NASCIS, 18/19)

- 5.2.1 We have 7 KPIs under this priority. Two are new for 2020/21, 4 KPI's are Green and 1 KPI is Amber. The Shared Lives project has experienced delays due to covid-19 however is now CQC registered and moving forward with carer recruitment and placements. Permanent admissions for those over 65 is under the target (note: this is also a cumulative measure and will be increasing as the number of permanent admissions

increase throughout the year). Adults with learning disabilities living in settled accommodation is also a cumulative measure. Most of the satisfaction measures collected from the national Adult Social Care User survey showed that we are engaging well with clients. Satisfaction and quality of life measures improved compared to previous years and Barnet benchmarks better than London regional averages in satisfaction rates.

6. PREVENTION

6.1 Summary of Actions:

- 6.1.1 We will continue to work closely with the voluntary and community sector and other stakeholders to develop our longer-term prevention offer as well as effectively signpost to prevention support for people to stay active and more independent in the community. We will develop proposals for expansion of the Prevention and Wellbeing Co-ordinator team across the borough whilst continuing to work with Primary Care Networks and social prescribing link workers.
- 6.1.2 Further development of the enablement service to support the new model of hospital discharge and allow all adults with the potential to regain or increase their independence through reablement to achieve this.

6.2 KPI's

- 6.2.1 We have 4 KPIs to inform about progress on Prevention. All new referrals are considered for sign posting to prevention support and voluntary sector organisations. Prevention is further considered at every step of the social care pathway while following principles of strengths based practice to meet appropriate outcomes. At the end of Q1 4.5% were signposted to VCS which will increase (cumulative measure) over the year. Performance against this measure has been impacted by Covid-19 as most of the community & voluntary sector organisations were impacted due to lockdown and were either closed or were performing functions with reduced capacity. The pandemic has also impacted the numbers of referrals to the reablement service: many residents and their families opted not to receive care & support during the lockdown period, being supported by family members instead; and services were focused on critical services only.

Indicator	Polarity	19/20 EOY	20/21 Target	Q1 20/21		Q1 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	4.5%	↑	-	No benchmark available
People signposted to information, advice and guidance	Bigger is Better	3991	4000	1019	↑	-	No benchmark available
Total number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	25	New for 20/21	New for 20/21	

Indicator	Polarity	19/20 EOY	20/21 Target	Q1 20/21		Q1 19/20	Benchmarking
				Result	DOT	Result	
Total number of referrals to reablement service	Bigger is Better	408	500	33	-	-	No benchmark available
Percentage of clients achieving desired outcomes in 42 days of reablement without need of any further support from ASC and are living independently in community	Bigger is Better	84.5%	85%	90.9%	↑	-	No benchmark available

7. SAFEGUARDING

7.1 Summary of Actions

7.1.1 The Barnet Safeguarding Adults Board (SAB) is dedicated to working to embed the 'Making safeguarding personal' principles across all organisations working to support adults at risk of abuse, neglect or exploitation. The Board works to ensure adults at risk are heard and understood and their experiences and views shape continuous improvement as well as advance equality of opportunity, including access to justice for adults at risk. The Barnet Safeguarding Adults Board Annual Report 2019-20 will also be presented at the Committee's September meeting and further information about their work is contained in that report.

7.2 KPIs

7.2.1 There are four KPI's for this priority, which monitors safeguarding. Despite the pandemic safeguarding referrals rate remained at same rates as previous years. This year we are also reporting on the desired outcomes achieved for clients and 'Making safeguarding personal' under this priority.

Indicator	Polarity	19/20 EOY	20/21 Target	Q1 20/21		Q1 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	407	-	-	No benchmark available
Number of s42 enquiries started in the period	-	309	-	104	-	-	
Making Safeguarding personal outcome framework – For each enquiry, the percentage of individual or individual's representative asked what their desired outcomes were?	Bigger is Better	New for 20/21	Monitor	88.9%	New for 20/21	New for 20/21	No benchmark available
Making Safeguarding personal outcome framework – Percentage of desired outcomes that were fully or partially achieved?				87.5%			

8. LEISURE

8.1 Summary of Actions

- 8.1.1 Prior to the national closure of leisure centres, there had been a total of 1.2 million attendances at Barnet's leisure centres between 1 April 2019 to 21 March 2020, when the centres closed. This includes 204,852 from adults over 55 years + and 93,451 from disabled users. The highest proportion of attendances relates to children and young people at 494,760. These figures exclude Finchley Lido Leisure Centre due to the ongoing remedial programme.
- 8.1.2 Fit and Active Barnet (FAB) is an ongoing campaign and movement that encourages and inspires residents to include more physical activity into their day. As of March 2020, 27,071 residents had registered for a FAB card which is administered by Better. This represents a 6,192 (29.7%) increase since 2019, there is a diverse range of FAB card users with over 50% of members aged 5-16yrs.
- 8.1.3 GLL, the council and Middlesex University have been developing a bespoke App to promote walking and active travel in Barnet. This remains in a pilot phase due to Covid 19, with a rescheduled date for launch in 2021.
- 8.1.4 The virtual London Youth Games (LYG) took place over four weeks in June/July, giving children and young people to represent the Borough in a series of sport related challenges. Barnet was placed 5th overall, the highest overall position in Barnet's entry history to date.

9. BUDGET FORECASTS

- 9.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £112,655m. Of this, £10,111m is the impact of Covid, leaving an overspend of £0.287m or 0.3% of the budget at Q1.

Revenue Forecast (Q1 2020/21)

Adults and Health	2020/21 Budget	Forecast Outturn (before reserves)	Variation to revised budget	Month 3 Forecast Outturn after reserve movements	Month 3 variation to revised budget	COVID Impact	Variance to budget excluding COVID impact
	£000	£000	£000	£000	£000	£000	£000
Integrated Care - LD	32,501	31,663	(837)	31,663	(837)	0	(837)
Integrated care - MH	9,280	10,240	960	10,240	960	0	960
Integrated Care - OA	31,814	33,578	1,764	33,578	1,764	2,530	(766)
Integrated Care - PD	9,654	9,418	(236)	9,418	(236)	0	(236)
ASC Prevention Services	2,613	2,919	306	2,919	306	0	306
ASC Workforce	15,867	17,357	1,490	16,958	1,091	232	859
Leis, Sports and Phys Activity	530	2,407	1,877	2,407	1,877	1,877	(0)
Covid (support to the care market/help hub)	0	5,472	5,472	5,472	5,472	5,472	0
Total Adults and Health	102,258	113,054	10,797	112,655	10,398	10,111	287

Projections for the Covid financial impact are as per below, as set out in the 3rd return to the Ministry of Housing, Communities and Local Government (MHCLG) in June 2020.

Service Area	Covid-19 Impact		Category
	£'000	Commentary	
Adults Social Care	1,258	Additional Demand (Net of CCG funding for Early Discharge/client cont)	Demand
	1,272	Supporting the care market - residential block voids	Demand
	1,653	Supporting the care market - residential other	Non-demand
	458	Supporting the care market - Homecare	Non-demand
	414	Supporting the care market - support living	Non-demand
	180	Supporting the care market - Direct Payments	Non-demand
	1,374	Help Hub	Non-demand
	1,625	PPE, staffing, loss of income,MTFS	Non-demand
Sub-total	8,234		
Leisure	720	Commercial loss to GLL (to Qtr 1)	Non-demand
	1,157	SPA income pressure (MTFS)	Non-demand
Sub-total	1,877		
Total	10,111		

- 9.2 Factoring in the additional government funding given to councils, ASC is showing a small overspend, equivalent to 0.3% of the budget. Underspends in placements are due to changes in demand in the period. Costs associated with hospital discharges/avoidance from March of £3.5 million (approx.) will be recouped from the CCG.
- 9.3 The overspend in the prevention cost centre is caused by the impact of the Deprivation of Liberty Safeguards (DoLS) scheme (£0.152m) and IT support and maintenance costs (£0.200m). The overspend in the adult social care workforce cost centre is caused by structural issues including the impact of UPR and the vacancy factor.

- 9.4 The Leisure, Sports and Physical Activity budget is forecasting to overspend by £1.877m, due to the loss of planned surplus income and the award of supplier support in relation to business disruption, caused by the mandated closure of centres during the initial stages of the pandemic. This will be addressed through the application of central government funding.
- 9.5 The **Capital Forecast** for areas within the committee's remit is **£4.532m**, this reflects a reported overspend of £0.402m at Q1. A management action plan is being reviewed.

Capital Forecast (Q1 2020/21)

Adults and Health	2020-21 Approved Budget	2020-21 Forecast	Variance from Approved Budget
	£0	£0	£0
Sport and Physical Activities	2,390	2,090	-300
Community Equipment and Assistive Technology	1,110	1,110	0
Investing in IT	377	1,079	702
Disabled Facilities Grants Programme	253	253	0
	4,130	4,532	402

10. SAVINGS

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

- Where savings delivery has been directly affected by Covid (through Q1) it has been captured on the MHCLG return, c£2million
- Remaining savings to be delivered of c£3.3million, of which c.£1.6m has already been delivered, including £1m in capitalisation and contract changes agreed last year that go into effective this year, plus BCF income.
- This leaves c£1.7m savings still to be delivered. These are higher risk savings and recovery plans are being developed.

Ref	Description of Savings	Savings for 20/21	Comment
E1	YCB transformation	£290,000	Modelling being reviewed for savings delivery the remainder of the year.
E2	Prevention contracts	£350,000	On track
E3	Telecare overheads	£155,000	On track
E4	Reduction in printing costs	£15,000	On track
E5	Nursing care costs	£150,000	Impacted by Covid
I1	Better Care Fund	£150,000	On track

Ref	Description of Savings	Savings for 20/21	Comment
I2	Prepaid cards and Direct Payments	£250,000	Impacted by Covid
I3	VAT efficient leisure contracts	£61,000	Impacted by Covid
I4	SPA income	£1,096,000	Impacted by Covid
I5	Charges and discretionary services	£150,000	Deferred to August, 50K impact
I6	Additional client contributions	£200,000	Assessment delayed due to Covid, 50K impact
I7	Additional capitalisation	£1,000,000	On track
R1	OPPD reviews	£400,000	
R2	Telecare savings	£200,000	Impacted by Covid, modelling being reviewed for savings delivery the remainder of the year.
R3	Support for working age adults (LD)	£550,000	
R4	Mental health reviews	£300,000	
Total savings		£5,317,000	

11. REASONS FOR RECOMMENDATIONS

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

12. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

12.1 None.

13. POST DECISION IMPLEMENTATION

13.1 None.

14. IMPLICATIONS OF DECISION

14.1 Corporate Priorities and Performance

14.1.1 The report provides an overview of performance for Q1 20/21, including budget forecasts, savings, progress on actions, KPIs and risks.

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

14.1.3 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan (Barnet 2024)
- A&S Committee Recovery and Delivery Plan

- Performance and Risk Management Frameworks.

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

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

16. SOCIAL VALUE

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

17. LEGAL AND CONSTITUTIONAL REFERENCES

- 17.1 Section 151 of the Local Government Act 1972 states that: "without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs". Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.
- 17.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority's financial position is set out in section 28(4) of the Act.
- 17.3 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.

17.4 The council's Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

18. RISK MANAGEMENT

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

Risk description	Risk Mitigations and Q1 Update
<p>AC001 Finances: LBB could have insufficient resources to meet its statutory duties with regard to adult social care due to operating in an environment in which there are on-going funding pressures. Prior to COVID there was uncertainty about future demand for services, increasing complexity and cost of care packages, and legislative changes. COVID has created additional uncertainty regarding funding streams, reimbursements, on-going support and service demand. This could lead to a worsening budget overspend for the service and it could lead to a deterioration in the council's overall financial position. Risk Rating: 20</p>	<p>The council's budget management process forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year including monthly analysis and budget monitoring. Adult social care will continue to undertake initiatives focused on reducing and managing future demand and delivering the MTFS.</p> <p>Mosaic budget reports are now live and have improved the quality and timeliness of data. The business planning process and review of the MTFS has commenced, the report will be presented at November 2020A&S Committee. Adult Social care and finance are working closely to submit required finance returns related to COVID and assess and monitor the financial impact of COVID. While planning for a second wave is taking place there is a risk that further waves will disrupt delivery, recovery and MTFS plans.</p>
<p>AC016: Funding and sustainability challenges facing the voluntary sector could lead to a reduction in the capacity of the Borough's preventative services resulting in adults being without the appropriate services and an increase in demand for more intense, longer and more expensive care and support services over time. Covid 19 has presented further risks to the VCS in regards to financial sustainability and increased demand for support.</p> <p>Risk Rating: 16</p>	<p>To mitigate risk and ensure a coordinated and joined approach with the VCS in response to Covid 19 a community infrastructure programme was established in conjunction with Barnet Together. As part of this programme the council committed £125k funding to aid the work of the boroughs VCS as they support the people most affected by the Covid 19 crisis (the Barnet Community Response Fund and the Barnet Covid 19 Sustainability Impact fund). As part of the programme of work a dedicated workstream to consider support for adults was also developed and this workstream holds weekly meetings with key providers to promote joint working and manage risks. Alongside this, the prevention and wellbeing service continue to ensure regular communication is</p>

	<p>occurring with the wider VCS and look at opportunities to work jointly together.</p>
<p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 16</p>	<p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and Care Quality advisors support homes through best practice support and supporting staff development. If issues identified then there is a clear provider concerns process to access risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and safe transition of individuals if required. During the pandemic, 7 day a week support has been available to care settings, along with regular monitoring, including:</p> <ul style="list-style-type: none"> • Regular collection of information (PPE, Covid-19 cases, staffing levels, hospital admissions) to target support where it is needed most • Delivery of PPE to care providers where required • Developed a new One Care Home clinical in reach team approach, working with health colleagues to provide clinical support to care homes.
<p>AC008 Safeguarding demand: Insufficient staff to meet the complexity of demand faced by adult social care could lead to non-adherence with policies and procedures (especially safeguarding). The current pandemic may impact on the response to safeguarding across the service and wider partnership which could result in death or serious harm to individuals, legal challenge, financial loss, decreasing staff morale due to greater pressure and reputational damage.</p> <p>Risk Rating: 15</p>	<p>Quality assurance framework in place to manage staff training, practice forums, case file audits etc. Safeguarding cases are reviewed on a daily and weekly basis by the heads of service. Senior management and DASS review weekly. Monthly reporting to leadership team on safeguarding activity. Monthly quality and safeguarding meeting with DASS includes review of complex cases. The Safeguarding Adults Board (multi-agency) meets regularly. Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process. All safeguarding leads are in regular contact to discuss the processing of safeguarding referrals within the context of the current pandemic.</p> <p><u>Q1 update:</u> There was a drop in the number of safeguarding referrals in March but by the end of the quarter the numbers had returned to pre-Covid levels.</p>

	<p>The council has not changed the approach to safeguarding although there have been fewer face to face visits due to vulnerable adults self-isolating. In those cases, telephone/video calls have been used and do as much of the work remotely as is possible.</p> <p>Multi-agency meetings have continued electronically to ensure effective join-up across the partnership.</p> <p>Pressure ulcer referrals have dropped and we are in discussion with CLCH colleagues about adults who do not want to be seen by nurses in current situation.</p> <p>Recruitment has continued and additional staff were inducted during Q1. This has helped ensure that there is a resilient workforce to cope with the level of incoming safeguarding activity.</p> <p>Training has been delivered to the team electronically to ensure that practice is of the required quality standard</p>
<p>AC004 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances. Risk Rating 15</p>	<p>Following the Government announcement Barnet leisure facilities were closed on the 21st March 2020. The Council, in partnership with Better, worked to safely de-commission the buildings, provide updated communication to members and freeze all memberships, with an option to cancel at any time.</p> <p>The service has currently relaxed leisure contract performance monitoring arrangements, this includes the suspension of all commercial KPIs which are under review as part of phased arrangements. Updated risk and monitoring frameworks are in place which reflect changes to deliver a COVID secure operation.</p> <p>Specific recovery workstreams have been identified in order to support GLL in delivering a remobilisation plan. This outlines 3 separate phases required for contract and commercial assessment;</p> <ul style="list-style-type: none"> • Phase 1 – Covid-19 period: From 21/3/20 to 31-3/21 • Phase 2 – Rebuild period: estimated 12 months • Phase 3 – Steady state operation

19. EQUALITIES AND DIVERSITY

19.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which

requires a public authority (or those exercising public functions) to have due regard to the need to:

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

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

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

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

This is also what we expect of our partners.

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

19.4 Corporate Parenting

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

19.5 Consultation and Engagement

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

19.6 Insight

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

20 BACKGROUND PAPERS

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