



## Adults and Safeguarding Committee

24 November 2021

<b>Title</b>	<b>Quarter 2 (Q2) 2021/22 Delivery Plan Performance Report</b>
<b>Report of</b>	Councillor Sachin Rajput – Committee Chairman
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	
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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 Q2 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 Q2 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 working 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 Q2 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

- 2.1.1 In common with NHS partners, adult social care saw an increase in demand for care and support in Q2. 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.
- 2.1.2 In sports, physical activity and leisure, the council's team has focused on supporting the continued development and up-take of services and activities across the borough, following the re-opening of leisure centres in Q1.

### 2.2 Bringing health and care together

- 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. 908 discharges were facilitated in Q2 of this year, of which 85% were for people not previously known to social care.
- 2.2.2 The Barnet Integrated Care Partnership (ICP) has continued to develop its work programme. Priority workstreams on mental health, health inequalities, children & young people, frailty, neighbourhood working and co-production are in development. NCL CCG has established an inequalities fund. The Barnet ICP has already secured funding for a project on oral health and has recently submitted a proposal for a project on mental health

support for young Black residents. The project on health inequalities in BAME communities continues to be developed.

2.2.3 Key performance indicators for this priority monitor demand 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.

Indicator	Polarity	20/21 EOY	21/22 Target	Q2 21/22		Q2 20-21	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the year (pathway 1,2,3)	-	3876	No Target	2960	↑	1978	No benchmark available
Adults discharged in to social care (pathway 1 or 3)	-	2086	No Target	1030	↑	521	No benchmark available
Number of clients with Joint Funding (CHC) arrangements	Bigger is Better	351	No Target	315	↓	-	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. Vacant possession has now been secured on the second site, ensuring that the capital works can now proceed.

2.3.3 We are procuring new accommodation and support providers; formal bids were submitted at the end of August 2021 with formal procurement evaluation now underway.

2.3.4 We have been working with family services to make improvements in the transition pathway for young adults with learning and complex disabilities. These are making the experience for residents and their families smoother and more coherent.

2.3.5 The Liberty Protection Safeguards are planned to come into force in April 2022 and will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment; and lack the mental capacity to consent to their arrangements. The detailed guidance is still to be published but we have restarted our implementation project to prepare, including building a plan for the training of front-line staff.

2.3.6 In Q2 there was high demand for support across the health and social care system. In the same period, we received 692 safeguarding concerns and recorded 1,965 contacts at the front door to adult social care.

2.3.7 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	Q2 21/22		Q2 20-21 Result	Benchmarking 2019-20
				Result	DOT		
Numbers of shared lives carers recruited	Bigger is Better	4	-	9	↑	-	No benchmark available
Number of shared lives placements	-	3	-	3	→	-	No benchmark available
People provided with information, advice and guidance	Bigger is Better	3639	-	3860	↑	1914	No benchmark available
Total Number of clients who received reablement services in the year from both hospital and community routes	Bigger is Better	1002	-	908	↑	Not comparable due to changed pathways	No benchmark available
Percentage of safeguarding contacts leading to S42 safeguarding referrals	-	24.3%	-	22.9%	↓	28.2%	No benchmark available
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	82.2%	80%	77.8%	↑	77.1%	CIPFA Neighbours 75.9% London 76.2% England 77.3%
Adults with learning disabilities who are in paid employment	Bigger is Better	8.4%	-	8.9%	↑	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	-	209.7	↑	190	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	-	3.3	↓	4.5	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.
- 2.4.2 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.
- 2.4.3 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.

## **2.5 Greater facilities and opportunities to be physically active**

- 2.5.1 The service continues to work with partners, stakeholders and community groups to develop a new Fit and Active Barnet Framework, a future report will be presented to Adults & Safeguarding Committee on a draft strategy for approval to progress with public consultation.
- 2.5.2 During Q2 the council and GLL worked together to reinstate a full sport, health and community programme across all facilities. As a result, the total live membership base is now operating at 85% of pre-pandemic levels:
- Total live membership at the end of Q2: 9,370 (+518 members vs Q1)
  - Total FAB Card holders live at end of Q2: 34,249 (+6,287 members vs Q1)
  - Total Q2 live membership: 43,619.

Leisure centre attendances have also risen during Q2 with a total of 316,700 visits across all facilities:

- July 21 = 103,018
- August 21 = 102,229
- September 21 = 111,453

Q2 Total = 316,700 (+86,063 attendances vs Q1)

- 2.5.3 Other key service headlines include;
- 51 referrals received for an adult weight management intervention
  - 182 Barnet school children participated in an Activate schools programme
  - 250 referrals across all health interventions received and processed
  - 294 children and young people took part in summer holiday camps led by Better

## **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 £109,438m. Of this, £6.456m is the impact of Covid 19, leaving a small underspend of £0.051m at Q2.

## Revenue Forecast (Q2 2021/22)

Service Area	21/22 Budget	Projected Outturn	Variance (under)/over		Reserves (applied)/contributed	Covid Impact £000	Revised Variance (under)/over	
	£'000	£'000	£'000	%	£'000	£'000	£'000	%
ASC Prevention Services	2,709	2,645	(64)	-2.3%		0	(64)	-2.3%
ASC Workforce	17,657	19,962	2,305	13.1%	(316)	1,989	0	0.0%
<i>Non-placements Covid Commitments</i>	0	99	99			99		
<b>Sub-total</b>	<b>20,365</b>	<b>22,706</b>	<b>2,341</b>	<b>11.5%</b>	<b>(316)</b>	<b>2,088</b>	<b>(63)</b>	<b>-0.3%</b>
<b>Placements Budget</b>								
Integrated Care - LD	29,398	30,214	816	2.8%	(500)	0	316	1.1%
Integrated care - MH	9,422	9,949	527	5.6%	(500)	0	27	0.3%
Integrated Care - OA	35,513	38,236	2,723	7.7%	(1,700)	1,743	(720)	-2.0%
Integrated Care - PD	10,037	10,927	890	8.9%	(500)	0	390	3.9%
<i>Placements Covid Commitments</i>	0	0	0		0	0		
<b>Sub-total</b>	<b>84,370</b>	<b>89,326</b>	<b>4,956</b>	<b>5.9%</b>	<b>(3,200)</b>	<b>1,743</b>	<b>13</b>	<b>0.0%</b>
<i>Non-demand Covid Commitments</i>	0	781	781			781		
<b>Sub-total</b>	<b>0</b>	<b>781</b>	<b>781</b>		<b>0</b>	<b>781</b>	<b>0</b>	
<b>Adults Social Care Total</b>	<b>104,736</b>	<b>112,813</b>	<b>8,077</b>	<b>7.7%</b>	<b>(3,516)</b>	<b>4,612</b>	<b>(51)</b>	<b>0.0%</b>
<b>Leisure</b>								
Leisure	(1,703)	141	1,844	-108.3%	0	1,844	0	0.0%
<b>Leisure Sub-total</b>	<b>(1,703)</b>	<b>141</b>	<b>1,844</b>	<b>-108.3%</b>	<b>0</b>	<b>1,844</b>	<b>0</b>	<b>0.0%</b>
<b>Total Adults</b>	<b>103,033</b>	<b>112,954</b>	<b>9,921</b>	<b>9.6%</b>	<b>(3,516)</b>	<b>6,456</b>	<b>(51)</b>	<b>0.0%</b>

Projections for Covid financial impact are set out below, as set out in the September 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
	643	Placements - support to efficiency planning
	1100	Paying for voids in Residential Block provision
<b>Sub-total</b>	<b>4,612</b>	
Leisure	1,843	Leisure SPA Income Pressure
<b>Sub-total</b>	<b>1,843</b>	
<b>Total</b>	<b>6,455</b>	

3.2 Factoring in the additional government funding given to Councils, ASC is showing an overspend (before reserve drawdown), equivalent to 3.36% 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 £1.9m 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 25% in homecare commissioned hours from the period used to set this year's budget.
- 3.4 A recent announcement to continue with Hospital Discharge (scheme 3) funding until the end of this financial year has been factored into current projections.
- 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 **£5.002m**, this reflects £0.408m underspend reported position at Q2."

### Capital Forecast (Q2 2021/22)

Capital Programme Description	2021-22 M6 Budget	2021-22 M6 Forecast	Variance
	£000	£000	£000
Sport and Physical Activities	540	132	-408
Community Equipment and Assistive Technology	1,417	1,417	0
Investing in IT	379	379	0
Disabled Facilities Grants Programme	3,074	3,074	0
<b>Adults Total</b>	<b>5,411</b>	<b>5,002</b>	<b>-408</b>

- The Sports and Physical Activities projected forecast at month 6 is £0.132m and retention payment have been released for the two sites. There is some slippage of £0.408m against the budget and is due to anticipated works on the Playing Fields, which is to take place next year.
- 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
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		£'000	
A&S8	Leisure VAT efficiency	-124	Impacted by Covid
A&S9	<b>Leisure</b> - over delivery against projected income.	-747	Impacted by Covid
A&S 21	<b>OAPD</b> - strength based approach to care reviews.	-160	Some progress being made. Likely to be impact by Covid. Continues to be reviewed
A&S22	<b>LD</b> - support for working age adults.	-325	
A&S25	<b>Charging</b> - increase in hourly homecare rate	-60	
A&S27	<b>Reablement</b> - maximising impact of offer.	-200	
A&S31	<b>Prevention</b> - front door offer	-100	
		<b>-1,716</b>	

## 5. DEBT

- 5.1 There is a significant amount of debt which relates to adult social care residential placements and community care packages where the client is financially assessed as being able to contribute to the costs of their care and support but where these contributions have not been paid. Most individuals do pay their contributions and the council typically receives around £12-14 million each year in financial contributions. The current level of debt related to individuals who receive adult social care services is £8.730m. Just under half a million of this debt is less than 30 days old and the majority is over 90 days old. The current debt includes £2.823m in relation to deceased clients and £1.674m in relation to Deferred Payment Agreements (DPA - Secured Debt). A DPA is an agreement where the council pays the costs of care, which is recouped after the individual's death, and secured against their property. Funds owed under DPAs are shown as a debt even if the individual is still living.
- 5.2 Adults and Health, working closely with finance, have established a dedicated project which aims to reduce the current level of debt, improve the active management of debt and prevent future debt. The initial focus of the project has been to reduce the current level of debt. The project has initially focussed on individuals with the highest levels of outstanding debt and to date has reduced the debt by £642,362. The table below summarises the financial benefit to the Council to date.

Financial Benefit	Amount
Individual Payments	£353,137.38
Recharged to Health	£66,464.00
Debt avoidance	£222,761.24
<b>Total financial benefit</b>	<b>£642,362.62</b>

- 5.4 The project is also carrying out a full-scale review of the Council's approach to managing adult social care debt as well as wider finance processes which may reduce future debt,

such as billing processes. The project will include a review of roles and responsibilities, standard operating procedures as well as the end-to-end billing processes.

5.5 The aim of the project is to:

- Reduce long-standing debt
- Identify where an individual is getting into debt at an early stage, working with individuals to secure payment and put a long-term payment plan in place
- Ensure the Council secures all debt in a timely manner
- Transition more individuals to Direct Debit payments
- Improve communication with individuals on billing and outstanding debt

5.6 The project is progressing well but due to high levels of debt, complexity of cases and vulnerability of individuals who access adult social care services, there will be a requirement for additional resource to work on this project until at least March 2023.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 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.

## **7. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

7.1 None.

## **8. POST DECISION IMPLEMENTATION**

8.1 None.

## **8. IMPLICATIONS OF DECISION**

9.1 Corporate Priorities and Performance

9.1.1 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.

9.1.2 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

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

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

## **11 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.

## **12 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 Q2 Update
<p><b>AC001 Finances:</b> Uncertainty about future demand for services, increasing complexity and cost of care packages, legislative changes and, specifically related to COVID, the availability of funding streams, reimbursements, on-going support and future waves could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and 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 and submit discharge returns, currently discharge funding has been agreed to the end of March 2022.</p> <p>Adult social care will continue to undertake initiatives focused on reducing and managing future demand.</p>
<p><b>AC016: Funding and sustainability challenges facing the voluntary sector</b> 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 regarding 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><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</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</p>

duty and financial consequences. This risk covers both quality and financial risk to care providers.

Risk Rating: 16

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.

The care quality team are also reviewing business continuity plans with care homes in response to the new mandatory vaccines regulations to ensure that homes a) have plans to deal with staff shortfalls and recruit accordingly and b) assess risks to residents and ensure resident needs can be met

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 March 2022.

**AC008 Safeguarding demand:** Insufficient staff in post who are effectively trained/managed or if demand/complexity rises significantly could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act and London-wide safeguarding policies and procedures) resulting in harm to vulnerable persons.

Risk Rating: 12

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 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><b>AC0044 Leisure:</b> The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery, operations and finances. Risk Rating 15</p>	<p>The leisure contract continues to be monitored in alignment with the Performance Management Framework to ensure delivery against obligations / commitments and targets are met.</p>
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### 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