

	<h2>Adults and Safeguarding Committee</h2> <h3>14 September 2021</h3>
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Title	<h2>Quarter 1 (Q1) 2021/22 Delivery Plan Performance Report</h2>
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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	No
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Key	No
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Enclosures	
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Summary

The committee receives a performance report each quarter updating on progress, performance and risk against its priorities. This report provides a thematic overview of performance for Q1 2021/22, focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Delivery Plan.

Officers Recommendations

The Committee is asked to review the performance, budget and risk information for Q1 2021/22 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.

1. INTRODUCTION

- 1.1 The Barnet Plan sets out four priorities for the borough, these are: thriving, family friendly, healthy and clean, safe & well-run. The Adults and Safeguarding (A&S) Committee is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care, sports, physical activity & leisure and works with partners on the Health and Wellbeing Board (HWB) to ensure that social care interventions are effectively joined up with healthcare. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender-based violence, and tackling the longer-term impacts of Covid-19.
- 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 on-going 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 Q1 2021/22 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2021/22.

2. DELIVERY PLAN PRIORITIES 2021/22

2.1 Pandemic response and easing of restrictions

- 2.1.1 The Council's adult social care service continued to carry out its full range of functions, such as assessing and meeting need, safeguarding, Mental Health Act and Mental Capacity Act 2005 duties, and supporting the care market. The service has continued to respond and adapt as new guidance emerges. Following the easing of restrictions in the spring and in line with guidance, in-person social work was reinstated in the assessment, care planning, safeguarding and review processes subject to risk assessment and infection, prevention and control (IPC) guidance. Similarly, the Care Quality team began carrying out in-person visits to care homes. The majority of the respite and day support offer was reinstated in this period.
- 2.1.2 Throughout quarter 1, adult social care services were still very much focused on responding to the pandemic. This included the continuation of the integrated discharge process (detailed below in 2.2.1.1), continued support to care providers, working on the Covid 19 vaccination programme (especially relating to social care workers and people who draw on social care) and on-going shared leadership with NHS partners of local activity. In common with NHS partners, adult social care saw an increase in demand in Q1, as restrictions were eased. This included supporting greater numbers of residents to leave hospital with care and support, rising demand from the community for new or increased needs and additional demand in the mental health system.
- 2.1.3 In sports, physical activity and leisure, Q1 saw the re-opening of indoor leisure facilities on the 12th April and the resumption of activities (with Covid secure arrangements in place). The council's team has focused on supporting the re-opening of services and activities across the borough.

2.2 Bringing health and care together

There are a range of integrated health and care services in Barnet already. In Q1, the Council worked with health and VCFS partners to develop the Barnet Integrated Care Partnership (ICP). This included extending the range of projects and initiatives that come under its remit, implementing new programmes of work and developing its governance in preparation for the implementation of a statutory Integrated Care System (ICS).

2.2.1 We have continued to facilitate high numbers of discharges from hospital (with increased activity compared to the last three years) using the four weeks of national funding to facilitate recovery within community settings. 657 discharges were facilitated in Q1 of this year (approx. 220 cases per month, compared to 175 previously). 85% of discharges were of people not previously known to social care.

2.2.2 We have worked with primary care network 5 (covering Golders Green, Hendon, Brent Cross, Childs Hill and West Hendon), to implement a new model of community based multi-disciplinary dementia support for people with dementia and their carers. This involves a specialist dementia nurse, input from the council's specialist dementia support team, and the implementation of multi-disciplinary case management (MDT). This is currently in the pilot stage and work is underway to look at aligning the model with the PCN 2 Frailty MDT to create an efficient and patient focused model across Barnet

2.2.3 We have been developing a health improvement and prevention approach to address health inequalities in BAME communities, building on work initiated through the Covid 19 vaccination programme. Childhood immunisations and Cardiovascular Disease prevention have been identified as the two areas of short-term focus, with an emphasis on building trust in the community & reaching targeted high-risk populations to reduce the equality gaps. The programme aims to take a population health approach as recommended for ICPs by NHSE/I concentrating on a holistic approach to health and wellbeing and addressing the wider determinants of health through engaging communities in neighbourhoods.

2.2.4 In further developing integrated care, the Council is looking to achieve improved access to services for residents and improve health outcomes.

2.2.5 Key performance indicators for this priority monitor demand coming from hospital pathways into social care and the cumulative number of clients with joint funding (CHC) arrangements. These are local measures based on the national discharge to assess health and care pathways established in 2020-21. The first indicator (Total number of Hospital discharges in the year (pathway 0,1,2,3) includes health data of those residents supported to leave hospital without social care support. We do not have accurate data for this measure for last year as the integrated discharge team was just being established.

Indicator	Polarity	20/21 EOY	21/22 Target	Q1 21/22		Q1 20-21	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the year (pathway 0,1,2,3)	-	3876	No Target	2157	↑	-	No benchmark available

Indicator	Polarity	20/21 EOY	21/22 Target	Q1 21/22		Q1 20-21	Benchmarking
				Result	DOT	Result	
Adults discharged in to social care (pathway 1 or 3)	-	2086	No Target	657	↑	480	No benchmark available
Number of clients with Joint Funding (CHC) arrangements	Bigger is Better	351	No Target	316	↓	-	No benchmark available

2.3 Supporting residents to maintain their strengths and independence

- 2.3.1 The council's adult social care service has focused on supporting independent living using a strengths-based practice model for many years. The new corporate plan re-affirms this commitment.
- 2.3.2 We have been continuing to develop our two new extra care schemes, Atholl House in Burnt Oak, due for completion in Spring 2022, and Cheshire House in Hendon, due for completion in Summer 2023. Work is now underway to develop the service specification for the support provision, drawing on local examples, best practice and informed by the experience of commissioning the service at Ansell Court in Mill Hill.
- 2.3.3 We implemented the new multi-disciplinary social care front door service in May 2021 following the transfer of Social Care Direct staff from Capita to the London Borough of Barnet in April 2021. This has meant that residents speak to staff who are better able to resolve their issues at the first point of contact with a broad knowledge of the local health, care and VCS system. The quality of referrals onto long term teams for more complex cases has improved as evidenced by feedback from staff and managers.
- 2.3.4 In Q1 we received 25 referrals for our prevention and wellbeing team to work with residents to delay or avoid the need for adult social care. We also developed plans to expand the service to support more people and deliver community development activity across the whole borough.
- 2.3.5 During Q1 we worked to develop a new service specification for the carers and young carers support service and the tender for this service goes live in Q2. The new contract will be in place from Q1 2022.
- 2.3.6 We have continued to help people stay more independent at home with the use of care technology and equipment. In Q1 8646 pieces of equipment were delivered and 1,010 individuals were supported, 319 of which were new to the service. There were 331 telecare installations with 1,075 individuals supported.
- 2.3.7 In Q1 there was high demand for support across the health and social care system. In the same period, we received 387 safeguarding concerns and recorded 1258 contacts at the front door to adult social care.
- 2.3.8 There are 9 Key performance indicators for this priority, which are a combination of 5 local measures and 4 national measures from the Adult Social Care Outcomes Framework (ASCOF).

Indicator	Polarity	20/21 EOY	21/22 Target	Q1 21/22		Q1 20-21 Result	Benchmarking 2019-20
				Result	DOT		
Numbers of shared lives carers recruited	Bigger is Better	4	-	8	↑	-	No benchmark available
Number of shared lives placements	-	3	-	3	→	-	No benchmark available
People provided with information, advice and guidance	Bigger is Better	3639	-	1015	→	1019	No benchmark available
Total Number of clients who received reablement services in the year from both hospital and community routes	Bigger is Better	1002	-	474	↑	Not comparable due to changed pathways	No benchmark available
Percentage of safeguarding contacts leading to S42 safeguarding referrals	-	24.3%	-	16.5% ¹	↓	25.5%	No benchmark available
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	82.2%	80%	77.1%	↑	76.6%	CIPFA Neighbours 75.9% London 76.2% England 77.3%
Adults with learning disabilities who are in paid employment	Bigger is Better	8.4%	-	8.8%	↑	7.8%	CIPFA Neighbours 7.6% London 7.0% England 5.6%
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	509.6	-	120.3	↑	74.7	CIPFA Neighbours 436.6 London 431.3 England 584.0
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	14.7	-	1.6	↓	3.29	CIPFA Neighbours 11.4 London 10.8 England 14.6

2.4 Focusing on Mental Health and wellbeing

2.4.1 The Council's mental health social work teams and recovery service, the Network, are integrated with NHS mental health services and work closely with the voluntary sector.

¹ The percentage of concerns that proceed to enquiry for Q1 will increase as decisions of cases that came in at the end of the quarter are recorded and progressed.

- 2.4.2 During Q1 the Barnet Wellbeing Service, commissioned by NCL CCG Barnet Directorate, held a network event at the Meriden Wellbeing centre. The event promoted mental health support and services available to Barnet residents and was attended by stakeholders from across health, social care and the VCS.
- 2.4.3 The Council, CCG and Trust have been working collaboratively to support further development and implementation of the new community mental health model for people with severe and enduring mental health illness which is being piloted in PCN 3 from Q2 2021/22. As part of this work the council is working with the Trust to improve provision of community mental health rehabilitation and mental health pathways.
- 2.4.4 Through the suicide prevention group partners in Public Health, Adult Social Care, the CCG and BEHMHT are looking to develop joint training to raise awareness of suicide prevention for staff.
- 2.4.5 The Adult Social Care Network launched a men's group and a carers group in Q1.

2.5 Greater facilities and opportunities to be physically active

- 2.5.1 In March 2021 Committee approved an extension to the council's sport and physical activity strategy, the Fit & Active Barnet Framework, to 31 March 2022. This decision was taken in recognition of the Covid-19 pandemic and the Government guidelines which impacted the delivery of leisure services and sport and physical activity opportunities. In Q1, the service began working with partners and stakeholders to develop a new strategy. A separate report on this agenda sets out the achievements of the existing strategy.
- 2.5.2 Across the sport and physical activity sector, initial data indicates that activity levels were affected by the pandemic and the restrictions in place during 2020/21. Sport England's Active Lives Survey (from November 2019/20) shows a 2% decline nationally in active adults (achieving at least 150 minutes of activity per week), with women, young people aged 16 – 24, over 75's, disabled people and people with long term health conditions, and those from Black, Asian and Other minority ethnic backgrounds being most negatively impacted.
- 2.5.3 The Council's leisure facilities re-opened on the 12th April 2021, with services operating in line with government guidelines. Working in partnership with GLL, the immediate focus has been to re-establish service provision and activity levels which were being achieved prior to the closures in March 2020. Throughout Q1 the council and GLL worked together to promote services and encourage residents to return to the centres. As a result, the total membership base is now operating at 80% of pre-pandemic:
 - Total (pre-paid) membership (March 2020): 10,968
 - Feb 20 – March 21: net movement of 4,399 members lost
 - Total membership (March 2021 pre-reopening): 6,569
 - Total membership at the end of Q1: 8,852

 - Total FAB card holders (March 2021 pre-reopening): 25,183
 - Total at the end of Q1: 27,962

Total membership: 36,814.
- 2.5.4 Leisure centre attendances have also seen a steady rise through Q1 with a total of

230, 637 visits across all facilities:

- Apr 21 = 45,101
- May 21 = 86,282
- June 21 = 99,254

Q1 Total = 230,637

2.5.5 During Q1, other sports and community activities have been reinstated, including Barnet Health Walks, Park Run, & club and community activities.

3 BUDGET FORECASTS

3.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £103.138m. Of this, £6.347m is the impact of Covid 19, leaving an overspend of £1.169m or 1.1% of the budget at Q1.

Revenue Forecast (Q1 2021/22)

	21/22 Budget	Projected outturn	Variance (under)/over		Reserves (applied) / contributed	Covid Impact	Revised Variance (under)/over	
	£'000		£'000	£'000			%	£'000
Non-Placements Budget								
ASC Prevention Services	2,742	2,844	102	3.7%		0	102	3.7%
ASC Workforce	17,862	18,497	635	3.6%		635	0	0.0%
<i>Non-placement Covid Commitments</i>	0	1,453	1,453			1,453	0	
Sub-total	20,604	22,794	2,190	10.6%	0	2,088	102	0.5%
Placements Budget								
Integrated Care - LD	29,364	30,070	706	2.4%		0	706	2.4%
Integrated Care - MH	9,422	9,675	253	2.7%		0	253	2.7%
Integrated Care - OA	35,513	36,867	1,354	3.8%	(1,200)	719	(565)	-1.6%
Integrated Care - PD	10,037	10,711	673	6.7%		0	673	6.7%
<i>Placements Covid Commitments</i>		0	0			0	0	
Sub-total	84,336	87,323	2,986	3.5%	(1,200)	719	1,067	1.3%
<i>Non-demand Covid Commitments</i>	0	1,697	1,697			1,697	0	0
Sub-total	0	1,697	1,697		0	1,697	0	0
Adults Social Care Total	104,941	111,813	6,873	6.5%	(1,200)	4,504	1,169	1.1%
Leisure								
Leisure	(1,803)	40	1,843	102.2%		1,843	0	0.0%
Sub-total	(1,803)	40	1,843	102.2%		1,843	0	0.0%
	0	0	0	0		0	0	0

Total Adults	103,138	111,853	8,716	8.5%	(1,200)	6,347	1,169	1.1%
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Projections for Covid financial impact are as per below, as set out in the July 2021 return to the Ministry of Housing, Communities and Local Government (MHCLG). The table below details the main spend areas in response to Covid and reconciles to the 'Covid impact' column in the revenue forecast table above.

Service Area	Covid-19 Impact	Category
	£'000	Commentary
Adult Social Care	500	VCS sustainability fund
	100	Falls prevention, isolation and loneliness support
	2,088	ASC workforce pressures
	181	Support to vulnerable people
	916	Supporting financial sustainability of the care market (providers in financial difficulties)
	719	Paying for voids in Residential Block provision
Sub-total	4,504	
Leisure	1,843	Leisure SPA Income Pressure
Sub-total	1,843	
Total	6,347	

- 3.2 Factoring in the additional government funding given to Councils, ASC is showing an overspend, equivalent to 1.1% of the budget. Overspends in placements are primarily due to continued demand increases in community settings. Costs associated with scheme 2 and scheme 3 of the hospital discharges/avoidance process are estimated at £1.6m which is expected to be recouped from the CCG, although this position is subject to movement.
- 3.3 The service has seen an increase in demand, largely from people being discharged from hospital in larger numbers and with more complex needs. This is in excess of the volumes used in the model to set the 21/22 budget. There has been an increase of approximately 20% in homecare commissioned hours from the period used to set this year's budget.
- 3.4 There is still no announcement about the Hospital Discharge (scheme 3) funding for the second half of the year (from 1st October onwards) and this will need to be reviewed when there are further details released.
- 3.5 The Leisure, Sports and Physical Activity budget is forecast to overspend by £1.843m, due to the continued loss of planned surplus income caused by the mandated closure of centres during the initial stages of the pandemic. This cost is being covered by the application of central government funding, leading to a balanced position for leisure.
- 3.6 The **Capital Forecast** for areas within the committee's remit is **£5.397m**, this reflects a nil variance reported position at Q1.

Capital Forecast (Q1 2021/22)

Capital Programme Description	2021-22 M3 Budget	2021-22 M3 Forecast	Variance
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	£000	£000	£000
Sport and Physical Activities	540	540	0
Community Equipment and Assistive Technology	1,417	1,417	0
Investing in IT	379	379	0
Disabled Facilities Grants Programme	3,061	3,061	0
Adults Total	5,397	5,397	0

- The sport & physical activity budget relates to sums held for retention and final payments for the two new centres. Budget is expected to be fully utilised by year end.
- Mosaic 'Investing in IT' budget will fund the continuation of the project's phase 2 and is expected to be fully spent.
- Community Equipment spend is incurred in revenue initially, current levels indicate that relevant spend is line with previous years. Spend continues to be monitored.
- Disabled Facilities Grant – forecast to budget spend being reviewed. Slippage from 2020/21 has been profiled over the next two financial years. Awaiting news on any potential DFG grant change later this year.

4. SAVINGS

4.1 The total amount of savings identified for A&S Committee for 2021/22 is £1.716m. This is shown in the table below. Savings have been reviewed and risk assessed. The current position is as follows:

Line Ref	Description of Savings	2021/22	Comment
		£'000	
A&S8	Leisure VAT efficiency	-124	Impacted by Covid
A&S9	Leisure - over delivery against projected income.	-747	Impacted by Covid
A&S 21	OAPD - strength based approach to care reviews.	-160	Some progress being made. Likely to be impact by Covid. Continues to be reviewed
A&S22	LD - support for working age adults.	-325	
A&S25	Charging - increase in hourly homecare rate	-60	
A&S27	Reablement - maximising impact of offer.	-200	
A&S31	Prevention - front door offer	-100	
		-1,716	

5. REASONS FOR RECOMMENDATIONS

5.1 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 Delivery Plan.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

6.1 None.

7. POST DECISION IMPLEMENTATION

7.1 None.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

8.1.1 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 Barnet Plan and Annual Delivery Plans.

8.1.2 Relevant Council strategies and policies include the following:

- Medium Term Financial Strategy
- The Barnet Plan
- A&S Committee Delivery Plan
- Performance and Risk Management Frameworks

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

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

10. SOCIAL VALUE

10.1 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.

11. LEGAL AND CONSTITUTIONAL REFERENCES

11.1 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.

11.2 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.

11.3 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.

11.4 The Council's Financial Regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

12. RISK MANAGEMENT

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

Risk description	Risk Mitigations and Q1 Update
<p>AC001 Finances: LBB could have insufficient resources to meet its statutory duties with regard to adult social care due to operating in an environment in which there are on-going funding pressures. Prior to COVID there was uncertainty about future demand for services, increasing complexity and cost of care packages, and legislative changes. COVID has created additional uncertainty regarding funding streams, reimbursements, on-going support and service demand. This could lead to a worsening budget overspend for the service and it could lead to a deterioration in the Council's overall financial position. Risk Rating: 16</p>	<p>The Council's budget management process forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year including monthly analysis and budget monitoring.</p> <p>Adult Social care and finance are working closely to assess and monitor the financial impact of COVID. The Council continues to liaise with Health to submit discharge returns and understand when funding will cease.</p> <p>The MTF5 to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.</p>

<p>AC016: Funding and sustainability challenges facing the voluntary sector could lead to a reduction in the capacity of the Borough's preventative services resulting in adults being without the appropriate services and an increase in demand for more intense, longer and more expensive care and support services over time. Covid 19 has presented further risks to the VCS in regards to financial sustainability and increased demand for support.</p> <p>Risk Rating: 16</p>	<p>To mitigate risk and ensure a coordinated and joined approach with the VCS in response to Covid 19 a community infrastructure programme was established in conjunction with Barnet Together. As part of this programme the Council committed £125k funding to aid the work of the boroughs VCS as they support the people most affected by the Covid 19 crisis (the Barnet Community Response Fund and the Barnet Covid 19 Sustainability Impact fund). As part of the programme of work a dedicated workstream to consider support for adults was also developed and this workstream holds weekly meetings with key providers to promote joint working and manage risks. Alongside this, the prevention and wellbeing service continue to ensure regular communication is occurring with the wider VCS and look at opportunities to work jointly together.</p>
<p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 16</p>	<p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and financial health and sustainability risks are also monitored. 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 assess risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and the safe transition of individuals if required.</p> <p>Additional costs to the sector resulting from Covid 19 have been addressed by a combination of local measures and national schemes that provided PPE and Infection Prevention and Control (IPC) funding, which the Council has passported to care providers. IPC funding will continue until at least September 2021.</p>
<p>AC008 Safeguarding demand: Insufficient staff to meet the complexity of demand faced by adult social care could lead to non-adherence with policies and procedures</p>	<p>Quality assurance framework in place to manage staff training, practice forums, case file audits etc. Safeguarding cases are reviewed on a daily and weekly basis by the heads of service. Senior</p>

<p>(especially safeguarding). The current pandemic may impact on the response to safeguarding across the service and wider partnership which could result in death or serious harm to individuals, legal challenge, financial loss, decreasing staff morale due to greater pressure and reputational damage.</p> <p>Risk Rating: 15</p>	<p>management and DASS review weekly. Monthly reporting to leadership team on safeguarding activity. Monthly quality and safeguarding meeting with DASS includes review of complex cases. The Safeguarding Adults Board (multi-agency) meets regularly and monitors performance through its PQA framework. Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process. All safeguarding leads are in regular contact to discuss the processing of safeguarding referrals within the context of the current pandemic.</p>
<p>AC004 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery and finances. Risk Rating 15</p>	<p>Updated risk and monitoring frameworks are in place which reflect changes to deliver a COVID secure operation.</p> <p>Specific recovery workstreams have been identified in order to support GLL in delivering a remobilisation plan. This outlines 3 separate phases required for contract and commercial assessment;</p> <ul style="list-style-type: none"> • Phase 1 – Covid-19 period: From 21/3/20 to 31-3/21 • Phase 2 – Rebuild period: estimated 12 months • Phase 3 – Steady state operation

13. EQUALITIES AND DIVERSITY

- 13.1 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.
- 13.2 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.

13.3 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.

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>

14. BACKGROUND PAPERS

Adults and Safeguarding Committee, 15 March 2021: Adults and Safeguarding Committee Delivery plan 2021/22

<https://barnet.moderngov.co.uk/documents/s64174/Adults%20and%20Safeguarding%20Committee%20Delivery%20Plan%20202122.pdf>