

	<h2>Adults and Safeguarding Committee</h2> <h3>23 November 2020</h3>
<p style="text-align: right;">Title</p>	<p>Quarter 2 (Q2) 2020/21 Recovery and Delivery Plan Performance Report</p>
<p>Report of</p>	<p>Chairman of the Adults and Safeguarding Committee</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Urgent</p>	<p>No</p>
<p>Key</p>	<p>No</p>
<p>Enclosures</p>	<p>Appendix 1 – All ages Autism Strategy Action Plan – 10th August 2020</p>
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Summary

This report provides a thematic overview of performance for Q2 2020/21 focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Recovery and Delivery Plan.

Officer Recommendations

- 1. The Committee is asked to review the performance, budget and risk information for Q2 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 Q2 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.

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>	Ongoing	<ul style="list-style-type: none"> • Work is undertaken using a combination of face to face visits and virtual work via phone or video call following a risk assessment. • Continuing to undertake urgent assessments and reviews in person as needed
<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>	September 2020	<ul style="list-style-type: none"> • Commissioning and Care Quality have worked with YCB to support safe reopening of day care in the borough in line with Covid secure guidance. Officers have held meetings with borough Providers to support activity which has included guidance and an action plan developed with support from Public Health (one focused on LD and Autism and one for Dementia and older people). Meadowside and Apthorp day centres opened with reduced capacity on 26th October.
<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</p>	Ongoing	<ul style="list-style-type: none"> • All functions in place. Direct work with providers being carried out remotely and in person where needed.

RECOVERY OF CORE SERVICES

Key Actions	Due date	Key Performance Update
<p>core infection prevention and control) as necessary and appropriate to maintain service quality and safeguarding.</p>		<ul style="list-style-type: none"> • Support to care settings continues 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, support to access testing and PPE for people who use care services and care workers. • We continue to provide support to care settings, making regular calls to all care providers to understand current issues and offer support. • Weekly communications continue to providers summarising key guidance and information and disseminating training and advice. • National Infection Control Funding has been passported to care settings. • Continue to work closely with NCL CCG to ensure appropriate clinical in-reach to care homes and increasing care homes ability to access clinical support virtually. • Working with the new clinical in-reach service to target clinical support to priority care homes. In reach team is available to all homes and currently working with c60 homes in Barnet. • Continue to review and develop plans to ensure readiness for winter and future waves.
<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>	<p>Complete</p>	<ul style="list-style-type: none"> • A series of formal Involvement Boards have now taken place virtually, and fortnightly informal drop in sessions instated. • Plans for the remainder of the year have been developed • Covid phone survey in progress • Engagement plan being updated for remote / virtual engagement • Development of joined up health and social care resident engagement approach underway with the CCG.

RECOVERY OF CORE SERVICES

Key Actions	Due date	Key Performance Update
<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>	Ongoing	<ul style="list-style-type: none"> • Response offer has remained in place to address lower activity levels and address test and trace requirements when mobilised. • Planning underway to prepare for winter and next stages of pandemic response. • Further updates and information added to Engage Barnet online hub to enable residents to self-serve effectively and link to the range of options locally • Transfer of Essential Supplies Hub to Barnet Together as community asset was completed in this quarter • Shopping and volunteer support services commissioned from Age UK and Mencap continue to operate • 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
<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	
<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	
<p>6 Re-open leisure centres: Burnt Oak, Hendon, Copthall and New Barnet gyms, studios and pools with facilities at Finchley Lido Leisure Centre opening later.</p>	<p>Complete</p> <p>Finchley – from October 2020</p>	<ul style="list-style-type: none"> • Centres re-opened on the 25th July 2020, excluding Finchley Lido Leisure Centre (which reopened at the start of Q3). <i>Note: centres subsequently closed during Q3 as part of the second short term lockdown. This report covers the period they were open.</i> • 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.

RECOVERY OF CORE SERVICES

Key Actions	Due date	Key Performance Update
		<ul style="list-style-type: none"> 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. Response to and use of leisure centres opening for quarter two was well received by residents and there was increased activity in the centres Further assessment of commercial impact to contract being undertaken by the service in consultation with HBPL.

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 continues to operate seven days a week from 8am to 8pm to ensure residents do not stay in an acute hospital when they are ready to leave. 1914 residents have now been discharged with social care and / or health support, either straight home with homecare, 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 the quarter. This included NHSE/I funding all care for all adults leaving hospital from 19 March to the end of August 2020 and new arrangements for discharge to assess from 1 September with packages funded for up to 6 weeks by the NHS to allow for the completion of assessments outside of the hospital.
- 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 Integrated Discharge Team (IDT) receives referrals from acute and community hospitals and is processing all discharges as per the four nationally agreed pathways. Those able to return home with no additional support are counted as pathway 0, back home with new support from health or social care are pathway 1, to intermediate care beds are pathway 2 and to residential or nursing homes are pathway 3. National indicators on delayed transfers of care (DTC) have been suspended during the pandemic.

Indicator	Polarity	19/20 EOY	20/21 Target	Q2 20/21		Q2 19/20	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the period (pathway 0,1,2,3)	Smaller is Better	New for 20/21	Monitor	1,978	New for 20/21	New for 20/21	No benchmark available
Percentage of Hospital Discharges to Pathway 1	Smaller is Better	New for 20/21	Monitor	67%	New for 20/21	New for 20/21	No benchmark available
Adults discharged in to social care (pathway 1 or 3) Assessed or Reviewed within 6 weeks	Bigger is Better	New for 20/21	Monitor	521	New for 20/21	New for 20/21	No benchmark available

5. PROMOTING INDEPENDENCE

5.1 Summary of Actions:

5.1.1 Barnet Shared Lives Scheme has been introduced to provide family-based support to adults with care and support needs. The scheme aims to promote, enable and maximise individual's independence, life skills and involvement in the community. Work is progressing on the scheme although it has been impacted by Covid 19.

5.1.2 Through our contract with Barnet Mencap over 250 clients have been supported with regular welfare calls, advice and follow up. This service has been very successful, and we continue to work with Barnet Mencap on further development and opportunities to work even more closely with Barnet Learning Disability Service. We are linking with the council's Growth team on their work on employment and skills in the borough. Following a review of our contracts with employment support providers, work has occurred with providers and stakeholders to develop new proposals for an employment model in Barnet 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 Work to refresh the council's local plan for dementia is being carried out, to set out the direction and priorities for how adults with dementia and their carers are effectively supported by health and social care and in our wider communities. The plan is being co-produced with people affected by dementia and other key stakeholders within our Integrated Care Partnership. The plan will be submitted to committee in January 2021. We are working with Family Services and Health to implement a joint all ages Autism Action Plan. This is attached at appendix 1. It aims to improve services and quality of life for children, young people and adults with autism as well as their families and carers and aims to join up our planning and that all the relevant stakeholders and subject matter experts and residents are involved. We are currently working on prioritising activities for example in accommodation and support.

5.1.4 Components of a new model of care and support for adults with dementia and their carers went live in August 2020 within Primary Care Network (PCN) 5, which is located in the south of the borough in the Hendon, Brent Cross and Golders Green areas, with the full model being in place from November 2020. The model delivers a new integrated care and support offer within the PCN through a newly established multi-disciplinary team comprising of 'secondary' mental health (MH) input, voluntary & community sector (VCS) input and social care input aligned to the PCN. The model embeds a new approach to the management of dementia within primary care; moving away from a secondary health care focus to have in place a multi-agency post diagnostic community support offer which proactively promotes wellbeing and supports delivery of a primary care led service for the management of patients with a dementia diagnosis and their carers within community settings with integrated and improved coordinated care. Alongside this, the model aims to raise awareness of dementia for all patients within the PCN to support people to access earlier diagnosis where appropriate. The model will test a different approach to care and support for adults with dementia and their carers and if successful, will be used to inform whether the model should be rolled out pan-Barnet linking in with the integrated care pathways work occurring through the Integrated Care Partnership (e.g. frail/ elderly integrated care pathways).

5.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q2 20/21		Q2 19/20	Benchmarking
				Result	DOT	Result	
Numbers of shared lives carers recruited	Bigger is Better	New for 20/21	New for 20/21	Delayed due to Covid	New for 20/21	New for 20/21	No benchmark available

Number of shared lives placements	-	New for 20/21	New for 20/21	Delayed due to Covid	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	190	↑	234	CIPFA Neighbours 389.1 London 406.2 England 585.6 (NASCIS, 18/19)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	11.8	13.0	4.5	↑	5.4	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	1.63	→	1.66	No benchmark available
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80%	82%	79.3%	→	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 KPIs are Green and 1 KPI is Amber. Permanent admissions for those over 65 is 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 The Prevention and Wellbeing Team has worked with the GP Federation and Age UK Barnet to provide an induction programme for the new Social Prescribing Link Workers. This induction ensured an informative introduction to statutory services, and what is on offer from the local voluntary and community sector. We also continue to be part of the Digital Social Prescribing Task and Finish Group, working to develop a case management system and feeding into Enfield led-work around an integrated Directory of Services. 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. During the Covid response we stayed in contact with organisations who support vulnerable residents and their carers. We worked with partners and offered support to changes in service delivery and took a pro-active approach to develop services which the organisation, and residents, told us they needed. We ensured the services and support available were communicated widely across networks and on the council website. We updated these frequently as well as delivering scripts for front door access points such as the Help hub helpline, and other frontline staff in adult social care and across partners.

The council continued to work with the Volunteer and Community Sector (VCS) to support development of the prevention and wellbeing offer. Prevention and Wellbeing Co-ordinators are now well established, developing 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 social care and the VCS to work in partnership to the benefit of residents and leads 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).

6.1.2 There has been further development of the enablement service to support the new model of hospital discharge and allow all adults returning home with the potential to regain or increase their independence to achieve this.

6.2 KPIs

6.2.1 We have 5 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 Q2, 3.9% of referrals were signposted to the VCS. This reduction is likely in part due to the significant number of adults that accessed VCS services via the help hub set-up to support the response to the pandemic. 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.

Indicator	Polarity	19/20 EOY	20/21 Target	Q2 20/21		Q2 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	3.9%	↑	-	No benchmark available
People provided with information, advice and guidance	Bigger is Better	3,991	4,000	1,914	↑	-	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 Target	Q2 20/21		Q2 19/20	Benchmarking
				Result	DOT	Result	
Number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	304	New for 20/21	New for 20/21	
Total number of referrals to reablement service	Bigger is Better	408	500	483	-	-	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%	84.4%	↑	-	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.
- 7.1.2 During Q 2 the SAB continued to meet. The focus of the main SAB meetings has been to consider how partner agencies are working together to ensure all safeguarding concerns are responded to in line with statutory expectations, including new areas of concern that have arisen during the Covid lockdown period. The SAB received reports providing assurance of the steps agencies had taken to ensure safeguarding responses continued as 'business as usual', but also heard what agencies were doing to support frontline staff and residents during the initial recovery phase, following the lockdown. The meeting in Q2 focused on mental wellbeing. The SAB has agreed that all SAB partners would review the KPIs around safeguarding activity at the full quarterly meeting and receive quality assurance reports rather than require a separate sub-group at present in recognition of how difficult it was for staff from across the agencies to attend multiple meetings. The remaining subgroups continue to meet to progress the SAB's work plan. The SAB has also increased community engagement events with a programme of webinars and discussion groups, for example with the Barnet Carers Centre. The Board has also reviewed the local Homelessness Need assessment and has been updating our joint hoarding and self-neglect policy and working on fire safety for adults in contact with NHS continuing health care and social care.

7.2 KPIs

- 7.2.1 There are four KPIs for this priority.

Indicator	Polarity	19/20 EOY	20/21 Target	Q2 20/21		Q2 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	846	-	968	No benchmark available
Number of adult safeguarding investigations (s42 Care Act 2014 enquiries) started in the period	-	309	-	239	-	-	
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	83.4%	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?	Bigger is Better	New for 20/21	Monitor	76.9%	New for 20/21	New for 20/21	No benchmark available

8. LEISURE

8.1 Summary of Actions

- 8.1.1 Throughout the pandemic we have been working with our partners, Better, who operate the facilities on behalf of the Council to develop the remobilisation strategy to safely welcome residents back into Barnet facilities. This has involved a range of 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 and Communication.
- 8.1.2 Our leisure facilities re-opened on the 25th July with the exception of Finchley Lido Leisure Centre. To ensure a safe re-opening, our initial plans were focused on delivering a core programme offer which included; gym, group fitness, swimming and family swimming. The re-introduction of many other activities such as lessons, courses, health programmes commenced in September as part of a phased approach.
- 8.1.3 Facilities have been adapted to be Covid secure, which does require lower numbers of users in the centres at any time, to maintain social distancing. Therefore, whilst usage levels on re-opening are currently tracking behind pre-Covid comparisons, attendance levels within the first full two months of re-opening show positive signs of a returning customer base:
- August usage: 32,181
 - September usage: 31,160

Since March the total number of FAB Card holders decreased by 796 to 26,467. The reduction was mainly seen in FAB Card holders registered on Sports Courses. With the

return of Swim School and Gymnastics courses we anticipate a stable recovery in this area.

- 8.1.4 GLL continue to offer free online fitness service to all members via the 'Better at home' app which offers users a large library of virtual fitness classes and home exercise routines in addition to nutrition and food guidance. This service is promoted on the Better website, social media and member newsletters

9. BUDGET FORECASTS

- 9.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £111.157m. Of this, £11.516m is the impact of Covid, leaving an underspend of £2.777m or 2.7% of the budget at Q2.

Revenue Forecast (Q2 2020/21)

Budget Area	20/21 Budget	Forecast Outturn	Variance to revised budget (under) / over spend	Covid Impact	Revised variance (under) / over spend
0	£'000	£'000	£'000	£'000	£'000
Non-Placement Budget	0	0	0	0	0
ASC Prevention Services	2,265	2,743	478	0	478
ASC Workforce	16,009	17,005	996	972	24
Sub-total	18,273	19,748	1,474	972	502
Placements Budget	0	0	0	0	0
Integrated Care - Learning Disability	33,073	32,219	(854)	0	(854)
Integrated Care - Mental Health	9,399	11,000	1,601	0	1,601
Integrated Care - Older Adults	32,376	33,711	1,335	5,146	(3,811)
Integrated Care - Physical Disability	9,920	9,705	(215)	0	(215)
Sub-total	84,768	86,635	1,867	5,146	(3,279)
COVID (support to the care market/Help Hub)	0	3,383	3,383	3,383	0
Sub-total	0	3,383	3,383	3,383	0
0	0	0	0	0	0
Adults Social Care Total	103,041	109,766	6,724	9,501	(2,777)
Leisure	(623)	1,391	2,015	2,015	-
Leisure Total	(623)	1,391	2,015	2,015	()
Total Adults	102,418	111,157	8,739	11,516	(2,777)

Projections for the Covid financial impact are as per below, as set out in the 6th return to the Ministry of Housing, Communities and Local Government (MHCLG) in October 2020.

Service Area	Covid-19 Impact	Category	
	£'000	Commentary	
Adults Social Care	2,644	Additional Demand (Net of CCG Funding for Early Discharge/client contributions)	Demand
	1,292	Support to the Care Market - Residential (block voids)	Demand
	250	Homecare (pay on planned Apr-May)	Non-demand
	960	MTFS savings under pressure	Non-demand
	2,720	Supporting the Care market	Non-demand
	350	Help Hub	Non-demand
	313	PPE	Non-demand
	972	Staffing	Non-demand
Sub-total	9,501		
Leisure	858	Commercial loss to GLL (phase 1)	Non-demand
	1,157	SPA Income pressure (MTFS)	Non-demand
Sub-total	2,015		
Total	11,516		

- 9.2 Factoring in the additional government funding given to councils, ASC is showing an underspend, equivalent to 2.7% of the budget. Underspends in placements are due to changes in demand in the period and the positive impact of NHSE/I funding for hospital discharge. Costs associated with hospital discharges/avoidance from March of c.£7.3 million is expected to be recouped from the CCG, although this position is subject to movement.
- 9.3 The overspend in the Prevention cost centre is caused by the impact of the Deprivation of Liberty Safeguards (DoLS) scheme (£0.192m) and IT support and maintenance costs (£0.097m). 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 £2.015m, due to the loss of planned surplus income and the award of supplier support in relation to business disruption, caused by the mandated closure of centres during the initial stages of the pandemic. This will be addressed through the application of central government funding.
- 9.5 The **Capital Forecast** for areas within the committee's remit is **£6.326m**, this reflects a reported underspend of £0.495m at Q2. A management action plan is being reviewed.

Capital Forecast (Q2 2020/21)

Capital Programme Description	2020-21 M6 Budget	2020-21 M6 Forecast	Variance
	£'000	£'000	£'000
Sport and Physical Activities	2,090	1,595	-495
Community Equipment and Assistive Technology	1,110	1,110	0
Investing in IT	1,079	1,079	0
Disabled Facilities Grants Programme	2,542	2,542	0
Total	6,821	6,326	(495)

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 Q2) it has been captured on the MHCLG return, c£2.2million
- Remaining savings to be delivered of c£3.1million, 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 work is underway to deliver these.

Ref	Description of Savings	Savings for 20/21	Comment
E1	YCB transformation	£290,000	Impacted by Covid
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
I2	Prepaid cards and Direct Payments	£250,000	On track
I3	VAT efficient leisure contracts	£61,000	Impacted by Covid
I4	SPA income	£1,096,000	Impacted by Covid

I5	Charges and discretionary services	£150,000	Deferred to August, £62K impact
I6	Additional client contributions	£200,000	On track
I7	Additional capitalisation	£1,000,000	On track
R1	OPPD reviews	£400,000	Impacted by Covid, modelling being reviewed for savings delivery the remainder of the year.
R2	Telecare savings	£200,000	
R3	Support for working age adults (LD)	£550,000	
R4	Mental health reviews	£300,000	
Total savings		£5,317,000	

11. REASONS FOR RECOMMENDATIONS

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

12. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

12.1 None.

13. POST DECISION IMPLEMENTATION

13.1 None.

14. IMPLICATIONS OF DECISION

14.1 Corporate Priorities and Performance

14.1.1 The report provides an overview of performance for Q2 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 Q2 Update
<p>STR22: Sustainability of VCS Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity and growth of preventative services resulting in difficulties accessing services and demand for more complex support.</p> <p>Risk Rating: 15</p>	<p>Funding and sustainability challenges facing the VCS could lead to a reduction in capacity and growth of preventative services resulting in difficulties accessing services and demand for more complex support.</p> <p>In Q2, the risk (including score) was reviewed to be a Strategy Team risk about the relationship with the VCS with overview split between Adults and Health and Strategy. Following the outcomes of the Collaborate project, there will be a review of the council's relationship with the VCS to strengthen working and partnership relationships. The community participation strategy is exploring several ways of securing funding for the VCS.</p>
<p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 16</p>	<p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and Care Quality advisors support homes through best practice support and supporting staff development. If issues are identified, then there is a clear provider concerns process to access risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and safe transition of individuals if required. During the pandemic, 7 day a week support has been available to care settings, along with regular monitoring, including:</p> <ul style="list-style-type: none"> • Regular collection of information (PPE, Covid-19 cases, staffing levels, hospital admissions) to target support where it is needed most • Delivery of PPE to care providers where required • Developed a new One Care Home clinical in reach team approach, working with health

	<p>colleagues to provide clinical support to care homes.</p> <p>There is a robust quality assurance and provider concerns process in place if there are any quality issues identified. There is additional Covid-19 funding and ongoing work to support the short, medium- and long-term sustainability of the care market considering increased vacancies and reductions in demand.</p>
<p>AC044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances.</p> <p>Risk Rating: 15</p>	<p>The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances. All facilities bar the exception of Finchley Lido re-opened on 25 July 2020. The key operating principles are that all facilities are Covid-19 Secure (adopting Government Guidance), prioritising the safety of staff, ensuring customers have confidence in plans and feel safe in facilities; and focus on reactivating core activities with maximum efficiency.</p>

19. EQUALITIES AND DIVERSITY

- 19.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
 - Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.
- 19.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 19.3 In order to assist in meeting the duty the council will:
- Try to understand the diversity of our customers to improve our services.
 - Consider the impact of our decisions on different groups to ensure they are fair.
 - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
 - Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

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

19.4 Corporate Parenting

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

19.5 Consultation and Engagement

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

19.6 Insight

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

20 BACKGROUND PAPERS

20.1.1 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>

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