

	<h2>Adults and Safeguarding Committee</h2> <h3>14 September 2021</h3>
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Title	The impact of the pandemic on the adult social care provider sector and the adult social care voluntary sector
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Report of	Councillor Sachin Rajput – Committee Chairman
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Wards	All
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Status	Public
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Urgent	<i>No</i>
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Key	<i>No</i>
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Enclosures	
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Officer Contact Details	<p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk</p> <p>Jess Baines-Holmes, Director of Integrated Commissioning jess.baines-holmes@barnet.gov.uk</p> <p>Sam Jacobson, Interim Head of Care Quality Sam.jacobson@barnet.gov.uk</p> <p>Sarah Perrin, Head of Commissioning, Mental Health and Dementia Sarah.perrin@barnet.gov.uk</p>
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Summary

This report provides an overview of the impact of Covid-19 on care providers and the adult social care voluntary and community sector. It also covers the ways in which the Council and partners have worked together to mitigate these and future support arrangements.

Officers Recommendations

The Adults and Safeguarding Committee is asked to note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to adult safeguarding and adult social care.
- 1.2 The council has duties under the Care Act 2014 to help develop a market that delivers a range of sustainable, high quality care and support services for residents. Additional Guidance and Regulations have been issued in respect of care home provision.
- 1.3 The Covid-19 pandemic has had a significant impact on providers of care and support and the voluntary and community sector in Barnet and across the country. Adult social care and voluntary and community sector partners work with some of those most vulnerable to Covid-19.
- 1.4 Barnet has a large and diverse care and adult social care voluntary and community sector, with a range of different providers delivering support to our residents:
 - Barnet has one of the largest care sectors in London, including the most registered care beds for older people in London, with 2636 beds as of 1 July 2021.
 - There are 81 Care Quality Commission (CQC) registered care and nursing homes in Barnet. Barnet has the largest care home sector (for older people and working age people) in North Central London (NCL).
 - There are over 200 CQC registered community providers, including home care, supported living and extra care agencies.
 - Our registered care sector includes a mixture of larger operators who operate pan-London and / or nationally, and smaller sole businesses.
 - In addition, there are a number of non-CQC registered services, often run by the voluntary and community sector, which provide community-based support, such as day centres, community activities, information & advice services and a range of wellbeing support, which has proved of vital importance during the pandemic.
 - In addition to services and organisations that the council directly commissions, Barnet has a vibrant and diverse voluntary and community sector with over 1,400 voluntary and community sector organisations operating within the borough.
- 1.5 As a result of the pandemic, providers of regulated care and the voluntary and community sector had to fundamentally change the way in which they operate to protect and support Barnet residents.
- 1.6 This report describes the impact of Covid-19 on the registered care sector and workforce in four core areas, as set out below.
 1. Cases and deaths
 2. Changes in demand
 3. New responsibilities and requirements
 4. Workforce impacts

1.7 This report also describes the impact of Covid-19 on Barnet's social care Voluntary and Community Sector and how the council has and will continue to work in partnership with our voluntary and community sector to mitigate the longer-term impacts of Covid 19 wherever possible.

2. THE IMPACT OF COVID ON THE CARE AND VOLUNTARY AND COMMUNITY SECTORS

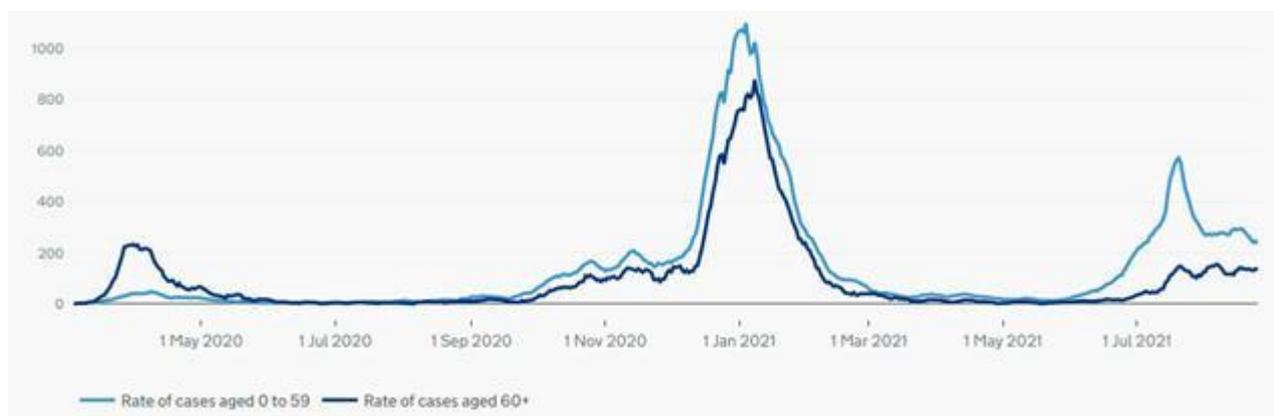
2.1 Cases and Deaths

2.1.1 In line with national trends, care providers (particularly care homes) have been disproportionately impacted by the virus when it comes to outbreaks, hospitalisations and most tragically, deaths. This was particularly marked between April 2020 and February 2021. Since March 2021, the increased availability of the Covid-19 vaccine, coupled with regular testing of residents (including on admission to care homes) and staff and general reductions in transmission rates in the wider population (compared to the earlier waves of the pandemic), has resulted in the rate of outbreaks in care settings declining. The data below is taken from weekly reporting via the Council's Public Health team on our website: [Barnet weekly COVID-19 dashboard | Barnet Council](#)

Fig 1 – cases in care settings (published on Barnet Council website)

Cases in care settings	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22
Staff	6	29	249	337	12
Residents	63	40	170	239	2

Fig 2 – cumulative cases in Barnet from nationally published data: [Cases in Barnet | Coronavirus in the UK \(data.gov.uk\)](#)

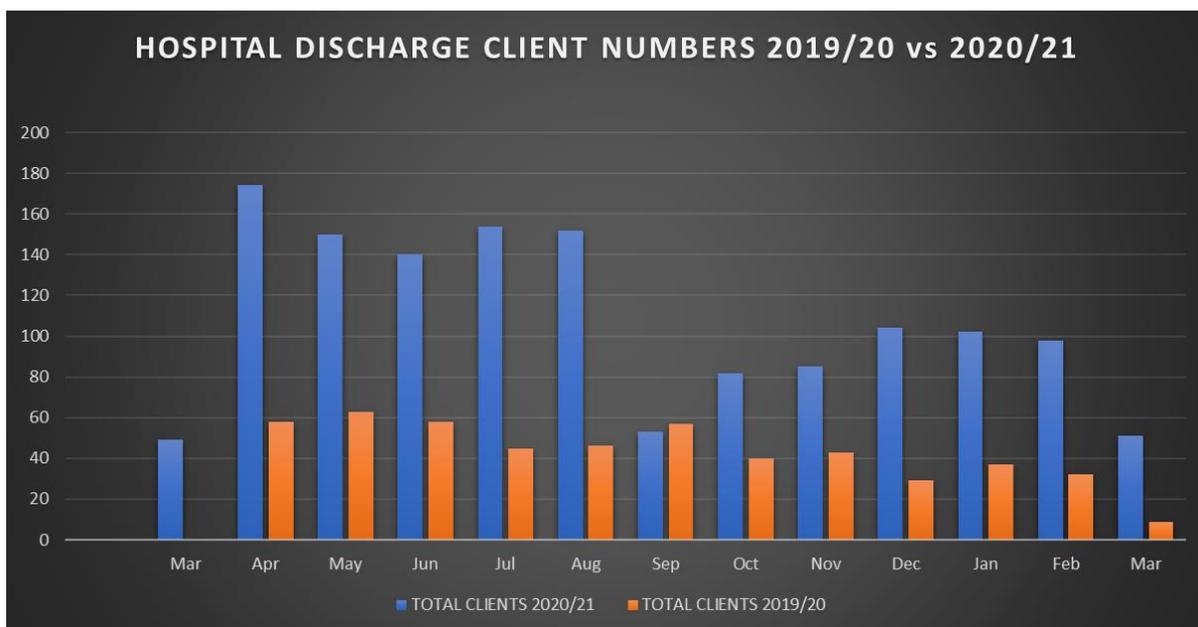


2.1.2 Between 1 January 2020 and 27 June 2021, there were 145 deaths in care homes in Barnet related to Covid-19. Every death is a sad loss. This number represents 15.2% of all the Covid-19 deaths in Barnet. In England, there have been 33,373 deaths in care homes, representing 22.7% of all Covid-19 deaths. This suggests a proportionately smaller number of deaths in care homes linked to Covid-19 in Barnet.

2.1.3 Where care providers have experienced outbreaks, the council (between the Care Quality Team and Public Health) have coordinated responses to outbreaks locally. After each outbreak, support has been put in place from Care Quality, Public Health and the One Barnet Care Home team (nurse-led clinical in-reach team commissioned by North Central London Clinical Commissioning Group and provided by Central London Community Healthcare) to ensure providers are following guidance and that correct infection prevention and control (IPC) procedures are in place.

2.2 Changes in Demand

2.2.1 As a direct result of pressures on hospitals due to Covid-19 in 2020-21, demands on the care sector increased markedly during this period. The table below comparing discharges from hospital in 2019-20 and 2020-21 illustrates this:



2.2.2 The care sector has responded well to these increases in activity and has worked incredibly hard to provide support in a timely manner, to facilitate discharge. Care providers have needed to work at a significantly faster pace, responding to the need to support hospitals. This has meant putting in place home care and facilitating new admissions and returns to care homes in rapid time, 7 days a week. There has been a significant growth in home care provision following admission to hospital, with an increase in hours of care commissioned by the council. In 2020-21, there was a 28% increase in the number of hours of homecare commissioned for adults aged 65 and over with physical support needs (based on the 2021 Adult Social Care Finance Return)

2.2.3 The impact of the pandemic on care home usage is significant. Occupancy levels in Barnet care homes decreased, as shown in the table below, linked to both the sad losses of residents to Covid and reluctance of people and families for new care home placements, given the restrictions in homes and concerns about Covid 19. However, we are now seeing a return to pre-pandemic occupancy rates in care homes. A high proportion of our vacancies in Barnet care homes are across two recently opened homes (60+ vacancies). The table below breaks down occupancy across the rest of the sector using data taken from NHS Capacity Tracker (as of 26 August 2021).

Vacancy type	Avg % occupancy April 2020	Avg % occupancy December 2020	Avg % occupancy August 2021 (excl. 2 recently opened homes)
General residential	90%	79%	94%
General nursing	90%	78%	83%

2.3 New Requirements

The care sector has also had to fundamentally change the way it operated in response to the pandemic. The section below outlines the core changes providers have faced and how the Council has supported the sector.

On 28 May 2020 the Council wrote to the Department for Health and Social Care (DHSC) outlining the range of support offered to the sector. This is available here:

https://www.barnet.gov.uk/sites/default/files/barnet_system_care_home_support_plan_290520.pdf.

The section below summarises some of this support over the lifetime of the pandemic to date.

Personal Protective Equipment (PPE) and infection prevention & control (IPC)

- 2.3.1 At the outset of the pandemic, care providers were issued guidance on use of PPE, for which there were well publicised supply shortages at a London and national level. Providers were also advised to follow infection prevention control (IPC) guidance from Public Health England, which changed during the course of the first 6 months of the pandemic as the national understanding of the virus increased. To support providers with this, the Council (with CCG partners) have run a range of webinars on outbreak management, infection control and changes to IPC guidance throughout the pandemic.
- 2.3.2 The Council set up a PPE supply hub to support the Barnet care sector in early March 2020 and supplied PPE at no cost, as well as providing £500,000 of funding to providers for PPE costs. This was in response to providers informing the council of difficulties in securing PPE themselves. Approximately 1.7 million items of PPE were issued by the Council between March and August 2020. This meant that providers in Barnet were able to access sufficient PPE from early on in the pandemic.
- 2.3.3 In September 2020, social care providers were given access to no-cost PPE through the national PPE portal which until then had been for the NHS only. These two mechanisms have ensured that care providers had adequate PPE throughout the pandemic.
- 2.3.4 From September 2020, demands on the Council reduced. However, the Council continues to act as a supplier of last resort should providers encounter issues with national supply routes. Free PPE through the national portal will continue to be available to care providers until March 2022.

Funding

- 2.3.5 The IPC protocols and use of PPE have increased costs for our care providers. These additional costs have been addressed through a combination of local measures taken by Barnet Council and national schemes. Since the start of the pandemic, the council has provided additional financial support to care providers. The council afforded all care homes grant payments equivalent to a 5% uplift in commissioned rates in April 2020, until DHSC introduced national grants to meet the additional costs of infection control measures in homes, which the Council has quickly passported to care providers in line with guidance.

2.3.6 The Council also paid home care agencies based on total hours of care commissioned rather than actual care delivered from the beginning of the pandemic until the advent of national grants, in order to provide income security. £6m was passed to providers through these two sources of funding. The Government recently announced the continuation of infection control and rapid testing funding to support the care sector with additional costs associated with new Covid-19 burdens (a further c£1.57m for Barnet care providers) until September 2021.

Testing

2.3.7 Until July 2020, frequent testing for staff and residents in care settings (starting from care homes) was not available nationally. This created challenges for care providers to manage transmission rates.

2.3.8 Ahead of the establishment of the national testing portal, Barnet Council was able to gain early access to PCR testing through our good working relationships with the NHS in north central London. This gave access to the mass testing sites and the hospital-based sites, set up for NHS staff. Circa. 150+ care providers (over 5000 tests) were provided via this route between April and July 2020. This allowed care providers to identify Covid-positive staff and residents and instigate isolation protocols as necessary.

2.3.9 The following testing regimes were recommended for all care settings from 2 July 2021, and are available via the national portal. Regular testing for care homes was initially announced in July 2020, in November 2020 for home care and December 2020 for extra care and supported living settings. Further detail is available here: [Coronavirus \(COVID-19\) testing for adult social care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/coronavirus-covid-19-testing-for-adult-social-care-settings)

2.3.10 Care Homes: Care homes now test asymptomatic staff twice weekly with Lateral Flow Tests (LFTs) and once weekly using Polymerase chain reaction (PCR) tests and residents monthly via PCR tests, and there are testing regimes in place for visitors to help manage transmission rates. Where there are outbreaks, the frequency by which residents and staff are tested increases.

2.3.11 Home Care: home care staff are tested once a week with PCR tests.

2.3.12 Extra Care and Supported Living: these settings now test asymptomatic staff twice weekly with LFTs and once weekly using PCR tests and residents monthly via PCR tests

2.3.13 Day Centres: these settings now test asymptomatic staff twice weekly with LFTs and once weekly using PCR tests. Testing is optional for service users.

Workforce Impacts

2.3.14 Nationally, the UK-wide Covid-19 Health and Social Care Workforce Study (conducted between May and July 2020 by the Health and Social Care Workforce Research Unit at Kings College London) showed that the care workforce reported higher levels of stress during the pandemic. This resulted from working longer hours, dealing with increased pressures at work and having to cope with significant loss and grief.

2.3.15 We know from daily conversations with registered managers and staff that these pressures have also taken their toll on staff in care settings in Barnet. Locally, our registered managers network has continued to support each other during the pandemic, and a number of additional sub-regional groups and networks have been established to provide peer support. Support sessions to help staff cope with loss and grief have also been offered to care providers from local Trusts and voluntary sector partners.

2.3.16 This support includes 'Keeping Well NCL', a partnership between Tavistock and Portman NHS Foundation Trust (TPFT), Camden and Islington NHS Foundation Trust (C&I) and Barnet, Enfield and Haringey Mental Health Trust (BEH) to deliver wellbeing and psychological support for health and care workers. This offer, available from the first wave of the pandemic includes:

- A multi-disciplinary clinical team (drawn from organisations across NCL) who are focused on proactive outreach to partner organisations to encourage staff to seek support when required
- The establishment of reflective groups across organisations and work to build capacity within staff to sustain these moving forwards

2.3.17 In addition to the impact on staff, we know that the pandemic has also been especially challenging for the relatives and informal carers of residents in receipt of care and support. Restrictions on visiting have limited the extent to which loved ones can see residents in care homes and other building-based care settings. Moreover, particularly during waves 1 and 2 of the pandemic where rates of cases and outbreaks were higher, some care homes have at different times had to restrict visits to only those visiting from essential NHS services, or relatives visiting a resident at the end of their life. Where visits could happen, these were with social distancing in place. The restrictions, whilst important in terms of infection preventions, have had significant impact on residents of care homes and their families.

2.4 **Future impacts and ongoing efforts to support the care sector**

2.4.1 Whilst the wider population have seen many Government restrictions ease, the care sector has continued to operate in broadly the same way since 19 July 2021. As such many of the impacts outlined above remain true, particularly the continued need for care staff to wear PPE and follow social distancing and other IPC rules.

Covid 19 vaccination

2.4.2 The priority for the Council and the care sector is to ensure that care staff and residents are vaccinated with both doses to ensure they have the additional protection this affords against the virus.

2.4.3 The Council and partners (the NCL CCG, CLCH, partner Trusts) have and will continue to offer a range of support to care providers to encourage and support residents and staff to get vaccinated, including:

- Proactively offering £50 for each care worker receiving two doses of the vaccine – to cover costs and time
- Offer of 1:1 appointments with local GPs and health consultants to discuss individual concerns and relay clinical advice
- Roving visits from a ‘vaccine bus’

2.4.4 As of 1 September 2021 (based on NHS Capacity Tracker), 88% of care home staff have received their first dose and 76% have received both doses. In addition, 78% of home care staff have received their first dose and 65% have received both doses (based on the London ADASS Market Insight Tool).

2.4.5 Following a consultation and the passing of regulations, Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021) and Guidance, it will become mandatory for those working in or visiting a care home to be fully vaccinated from 11th November 2021. The Government have recently confirmed that all staff *“must have their first dose by Thursday 16 September to allow the eight-week gap between doses and ensure they are fully vaccinated by Thursday 11 November.”* The Government also intends to consult on extending this requirement to wider social care and NHS staff.

2.4.6 There are some limited exemptions to these regulations. Residents of care homes are not required to have the vaccine (although 91% of Barnet residents have received both doses) and further exemptions apply to those who for clinical reasons should not be vaccinated, to friends or relatives visiting a care home resident and to members of the emergency services.

2.4.7 All Care Homes are currently in the process of encouraging staff to take the vaccine, should they remain hesitant, and drawing up contingency plans should certain staff leave the sector. The Council has advised all care homes to develop a revised business continuity plan by 16 September in response to the new regulations. In addition, the Council and partners will offer support to homes where needed with recruitment should they encounter workforce shortages. Support available includes:

- (Re-)Promotion of use of the pan-London recruitment portal for the care sector, Proud to Care (originally set up by the 5 north London councils and rolled out across London to assist the pandemic response), to encourage job seekers to look at the portal for jobs
- Working with BOOST Employment and Financial Support service in Barnet to support with matching applicants to care home vacancies
- Liaison with Proud to Care London pipeline to direct these candidates to care homes
- With the 4 other north London councils, running a social care recruitment event in September

Changing Guidance

2.4.8 From the 19 July 2021, visiting restrictions on building-based care providers (care homes, extra care settings, supported living settings) were lifted and care providers can allow multiple visits a day. Care setting residents do not have a cap on the number of designated visitors they can receive. We have supported providers to follow this new guidance, and

we are monitoring how providers are safely admitting new residents on an on-going basis via the Council's Integrated Care Quality team.

2.4.9 In addition, from 16 August 2021, double-vaccinated people in England are no longer required to self-isolate. This applies to staff working in the care sector, but on condition that they have a negative PCR test and are asymptomatic before they return to work, and undertake an LFT test every day for 10 days after their last contact with the case.

2.4.10 In order to monitor and respond to any risks this poses to care residents and staff, the Council's Integrated Care Quality and Public Health teams are meeting regularly to keep a close watch on levels of staff self-isolating and on case numbers generally.

2.5 The impact of Covid-19 on Barnet's Voluntary and Community Sector

2.5.1 The impact of Covid-19 on the voluntary and community sector nationally has been significant and this is no different for those local organisations who provide support and services in relation to adult social care.

2.5.2 From the early weeks of the pandemic, community and voluntary organisations stepped up to help communities deal with the impact of the coronavirus. Their specialist knowledge and expertise was crucial in helping people in need, supporting the health and social care system and by supporting those affected by the socio-economic consequences.

2.5.3 Local voluntary and community sector organisations reported concern both to the council and local infrastructure organisations regarding the financial risk they were under, as income from fund raising and income generating activities reduced. The National Council for Voluntary Organisations (NCVO) reported that, nationally, organisations lost out on an estimated £4bn of charity funding in the first 12 weeks of the pandemic.

2.5.4 A Chartered Institute of Fundraising (CioF) survey found that 44% of voluntary sector organisations in the UK were experiencing issues with cashflow and reported concern that they would be penalised for under performance against public sector contracts, through an inability to deliver the specified services.

2.5.5 As the pandemic progressed there was also an increase on residents approaching commissioned and non-commissioned wellbeing and peer support services, seeking help with welfare benefits, financial issues and mental health. There was also increased demand on providers who offer advice and guidance from those who needed access to foodbanks or support with bills or essential supplies.

2.6 The Council's work with the sector and response to the impact.

2.6.1 Recognising the importance of working effectively with the voluntary and community sector, work began in March 2020 to develop a partnership with local VCS partners to establish the Barnet Covid 19 Community Response Programme. The programme was led by Adult Social Care and delivered through a partnership of Council officers, voluntary and community sector organisations and North Central London CCG.

- 2.6.2 Barnet Together - the borough's leading strategic voluntary and community sector partnership (comprising Inclusion Barnet, the Young Barnet Foundation and Volunteering Barnet) established the Community Response Fund in early March 2020 and brought together partners across the voluntary and community sector to work with the council.
- 2.6.3 Council adult social care leads formed part of the Community Response Programme Board and worked with the council's commissioned providers to ensure, wherever possible, that commissioned VCS services could be transitioned effectively into virtual and online offers. This included delivery of welfare checks and providing additional support to the borough's residents as required. Where gaps in support were identified, the leads worked with providers to increase capacity, commissioning specific targeted Covid-19 support as required.
- 2.6.4 Funding to commissioned providers under existing contracts was protected and the performance monitoring regime moved to light touch and proportionate, recognising the importance of sustaining these key sector providers and enabling them to provide a range of more flexible support solutions and services.
- 2.6.5 The nature of the close working relationship with Barnet Together and the council's commissioned providers, also enabled the council to maintain oversight of the issues that the local sector was experiencing throughout the pandemic, particularly in relation to funding.
- 2.6.6 Voluntary and community organisations were often best placed to work with those in the community who most needed the support, so that wherever possible, adult social care commissioning or funding opportunities were focused on the voluntary & community sector. Wellbeing services and support for residents were commissioned through local sector providers, Age UK Barnet, Community Barnet and Barnet Mencap. Additional services for residents with sensory impairment were commissioned through Middlesex Association for the Blind and Hearing Connect.
- 2.6.7 There were also a range of routes that voluntary and community sector providers could access to support with sustainability funding or where they recognised local community need.
- Council Sustainability Fund - £100,000 available through applications made directly to the council to help local voluntary and community groups whose sustainability was threatened.
 - Barnet Community Response Fund - £125,000 of council funding alongside a further circa £100,000 of public donations to support initiatives by the sector in response to the effect of the pandemic on the local community. This is now in wave 14 of funding applications.
 - Community Innovation Fund - £250,000 funding from the Barnet Integrated Care Partnership (funded by the council, Royal Free London and Central London Community Healthcare) targeted at initiatives developed by the sector, addressing challenges that were impacts of the pandemic.
 - There were also a range of business grants distributed by the council which any Barnet based organisation could apply for.

- 2.6.8 The Council's PPE supply hub established in March 2020 to support the care sector also offered support to Barnet's VCS, supplying PPE at no cost to them where required. This was in response to providers informing the council of difficulties in securing PPE themselves.
- 2.6.9 The pandemic has had a significant impact on the adult social care voluntary and community sector but has also revealed some positive developments that can be carried forwards, including new ways of working and delivering services, stronger partnerships and a surge of volunteers.
- 2.6.10 The voluntary and community sector in Barnet were and continue to be instrumental in mitigating the impacts of Covid-19 on residents. To ensure that we continue to work effectively with the voluntary and community sector, Barnet Together will shortly be completing a 'state of the sector survey' which will inform future planning and support.
- 2.6.11 Alongside this, the Adults and Health Prevention and Wellbeing Team continue to work closely with Barnet's voluntary and Community Sector (VCS) facilitating quarterly Adults VCS Forums and regularly engaging with our community partners. The Adults and Health Prevention and Wellbeing Team is also expanding this financial year with ambitions to further support the development of more sustainable community resources and working more closely with smaller community based voluntary and community sector organisations.
- 2.6.12 Adults and Health are currently developing an action plan to support mitigating the longer-term impact of Covid 19 and to support the development of this, significant engagement will be carried out with Barnet's voluntary and community sector.

3 REASONS FOR RECOMMENDATIONS

- 3.1 At a previous meeting, the Adults and Safeguarding Committee agreed to receive a report on the impact of the pandemic on care providers and the voluntary & community sector in Barnet.

4 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 None.

5 POST DECISION IMPLEMENTATION

- 5.1 None.

6 IMPLICATIONS OF DECISION

- 6.1 The council's support to the care sector and VCS in Barnet support the achievement of the council's corporate plan aims under the healthy and thriving themes. As noted at the beginning of this report, the council has duties under section 5 of the Care Act 2014 to support the care market.

6.2 The approach to working with the voluntary and community sector has also delivered the aims of the council's Community Participation Strategy. It also informed the further development and future direction of the strategy, as highlighted in the iteration which was presented to Community Leadership and Libraries Committee in June this year ([Community Participation Strategy](#)).

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

7.1 Relevant financial information is contained within the body of the report.

8 SOCIAL VALUE

8.1 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. The report has set out how the council has worked with local care and voluntary providers, using the council's procurement framework, to secure support for residents during the pandemic.

9 LEGAL AND CONSTITUTIONAL REFERENCES

9.1 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:

- i. Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- ii. 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.
- iii. To receive reports on relevant performance information and risk on the services under the remit of the Committee.

9.2 The Local Authority has a duty under s 5 of the Care Act 2014 to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area.

9.3 The Government has issued guidance to support the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 and is set out in Coronavirus (COVID-19) vaccination of people working or deployed in care homes: operational guidance (Updated 16 August 2021) The timeline requires that eligible workers should receive their first vaccination by 16th September 2021

10 RISK MANAGEMENT

10.1 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

11 EQUALITIES AND DIVERSITY

11.1 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.

11.2 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.

11.3 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.

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

12 BACKGROUND PAPERS

None