

	<p style="text-align: center;"><b>Adults and Safeguarding Committee</b></p> <p style="text-align: center;"><b>3<sup>rd</sup> June, 2021</b></p>
<p><b>Title</b></p>	<p><b>Quarter 4 2020/21 Delivery Plan Performance Report</b></p>
<p><b>Report of</b></p>	<p>Councillor Sachin Rajput – Committee Chairman</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Urgent</b></p>	<p>No</p>
<p><b>Key</b></p>	<p>No</p>
<p><b>Enclosures</b></p>	<p>Adults and Safeguarding Committee Recovery and Delivery Plan 2020/21</p>
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## Summary

This report provides a thematic overview of performance for Q4 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 Q4 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 2020/21 reflected 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 Q4 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**

- 3.1 During this reporting period the country was in lockdown and a further peak of the pandemic occurred. There was extremely high demand on social care and health services during January and high demand for care continued to the end of the year. Social care services in general continued to operate throughout the quarter, with Covid secure arrangements as previously reported to committee. Leisure centres were closed during the period.

## 4. INTEGRATED CARE

4.1.1 The integrated discharge team continued to operate 7 days per week, covering Barnet hospital, community hospitals and Barnet residents requiring support following discharge from other hospitals. Funding from NHSE/I continued to pay the costs for care following a hospital admission for up to 6 weeks. The service continued to see high demand for home care and reablement services during this period.

### 4.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 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	3876	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	75.8%	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	740	New for 20/21	New for 20/21	No benchmark available

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.

4.2.2 During the first six months of the pandemic it was challenging to ensure all reviews post-discharge were carried out in a timely fashion but performance significantly improved as the year progressed. Of the 3,876 discharges supported by the IDT, a proportion of these would have been health only and a number would not have required an on-going service beyond six weeks. The 740 discharges reviewed represents the majority of applicable cases with on-going support requiring a review. In the first months of the pandemic more review activity was carried out but was recorded in a more light-touch fashion given the very high demands on the service at the time and so is not counted in these totals.

## 5. PROMOTING INDEPENDENCE

5.1.1 Throughout the period, social care worked to support people to remain independent and living in their own home, in line with its strengths based practice

model. 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 an individual's independence, life skills and involvement in the community. Work is progressing to try and accelerate recruitment for the scheme although it has been slowed by Covid 19. The council has procured some peer support from another successful Shared Lives scheme to help accelerate recruitment in 21/22.

5.1.2 The number of new permanent admissions into residential and nursing care homes for older adults dropped in 20/21. This reflects the concerns of some individuals and their families about entering care homes during the pandemic. The rate reflects the large older population in Barnet. Very few adults move directly into residential or nursing care without first having support at home. Admission into a care home tends to follow a significant decline in physical mobility and / or the progression of dementia.

## 5.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 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	432.8	↓	502.6	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	11.8	↓	16.7	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%	82.1 %	↑	80%	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%

- 5.2.1 We have 6 KPIs under this priority. Two are new for 2020/21, 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 During Q4 Adults and Health re-commissioned a number of prevention services for our residents: Community Advice, Dementia Support, Care Act & Independent Health Complaints Advocacy.
- 6.1.3 There has been further development of the enablement service to allow all adults returning home with the potential to regain or increase their independence to access enablement and to support the new model of hospital discharge. The number of adults receiving support from the enablement service significantly increased in the second half of the year, with 1002 people receiving a service and 647 needing no on-going support from adult social care afterwards. The percentage of people who did not need ongoing support following enablement reduced compared to 2019/20. This was as a result of widening access to the service so that people with higher levels of need could get enablement support. Although these individuals did not always finish their enablement programme needing no support at all, they often were able to live more independently, with lower levels of support, than if they had not had enablement.
- 6.1.4 In quarter four, the work to improve the initial contact service for adult social care progressed, with Social Care Direct staff transferring from Capita to the council. A staff consultation was launched in the period, followed by changes to procedures, training for staff and much closer working with the prevention team to ensure adults receive the right preventative support as quickly as possible.

### 6.2 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Percentage of Adult social care Referrals signposted to VCS	Bigger is Better	8.9%	10%	5.4%	↓	8.9%	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
People provided with information, advice and guidance	Bigger is Better	3,991	4,000	3976	↑	3991	No benchmark available
Number of referrals from hospitals to reablement service	Bigger is Better	New for 20/21	Monitor	767	New for 20/21	New for 20/21	
Total number of referrals to reablement service	Bigger is Better	408	500	1002	-	-	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%	64.8%	↑	60%	No benchmark available

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 Q4, 5.4% 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.

6.2.2 The reablement service saw significant change in 20/21 that explains the change in those achieving desired outcomes in 42 days of reablement without need of any further support from ASC and are living independently in the community. In 20/21 the council determined it was better for nearly all adults requiring home based support to go through the service initially and hence widened access criteria, to ensure that all those who could benefit get the chance to do so. As such, the number of adults in receipt of enablement has significantly increased, as has the number achieving the desired outcomes in 42 days, but the proportion not requiring ongoing support has decreased..

## 7. SAFEGUARDING

### 7.1 KPIs

Indicator	Polarity	19/20 EOY	20/21 Target	Q4 20/21		Q4 19/20	Benchmarking
				Result	DOT	Result	
Number of safeguarding concerns received in the period	-	1735	-	1668	↓	1735	No benchmark available
Number of s42 enquiries started in the period	-	309	-	387	↑	309	
Making Safeguarding personal outcome framework – was the 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
Making Safeguarding personal outcome framework – Percentage of desired outcomes that were fully or partially achieved?	Bigger is Better	New for 20/21	Monitor	84.8%	New for 20/21	New for 20/21	No benchmark available

7.1.1 There are four KPIs for this priority. Despite an initial dip in concerns received during the first wave of the pandemic, the total number of concerns has remained relatively constant. The number of enquiries has increased as a result of the embedding of new ways of working in the adults MASH. This has seen quicker decision making on safeguarding concerns and more accurate recording of investigation work that led to no further action as an enquiry.

## 8. LEISURE

8.1.1 Our leisure facilities had closed towards the end of Q3, as London entered Tier 4 restrictions. In January 2021, the third national lockdown commenced and leisure centres remained closed throughout Q4. There were also restrictions on outdoor sports and physical activity.

8.1.2 Throughout the period GLL continued 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. The service was promoted on the Better website, social media and member newsletters. When restrictions on outdoor physical activity were eased towards the end of Q4, GLL began to offer outdoor, socially distanced, exercise classes.

## 9. BUDGET

- 9.1 The Revenue Outturn position (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £105.457m. Of this, £8.629m is the impact of Covid, leaving an underspend of £4.867m or 4.7% of the budget at year end.

### Revenue Final Outturn Position 2020/21

Budget Area	20/21 Budget	Final 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	2,264	2,653	389	0	389
ASC Workforce	16,097	17,392	1,295	1,104	191
<b>Sub-total</b>	<b>18,361</b>	<b>20,045</b>	<b>1,684</b>	<b>1,104</b>	<b>580</b>
<b>Placements Budget</b>					
Integrated Care - LD	33,073	30,160	(2,913)	0	(2,913)
Integrated Care - MH	9,399	8,668	(731)	0	(731)
Integrated Care - OA	32,376	34,156	1,780	3,323	(1,543)
Integrated Care - PD	9,920	9,856	(64)	0	(64)
<b>Sub-total</b>	<b>84,768</b>	<b>82,840</b>	<b>(1,928)</b>	<b>3,323</b>	<b>(5,251)</b>
<i>Covid (non-demand)</i>	<i>0</i>	<i>1,237</i>	<i>1,237</i>	<i>1,237</i>	<i>0</i>
<b>Sub-total</b>	<b>0</b>	<b>1,237</b>	<b>1,237</b>	<b>1,237</b>	<b>0</b>
<b>Adults Social Care Total</b>	<b>103,129</b>	<b>103,280</b>	<b>993</b>	<b>5,664</b>	<b>(4,671)</b>
Leisure	(592)	2,177	2,769	2,965	(196)
<b>Leisure Total</b>	<b>(592)</b>	<b>2,177</b>	<b>2,769</b>	<b>2,965</b>	<b>(196)</b>
<b>Total Adults</b>	<b>102,537</b>	<b>105,457</b>	<b>3,762</b>	<b>8,629</b>	<b>4,867</b>

Final costs for the Covid financial impact are set out below, as set out in the final year end return to the Ministry of Housing, Communities and Local Government (MHCLG) in March 2021.

Service Area	Covid-19 Impact	Category	
	£'000	Commentary	
Adults Social Care	1,781	Additional Demand (Early Discharge)	Demand
	1,292	Support to the Care Market - Residential (block voids)	Demand
	250	Homecare planned	Non-demand
	1,237	Supporting the Care market	Non-demand
	1,104	Staffing	Non-demand
<b>Sub-total</b>	<b>5,664</b>		
Leisure	1,808	Commercial loss to GLL	Non-demand
	1,157		Non-demand
<b>Sub-total</b>	<b>2,965</b>		
<b>Total</b>	<b>8,629</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 has been claimed at £12.9 million for the full financial year. 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.

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.

9.5 The Leisure, Sports and Physical Activity budget overspent by £2.769m, 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. However, this has been addressed through the application of central government funding.

9.6 Non-ringfenced Covid financial impact has reduced from quarter 3 due to the announcement of specific grant funding to support the care sector i.e. additional infection control fund, rapid testing fund and workforce capacity grants.

9.7 The Capital outturn for areas within the committee's remit is £4.817m, this reflects a reported underspend of £1.292m at outturn. For Investing in IT, the underspend is proposed for slippage into next year financial year to support the delivery of the next phase of Mosaic development. For Community Equipment the reported underspend is being proposed as slippage over the next three years of the programme, as it is anticipated that demand will rise after the pandemic. In December 2020, a 13.5% increase to the 2020-21 DFG grant was announced, therefore the increase is reflected in the forecast and the budget addition is being put forward for approval.

The underspend now showing will also be slipped into 21/22 and will be needed to complete delayed work because of the pandemic.

## Capital Outturn

Capital Programme Description	2020-21 Final Budget	2020-21 Final Outturn	Variance
	£'000	£'000	£'000
Sport and Physical Activities	1,595	1,550	(45)
Community Equipment and Assistive Technology	550	443	(107)
Investing in IT	1,079	699	(380)
Disabled Facilities Grants Programme	2,885	2,125	(760)
<b>Total</b>	<b>6,109</b>	<b>4,817</b>	<b>(1,292)</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 final year end position is as follows:

Note: Where savings delivery has been directly affected by Covid it has been captured on the MHCLG return, c£1.4 million.

Ref	Description of Savings	Savings for 2020/21 (£)	Comment
E1	YCB transformation	290,000	Impacted by Covid
E2	Prevention contracts	350,000	Achieved -
E3	Telecare overheads	155,000	Achieved
E4	Reduction in printing costs	15,000	Achieved
E5	Nursing care costs	150,000	Achieved
I1	Better Care Fund	150,000	Achieved
I2	Prepaid cards and Direct Payments	250,000	Achieved
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	Achieved
I6	Additional client contributions	200,000	Achieved
I7	Additional capitalisation	1,000,000	Achieved
R1	OPPD reviews	400,000	Achieved
R2	Telecare savings	200,000	Achieved

R3	Support for working age adults (LD)	550,000	Achieved
R4	Mental health reviews	300,000	Achieved
<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 Q4 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 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 Q4 Update
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<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>.</p> <p>In Q4, 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</p>	<p>The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not</p>

<p>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>being fulfilled resulting in possible consequences to service delivery and finances. Facilities have been operating as much as possible throughout the pandemic period and offering online and outdoor activities when buildings had to be closed. 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>
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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 N/A

## **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 Adults and Safeguarding Committee 17<sup>th</sup> September 2020, Quarter 1 Recovery and Delivery Performance Report (item 9)

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10203&Ver=>

20.2 Adults and Safeguarding Committee, 23 November 2020, Quarter 2 Recovery and Delivery Performance Report (item 8)

[8https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10204&Ver=4](https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10204&Ver=4)

20.3 Adults and Safeguarding Committee 15<sup>th</sup> March 2021, Quarter 3 Delivery Plan Performance Report (item 9)

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=10205&Ver=4>