



## Adults and Safeguarding Committee

7<sup>th</sup> March 2022

<b>Title</b>	Quarter 3 (Q3) 2021/22 Delivery Plan Performance Report
<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>	None
<b>Officer Contact Details</b>	Courtney Davis, Assistant Director Communities and Performance <a href="mailto:courtney.davis@barnet.gov.uk">courtney.davis@barnet.gov.uk</a> Appy Reddy, Head of Business Intelligence, Performance and Systems <a href="mailto:appy.reddy@barney.gov.uk">appy.reddy@barney.gov.uk</a> Dean Langsdon, Finance Business Partner for Adults, Public Health and Leisure <a href="mailto:dean.Langsdon@barnet.gov.uk">dean.Langsdon@barnet.gov.uk</a>

### 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 Q3 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 Q3 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 an overview of performance and activities to deliver the committee's priorities, and the budget forecast, for Q3 2021/22

## 2. DELIVERY PLAN PRIORITIES 2021/22

### 2.1 Pandemic response

- 2.1.1 Throughout quarter 3, adult social care services have continued to receive a high volume of contacts, especially for support upon discharge from hospital. The integrated discharge process (detailed below in 2.2.1.1) has been maintained along with 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. The council supported care homes to ready themselves for mandatory vaccination of staff in care homes in November 2021. Other CQC regulated community services were supported to get vaccination rates to >85% for staff (above the North Central London average), although the government has announced it will revoke vaccination as a condition of deployment for these services from 1 April as planned, subject to consultation.
- 2.1.2 During quarter 3, 66 care homes experienced an outbreak due to the significant increase in community transmission rates of the Omicron variant. In most cases residents and staff were asymptomatic. The Integrated Care Quality Team worked alongside Public Health and the One Barnet Care Home Team to ensure providers have access to the right guidance and support to manage these outbreaks.

### 2.2 Bringing health and care together

- 2.2.1 There are a range of integrated health and care services in Barnet already. In Q3, the Council continued its work with the NHS and VCFS partners through the Barnet Integrated Care Partnership (ICP), now the referred to as the Barnet Borough Partnership (BBP), across 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) in July this year.

This included the second round of the Community Innovation Fund, the flagship community investment fund administered by the council on behalf of the Borough Partnership, which received over 90 applications (an 150% increase on the previous round). Such was the high volume and quality of that 31 local community projects received funding and are now receiving support to mobilise to deliver their innovative projects for residents of Barnet. The projects include community led mental health and wellbeing support, supporting sustainable green spaces and promoting exercise and wellbeing, supporting families, children and young people and promoting family health, all led by diverse groups within our communities.

2.2.2 The health and social care system felt the impact of the Omicron variant alongside the usual winter pressures and the council worked hard to keep the system safe and delivering high quality services to residents during Q3. This has included supporting an increased number of residents to leave hospital with care and support. In this quarter the social work teams facilitated 1,511 discharges with care and support – either returning home or to a care home. In total, for the first three quarters of the year 4,012 residents were discharged home (pathway 1) and 316 moved on to residential and nursing placements (pathway 3. Note: the definition of pathway 3 includes both council and continuing health care placements).

2.2.3 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.

Indicator	Polarity	20/21 EOY	21/22 Target	Q3 21/22		Q3 20-21	Benchmarking
				Result	DOT	Result	
Total number of Hospital discharges in the quarter enabled by the integrated discharge team	-	3,876 (partial year recording)	No Target	1,993		1,368	No benchmark available
Adults discharged with support from adult social care (pathway 1 or 3)	-	2,086 (partial year recording)	No Target	1,511		-	No benchmark available
Number of clients with Joint Funding (CHC) arrangements	-	351	No Target	343	↑	-	No benchmark available

\*\* New measures for 20-21 and hence no previous benchmarking; it was DTOC to end of 19-20

## 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 Q3 saw continued development of our two new extra care schemes, Atholl House in Burnt Oak, due for completion in January 2023, and Cheshir House in Hendon, due for

completion in March 2024. Capital works at the second site are underway and the build contract for the third site has been signed. Work is progressing on finalising 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 The procurement of new accommodation and support providers was progressed in Q3 and completed in the first part of Q4. More details are contained a separate report on this agenda.

2.3.4 We continued to work closely with Barnet Mencap through the Bright Futures contract who are maintaining regular contact (telephone well-being checks) with people with learning disabilities who live alone or with older parents or carers, ensuring access to their employment and community activities.

2.3.5 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	19/20 EOY	20/21 EOY	Q3 21/22		Q3 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	3,087	3,639	2,703	↓	2,830	No benchmark available
Total Number of clients who received reablement services in the year from both hospital and community routes	Bigger is Better	568	1002	1,484	↑	643	No benchmark available
Percentage of safeguarding contacts leading to S42 safeguarding referrals	-	23.4 %	24.3%	24.5%	↓	27.7%	No benchmark available

Indicator	Polarity	19/20 EOY	20/21 EOY	Q3 21/22		Q3 20-21	Benchmarking
				Result	DOT	Result	2019-20
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	80.0%	82.2%	74.1%	→	74.1%	CIPFA Neighbours 75.9% London 76.2% England 77.3%
Adults with learning disabilities who are in paid employment	Bigger is Better	8.4%	8.4%	9.9%	↑	8.0%	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	502.6	509.6	397.1	↑	291	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	16.7	14.7	8.1	↑	6.9	CIPFA Neighbours 11.4 London 10.8 England 14.6

## **2.4 Focusing on Mental Health and wellbeing**

- 2.4.1 During Q3 the Council's mental health social work teams tested a redesigned service structure which has brought social workers into teams aligned with BEH Mental Health Trust's locality teams with clearer processes for incoming work and supporting hospital discharge. Roles for social workers and health practitioners have been clarified with a clear focus on working in an integrated way but for each professional to fulfil their unique role. This approach supports a person-centred service, clearer and quicker pathways for adults and strengthens the prevention and recovery model.
- 2.4.2 The Network continued to provide a strength based, recovery model service for people and developed carers and men's groups. The mental health service in adult social care and relevant teams in family services have been actively working together to improve the transition pathway for young people. This work has included regular joint meetings, an agreement to engage at an earlier stage with young people, and continual involvement in the early help and transition panels.
- 2.4.3 The Council, CCG and Mental Health 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 primary

care network 3. As part of this work the Council is working with the Trust to improve provision of community mental health rehabilitation and develop mental health pathways that have a strong community focus.

2.4.4 The Suicide Prevention Partnership, involving partners across Public Health, Adult Social Care, the CCG and BEHMHT, have supported an extensive communications campaign to raise awareness of help available to Barnet residents, particularly encouraging use of the Stay Alive app. Community Barnet have also delivered several engagement events specifically targeting men, including at the LBB Depot. The MH manager at the Network has led on suicide prevention and has offered a range of training in conjunction Public Health and the Trust.

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

2.5.1 During Q3 the council and GLL continued to work together to reinstate a full programme across all facilities. At the end of Q3, the total live leisure (GLL) membership base was at 83% of pre-pandemic levels:

- Total (pre-paid) membership pre-pandemic (March 2020): 10,968
- Total live membership at the end of Q3: 9,119 (-251 members vs Q2 however this can be attributed to the expected drop in memberships over the winter period, together with the impact of the Omicron variant)
- Total FAB card holders (March 2021 pre-reopening): 25,183
- Total FAB Card holders live at end of Q3: 36,519 (+2,270 members vs Q1)
- Total Q3 live membership: 45,638.

Leisure centre attendances experienced a slight reduction in Q3 compared to Q2, however this is a typical trend during the winter period, which has been further exacerbated due to the Omicron variant:

- October 21 = 129,353
- November 21 = 100,224
- December 21 = 85,513

Q3 Total = 315,090 (-1,610 attendances vs Q2)

2.5.2 Other key service headlines include:

- 61.6% of adults aged 16+ are active for at least 150 minutes per week (Active Lives Survey May 20/21). This is an increase of 1.1% since the last survey (Nov 19/20). Barnet has experienced the largest increase across all London boroughs (4.4%) since 2016
- 217 Barnet school children participated in an Activate schools programme
- 415 referrals across all health interventions received and processed (physical activity on referral, weight management, Give it a Go, diabetes, and cancer rehabilitation)
- Re-launch of Dementia Club at Barnet Copthall Leisure Centre
- Suicide prevention month and world mental health day supported with links to physical activity

3.1 The Revenue Forecast (after reserve movements) for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £113.796m. Of this, £6.456m is the impact of Covid 19, leaving an overspend of £4.307m at Q3.

### Revenue Forecast (Q3 2021/22)

Service Area	21/22 Budget	Projected Outturn	Variance (under)/over		Covid Impact £000	Revised Variance (under)/over	
	£'000	£'000	£'000	%	£'000	£'000	%
ASC Prevention Services	2,709	2,574	(135)	-2.3%	0	(135)	-2.3%
ASC Workforce	17,657	20,069	2,412	13.1%	2,088	324	0.0%
<b>Sub-total</b>	<b>20,365</b>	<b>22,643</b>	<b>2,277</b>	<b>11.2%</b>	<b>2,088</b>	<b>189</b>	<b>0.9%</b>
<b>Placements Budget</b>							
Integrated Care - LD	29,398	30,005	607	2.1%	0	607	2.1%
Integrated care - MH	9,422	9,802	380	4.0%	0	380	4.0%
Integrated Care - OA	35,513	39,249	3,736	10.5%	1,743	1,993	5.6%
Integrated Care - PD	10,037	11,175	1,138	11.3%	0	1,138	11.3%
<b>Sub-total</b>	<b>84,370</b>	<b>90,231</b>	<b>5,861</b>	<b>6.9%</b>	<b>1,743</b>	<b>4,118</b>	<b>4.9%</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>781</b>	<b>0</b>	
<b>Adults Social Care Total</b>	<b>104,736</b>	<b>113,655</b>	<b>8,919</b>	<b>8.5%</b>	<b>4,612</b>	<b>4,307</b>	<b>4.1%</b>
<b>Leisure</b>							
Leisure	(1,703)	141	1,844	-108.3%	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>1,844</b>	<b>0</b>	<b>0.0%</b>
<b>Total Adults</b>	<b>103,033</b>	<b>113,796</b>	<b>10,763</b>	<b>10.4%</b>	<b>6,456</b>	<b>4,307</b>	<b>4.2%</b>

Projections for Covid financial impact are as per below, as set out in the December 2021 return to the Department for Levelling Up, Housing and Communities. 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>	

- 3.1 To better illustrate the actual position in the budget, the decision has been taken to reverse the previous planned reserve drawdown (£3.516m). However, if there is a continued increase (see comments below) the drawdown may be reinstated.
- 3.2 Factoring in the additional government funding given to Councils, ASC is now showing an overspend, equivalent to 4.2% 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, with demand for residential and nursing placements returning to pre-pandemic levels.
- 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 however the potential impact of the Omicron variant has not been included, this will need to be monitored.
- 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 **£4.546m**, this reflects a £0.456m underspend variance reported position at Q3.

### Capital Forecast (Q3 2021/22)

Capital Programme Description	2021-22 M9 Budget	2021-22 M9 Forecast	Variance
	£000	£000	£000
Sport and Physical Activities	132	93	-39
Community Equipment and Assistive Technology	1,417	1,000	-417
Investing in IT	379	379	0
Disabled Facilities Grants Programme	3,074	3,074	0
<b>Adults Total</b>	<b>5,002</b>	<b>4,546</b>	<b>-456</b>

- The Sports and Physical Activities projected forecast at month 9 is £0.093m 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.

### 3.7 Debt Recovery

- 3.7.1 Debt which relates to adult social care residential placements and community care packages arises when individuals are financially assessed as being able to contribute to the costs of their care and support, but the 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, indeed the average collection rate for Barnet



is around 80%. The council has initiated a dedicated project to reduce the current level of debt, improve the active management of debt and prevent future debt.

3.7.2 We have identified a range of reasons for the buildup of debt, which include not routinely using direct debit to support regular payments, the need to improve information flows between Mosaic (case management system) and Integra (finance system) and the fact that cases can be very complex, especially when there are no formal arrangements for the management of an individual's financial affairs.

3.7.3 At the end of Q3 the level of overdue debt related to individuals who receive adult social care services was £8.359. Approximately 25% of the debt relates to deceased client accounts and 20% of this debt is secured by a deferred payment agreement (DPA). A DPA is an arrangement with the council that enables people to use the value of their homes to help pay care home costs after their deaths. However, funds owed under DPAs are shown as a debt even if the individual is still living.

3.7.4 The primary focus of the project team has been to reduce the current level of debt whilst developing robust standard operating procedures to ensure future levels of debt are significantly reduced and actively managed. The table below shows the financial benefit to the Council to date.

Financial Benefit	Amount
Individual debt repaid	£451,700
Debt recharged to Health	£66,464
Credits (Invoices Adjusted)	£202,750
Debt avoidance	£270,988
<b>Total financial benefit</b>	<b>£991,902</b>

3.7.5 Further funding has been agreed and a team has been recruited to expand the existing Debt Recovery team until the end of March 2023. A system lead workflow and standard operating practice has been designed for each category of debt and a Debt Panel meeting has been established to ensure a clear and robust process for decisions and escalations. In phase two, the project will take the learning from phase one and finalise standard operating procedures and system improvements and make recommendations for permanent resourcing, service structure, and on-going preventative measures.

## 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	<b>Leisure</b> - over delivery against projected income.	-747	Impacted by Covid
A&S21	<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. 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 contract delivers 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 (including fees and charges) 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:  
<https://barnet.moderngov.co.uk/ecSDDisplay.aspx?NAME=SD349&ID=349&RPID=26844096>

**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 Q3 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 a risk-based approach to budget monitoring and any decisions regarding reserve movements.</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>The MTFs to 2024 is set and 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>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</p>

<p>Risk Rating: 16</p>	<p>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 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>In response to mandatory vaccine regulation, the care quality team reviewed business continuity plans with care homes 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. This preparation was invaluable when care homes began experiencing Omicron outbreaks alongside other mechanisms in place between Care Quality Team, Health (One Barnet Care Home Team) and Public Health to assess risk and ensure service continuity was not affected.</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 March 2022.</p>

<p><b>AC008 Safeguarding demand:</b> 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.</p> <p>Risk Rating: 12</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 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><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>

### 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.

13.4 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>

## **14. ENVIRONMENTAL IMPACT**

14.1 There are no direct environmental implications in relation to the recommendations.

## **15. BACKGROUND PAPERS**

15.1 None