

	<h2>Adults and Safeguarding Committee</h2> <h3>15 March 2021</h3>
<p style="text-align: right;"><b>Title</b></p>	<p><b>Quarter 3 (Q3) 2020/21 Delivery Plan Performance Report</b></p>
<p style="text-align: right;"><b>Report of</b></p>	<p>Chairman of the Adults and Safeguarding Committee</p>
<p style="text-align: right;"><b>Wards</b></p>	<p>All</p>
<p style="text-align: right;"><b>Status</b></p>	<p>Public</p>
<p style="text-align: right;"><b>Urgent</b></p>	<p>No</p>
<p style="text-align: right;"><b>Key</b></p>	<p>No</p>
<p style="text-align: right;"><b>Enclosures</b></p>	<p>None</p>
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## Summary

This report provides a thematic overview of performance for Q3 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 Q3 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 health.
- 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.
- 1.3 This report provides a thematic overview of performance for Q3 2020/21 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2020/21.

### PRIORITIES 2020/21

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

### 3. Covid 19 and service delivery

- 3.2 The committee received regular reports on the recovery of core services following the first wave of the pandemic. There was a short term national lockdown in Q3 and London moved into tier 4 restrictions on 20<sup>th</sup> December towards the end of Q3. London also saw an increase in Covid infections and increased demand on the health and care system at the end of quarter 3. Services in general continued to operate throughout the quarter, with Covid secure arrangements in place.
- 3.3 The Council has worked closely with the NHS to support with the delivery of vaccinations to vulnerable people and front line social care staff as per the national guidance on prioritisation determined by the Joint Committee on Vaccination and Immunisation (JCVI).

This includes care home residents and staff, unpaid carers and all people with learning disabilities.

3.4 The COVID Vaccination programme for Barnet is being delivered from 6 designated GP practices; these sites have been mobilised with the ability to deliver both the Pfizer/Biotech vaccine and the Astra Zeneca/Oxford vaccine. All sites are vaccinating on the premises and have roving teams vaccinating in care homes and visiting housebound patients. In addition, of the 6 pharmacy sites in NCL offering the COVID vaccination, 5 of these are Barnet pharmacies delivering the Astra Zeneca/Oxford vaccine.

3.5 The table below sets out progress in vaccinating residents and staff in bedded care settings as of the end of February.

	Numbers of Settings	Total Residents	% of Residents Vaccinated	% of Staff Vaccinated
Care Homes	79	1918	87%	52%
Extra Care	5	213	54%	61%
Supported Living <sup>j</sup>	108	734	27%	42%

3.6 Across the wider social care workforce, staff and volunteers from contracted and non-contracted services including home care, voluntary sector services, children’s services, domestic abuse services, homelessness services and many others who work with children or adults vulnerable to Covid19 have been contacted to confirm they are eligible. We have identified nearly 9000 eligible care staff from across these services, who have all been offered the chance to book a vaccination appointment. Following extensive engagement with internal staff, providers and the wider community to promote uptake, we now have records of over 3,300 of these have already had the first dose of the vaccine. The actual number is likely to be significantly higher as it is the individual’s choice to share this information with their employer and the council. We are also supporting work to identify informal ‘unpaid’ carers and help them access the vaccine, as well as ensuring that all people with learning disabilities are offered the vaccine.

3.7 We are continuing to promote uptake through various communications channels, including specific and tailored engagement with those from BAME communities and targeted work with providers who have a significant number of staff not yet vaccinated. For example, the council has run regular information/Q&A sessions for social care staff over the course of the last three months with local GPs there to respond to questions. We have developed a toolkit for registered managers to support them to encourage uptake among their staff. Finally, the council has also developed a wide-ranging communications programme to help address vaccine hesitancy.

## 4. INTEGRATED CARE

4.1.1 . The integrated discharge team continued to operate 7 days per week. Funding from NHSE/I continued to pay the costs for care following a hospital admission, however the scheme was changed from 1 September, with packages from then on only funded for up to 6 weeks to allow for the completion of assessments outside of the hospital.

4.1.2 The Council has worked closely with the NCL CCG and the other four councils in the sub-region on a programme to assess individuals who left hospital during the pandemic. Following the re-instatement of Continuing Healthcare (CHC) in September 2020 there has been a need to ensure CHC and Care Act assessments are completed for the cohort of individuals who left hospital with NHS funded care between April and August 2020.

4.1.3 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 3 KPIs for this priority, which monitor integrated discharge. 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	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the period (pathway 0,1,2,3)		New for 20/21	Monitor	3,346	New for 20/21	New for 20/21	No benchmark available
Percentage of Hospital Discharges to Pathway 1		New for 20/21	Monitor	75.3%	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 6weeks	Bigger is Better	New for 20/21	Monitor	678	New for 20/21	New for 20/21	No benchmark available

## 5. PROMOTING INDEPENDENCE

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 the individual's independence, life skills and involvement in the community. The first Shared Lives carers have now been approved and three individuals have been enabled to remain with foster carers who have transferred to the Shared Lives scheme. Work is progressing to try and accelerate recruitment for the scheme although it has been slowed by Covid-19.

5.1.2 Adults with a learning disability have continued to be 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. Employment and training for people with a learning disability is now part of a shared programme of work with the council's Growth

team considering the opportunities and challenges posed by the impact of the pandemic on the local employment market. Work to reshape specialist employment services will be informed by this programme and will continue to support people with learning disabilities into apprenticeships and training and skills retention while also looking at ensuring greater access to universal support services for employment and training.

## 5.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Numbers of shared lives carers recruited	Bigger is Better	New for 20/21	New for 20/21	4	New for 20/21	New for 20/21	No benchmark available
Number of shared lives placements	-	New for 20/21	New for 20/21	3	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	291	↓	377.8	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	↓	6.2	CIPFA Neighbours 8.9 London 9.6 England 13.9 (NASCIS, 18/19)
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80%	82%	74.1 %	→	76.7%	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%	↑	75.9%	CIPFA Neighbours 72.8% London 71.4% England 77.6% (NASCIS, 18/19)

5.2.1 We have 6 KPIs under this priority. Two are new for 2020/21 and 4 KPIs are Green. The KPIs reflect the council's continued emphasis on strengths-based practice in adult social care and promoting independence. Permanent admissions for those over 65 is a cumulative measure and will increase as the number of permanent admissions increase

throughout the year. Most of the satisfaction measures collected from the national Adult Social Care User survey show 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

6.1.1 The service continues to work closely with the voluntary and community sector and other stakeholders to signpost to prevention support for people to stay active and more independent. Working alongside Family Services and local organisations who provide residents with financial advice and information, we rolled out the Covid Winter Grant. The £200K grant allocation for adults was distributed directly to residents via eight local organisations who offer support with longer term sustainable solutions to financial management, while providing vouchers to be used on food/fuel to our most vulnerable residents. This also contributed to the sustainability of the Essential Supplies Hub and to the Community Fund to enable smaller organisations to support those who it may be harder to reach.

### 6.2 KPIs

6.2.1 We have 5 KPIs to inform progress on Prevention. All new referrals are considered for signposting 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 Q3, 5.4% of referrals were signposted to the VCS. This reduction is due to the significant number of adults who accessed VCS services via the help hub set up to support the response to the pandemic. Performance against this measure has also been impacted by Covid-19 as many community & voluntary sector organisations were impacted by lockdown and were either closed or were operating with reduced capacity.

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	5.4%	↑	Not reported	Local Measure
People provided with information, advice and guidance	Bigger is Better	3,991	4,000	2,830	↑	3087	Local Measure
Number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	590	New for 20/21	New for 20/21	Local Measure
Total number of referrals to reablement service	Bigger is Better	408	500	643	-	326	Local Measure

Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Percentage of clients achieving desired outcomes within 42 days of reablement without need of any further support from ASC and are living independently in the community	Bigger is Better	84.5%	85%	79.2%		83%	Local Measure

## 7. SAFEGUARDING

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 Q3 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 Board meeting in Q3 focused on mental wellbeing. 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 updated our joint hoarding and self-neglect policy and are 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	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	1230	↓	1358	No benchmark available
Number of s42 enquiries started in the period	-	309	-	341	↑	272	
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	91.1%	New for 20/21	New for 20/21	No benchmark available



Indicator	Polarity	19/20 EOY	20/21 Target	Q3 20/21		Q3 19/20	Benchmarking
				Result	DOT	Result	
Making Safeguarding personal outcome framework – Percentage of desired outcomes that were fully or partially achieved?	Bigger is Better	New for 20/21	Monitor	87.8%	New for 20/21	New for 20/21	No benchmark available

## 8. LEISURE

- 8.1.2 Our leisure facilities re-opened in Q2 and remained open but then closed towards the end of Q3 as London entered Tier 4 restrictions. Finchley Lido Leisure Centre re-opened, including the swimming pools, on 28<sup>th</sup> September 2020. To ensure a safe service, the centres delivered a core programme offer which included: gym, group fitness, swimming and family swimming. The re-introduction of many other activities such as lessons, courses and 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. GLL continue to offer a 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 £110,892m. Of this, £11.998m is the impact of Covid, leaving an underspend of £3.525m or 3.4% of the budget at Q3.

### Revenue Forecast (Q3 2020/21)

Budget Area	20/21 Budget	Forecast outturn	Variance to revised budget (under)/over spend	Covid Impact	Revised variance (under)/over spend
	£'000	£'000	£'000	£'000	£'000
<b>Non-Placement Budget</b>					
ASC Prevention Services	2,265	2,746	481	0	481
ASC Workforce	16,009	17,600	1,591	1,197	394
<b>Sub-total</b>	<b>18,273</b>	<b>20,345</b>	<b>2,072</b>	<b>1,197</b>	<b>875</b>
<b>Placements Budget</b>					
Integrated Care - LD	33,073	32,365	(708)	0	(708)
Integrated Care - MH	9,399	10,293	893	0	893
Integrated Care - OA	32,376	32,188	(188)	4,308	(4,496)
Integrated Care - PD	9,920	9,834	(86)	0	(86)
<b>Sub-total</b>	<b>84,768</b>	<b>84,680</b>	<b>(88)</b>	<b>4,308</b>	<b>(4,396)</b>
Covid (support to the care market / HelpHub)	0	3,170	3,170	3,170	0



<b>Sub-total</b>	<b>0</b>	<b>3,170</b>	<b>3,170</b>	<b>3,170</b>	<b>0</b>
<b>Adults Social Care Total</b>	<b>103,041</b>	<b>108,195</b>	<b>5,154</b>	<b>8,675</b>	<b>(3,521)</b>
Leisure	(623)	2,696	3,320	3,323	(3)
<b>Leisure Total</b>	<b>(623)</b>	<b>2,696</b>	<b>3,320</b>	<b>3,323</b>	<b>(3)</b>
<b>Total Adults</b>	<b>102,418</b>	<b>110,892</b>	<b>8,473</b>	<b>11,998</b>	<b>(3,525)</b>

Projections for the Covid financial impact are as per below, as set out in the 7th return to the Ministry of Housing, Communities and Local Government (MHCLG) in December 2020.

Service Area	Covid-19 Impact	Category	
	£'000	Commentary	
Adults Social Care	1,691	Additional Demand (Net of CCG Funding for Early Discharge/client cont)	Demand
	1,292	Support to the Care Market - Residential (block voids)	Demand
	250	Homecare (pay on planned Apr-May)	Non-demand
	1,075	MTFS savings under pressure	Non-demand
	2,720	Supporting the Care market	Non-demand
	450	Help Hub	Non-demand
	1,197	Staffing	Non-demand
<b>Sub-total</b>	<b>8,675</b>		
Leisure	2,166	Commercial loss to GLL	Non-demand
	1,157	SPA Income pressure (MTFS)	Non-demand
<b>Sub-total</b>	<b>3,323</b>		
<b>Total</b>	<b>11,998</b>		

- 9.2 The main reason for the underspend in the committee's budget is the application of the national NHSE/I funding for post-hospital discharge care costs, which is forecast as £9.9 million at the end of quarter 3. Prior to the pandemic, the council would be responsible for funding the costs of post-hospital social care for those eligible under the Care Act and for the provision of enablement. The NHSE/I funding scheme ends at the end of March 2021, although up to 6 weeks of funding will be available for those discharged at the end of the month.
- 9.3 The Prevention cost centre includes voluntary sector funding, telecare and the costs of running the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) scheme. The overspend in this cost centre is mainly caused by the DoLS scheme. The overspend in the adult social care workforce cost centre is caused by structural issues including the impact of UPR and the vacancy factor plus costs associated with the service's response to the pandemic supported by Covid funding received into the authority.
- 9.4 The Leisure, Sports and Physical Activity budget is forecasting to overspend by £3.320m, 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 **£6.109m**, this reflects a reported underspend of £0.217m at Q3. For **Community Equipment** the reported underspend is being proposed as slippage over the next three years of the programme. In December 2020 the BCF bulletin announced a 13.5% increase to the 2020-21 **DFG grant**, therefore the increase is reflected in the forecast and the budget addition is being put forward for approval

### Capital Forecast (Q3 2020/21)

Capital Programme Description	2020-21 M9 Budget	2020-21 M9 Forecast	Variance
	£'000	£'000	£'000
Sport and Physical Activities	1,595	1,595	0
Community Equipment and Assistive Technology	1,110	550	(560)
Investing in IT	1,079	1,079	0
Disabled Facilities Grants Programme	2,542	2,885	343
<b>Total</b>	<b>6,326</b>	<b>6,109</b>	<b>(217)</b>

## 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 Q3) it has been captured on the MHCLG return, c. £2.3million
- Remaining savings to be delivered of c. £3.0million, of which c.£2.6m has already been delivered, including £1m in capitalisation and contract changes agreed last year that go into effect this year, plus BCF income.
- This leaves c£0.350m savings still to be delivered. These are higher risk savings and work is underway to deliver these.

Ref	Description of Savings	Savings for 2020/21 (£)	Comment
E1	YCB transformation	290,000	Impacted by Covid
E2	Prevention contracts	350,000	Achieved - over delivered
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	Impacted by Covid
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 for 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	
<b>Total Savings</b>		<b>5,317,000</b>	

## 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 Q3 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
- 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 Q3 Update
<p><b>STR22: Sustainability of VCS</b> 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>In Q3, the risk (including score) was reviewed to be a Corporate Strategy about the relationship with the VCS with overview split between Adults and Health and Strategy. The community participation strategy is exploring several ways of securing funding for the VCS.</p>
<p><b>AC002 Failure of a care provider:</b> 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"> <li>• Regular collection of information (PPE, Covid-19 cases, staffing levels, hospital admissions) to target support where it is needed most</li> <li>• Delivery of PPE to care providers where required</li> <li>• Developed a new One Care Home clinical in reach team approach, working with health colleagues to provide clinical support to care homes.</li> </ul> <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><b>AC044 Leisure:</b> 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. Finchley Lido re-opened on 28<sup>th</sup> September 2020. All centres remained opened to end of December until London tier-4 restrictions started and had to be closed.</p>
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## 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 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?CId=692&MId=10197&Ver=4>

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

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<sup>i</sup> 1<sup>st</sup> dose vaccination for cohort is currently underway