



Adults and Safeguarding Committee

20 September 2018

Title	Quarter 1 2018/19 Adults and Safeguarding Performance Report
Report of	Councillor Sachin Rajput – Committee Chairman
Wards	All
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Key	No
Enclosures	None
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Summary

This report provides an update on the Theme Committee priorities in the Corporate Plan 2018/19 Addendum for **Quarter 1 (Q1) 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.

Officer Recommendations

1. The Committee is asked to review the financial, performance and risk information for Q1 2018/19 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.

1. PURPOSE OF REPORT

Introduction

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services; and works with partners on the Health and Wellbeing Board to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare. The priorities for the year ahead (see table 1) are set out in the Corporate Plan 2018/19 Addendum, which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>
- 1.2 This report provides an update on these priorities for **Q1 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 1.3 This report is in addition to the Q1 2018/19 Strategic Performance Report to Policy and Resources Committee and the Q1 2018/19 Contracts Performance Report to Financial Performance and Contracts Committee. These reports can be found on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1>

Table 1: Adults and Safeguarding Committee priorities for 2018/19

Priorities	Key activities
Embedding strength-based best practice	<ul style="list-style-type: none">• Share and develop strength-based working with citizens, health providers and the voluntary and community sector• Implement the prevention and wellbeing co-ordination model with the local voluntary and community sector• Work with partners to support communities to take practical actions to enable people to live well with dementia and make Barnet a dementia-friendly borough• Focus on Improving Mental Health in the community through the delivery of an enablement model that will allow people to lead better lives through targeted support. This will include an improved pathway/access to services through joint working with the NHS• Offer employment support to people who use adult social care through the new employment support framework and Your Choice Barnet (YCB) services• Continue to provide advice and support to carers
Integrating local health and social care	<ul style="list-style-type: none">• Implement the rapid response homecare to support timely hospital discharge and work with NHS Barnet Clinical Commissioning Group (CCG) to enhance support to care homes to avoid unnecessary hospital admissions• Work in partnership with the CCG to implement the Care Closer to Home programme• Develop a Care Home Strategy and an enhanced offer for care homes, including the red bag initiative to accompany people from care homes to and from hospital and Significant Seven (S7) training to support staff in the early identification of deterioration of patients• Improve the health of carers through delivery of the carers and young carers strategy.• Work with NHS England to develop a joined-up plan for the future care needs of people in specialist residential services under the Transforming

Priorities	Key activities
Needs-based support	<p>Care programme</p> <ul style="list-style-type: none"> • Expand homecare, enablement and support options for residents e.g. offer more technology services and increase supported living and nursing care • Work with Barnet Homes and YCB to build a new extra care scheme at Moreton Close (renamed Ansell Court); and progress two further schemes in the west and south of the borough • Re-commission care and support services at two extra care schemes (Goodwin Court and Wood Court) • Work with Barnet Homes to enhance existing sheltered housing and housing plus to meet the increasing needs of older residents and those with disabilities • Deliver the wider vision for accommodation and support services embedding greater use of all services and shaping the market to deliver an even greater range of housing options for independent living • Prototype employment services for working age adults to support them to find and maintain employment • Work closely with YCB to monitor and support their person-centred approach to increase independence and help people to progress to employment • Work with Barnet Mencap - Bright Futures (following the recent procurement) to ensure that prevention services are provided to more residents and that through the strength-based approach more people are supported to achieve great, sustainable outcomes
Improving leisure facilities and physical activity	<ul style="list-style-type: none"> • Complete implementation of the new leisure management contract including new services for residents • Continue construction of two new leisure centres - Barnet Copthall and New Barnet – for a planned opening in 2019 • Deliver improvements to existing leisure centres • Raise awareness of sport and physical activity and increase participation through the Fit and Active Barnet Partnership • Co-ordinate funding applications, volunteering and training opportunities through the Fit and Active Barnet Partnership • Complete an Indoor Sport and Recreation Study which will act as a strategic review and complement to the Barnet Playing Pitch Strategy and Local Plan
Health and Wellbeing	<ul style="list-style-type: none"> • Commission lead providers for health checks and smoking cessation services to simplify administration and deliver improved outcomes • Implement the Healthy Weight Implementation Plan across the partnership

Budget forecasts

- 1.4 The forecast **revenue outturn** (after reserve movements) at Q1 2018/19 for Adults and Communities was **£96.077m**; a projected **overspend of £0.667m** (0.7% of the overall budget) (see table 2).
- 1.5 Because of the timing of this report, the latest forecast at Month 4 (July 2018) has been included too (see table 2a). This shows the forecast **revenue outturn** (after reserve movements) to be **£96.202m**; a projected **overspend of £0.792m** (0.8% of the overall budget). This has been used as the basis for recovery planning to mitigate against an overspend position at the end of the year.

Table 2: Revenue forecast (Q1 2018/19)

Service	Revised Budget	Q1 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q1 18/18 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	31,976	(43)	(171)	31,805	(214)	(0.7)
Integrated care – Mental Health	6,544	7,017	473	(120)	6,897	353	5.4
Integrated Care – Older Adults	29,584	30,738	1,154	(270)	30,468	885	3.0
Integrated Care – Physical Disabilities	7,369	8,041	671	(40)	8,001	632	8.6
Workforce	14,396	13,996	(400)	0	13,996	(400)	(2.8)
A&C Other	5,498	4,910	(588)	0	4,910	(588)	(10.7)
Adults and Communities	95,410	96,677	1,267	(600)	96,077	667	0.7

Table 2a: Revenue forecast (Month 4 (July) 2018/19)

Service	Revised Budget	M4 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	M4 18/18 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	32,196	177	(171)	32,026	7	0.0
Integrated care – Mental Health	6,544	7,003	459	(120)	6,884	339	5.2
Integrated Care – Older Adults	29,584	30,252	668	(270)	29,982	399	1.3
Integrated Care – Physical Disabilities	7,369	8,102	733	(40)	8,063	693	9.4
Workforce	14,396	14,350	(46)	0	14,350	(46)	(0.3)
A&C Other	5,498	4,898	(600)	0	4,898	(600)	(10.9)
Adults and Communities	95,410	96,802	1,392	(600)	96,202	792	0.8

1.6 The Q1 (see table 2) overspend is driven mainly by an overspend of £1.654m in the care placements budgets as Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15.

Despite mitigating actions factored in to reduce spend, including various increases to income, there are significant pressures in homecare and nursing care placements. Older Adults services have experienced activity growth in nursing care of 8% and 10% in homecare. There were 38% more new homecare packages in Q1 2018/19 than in Q1

2017/18. The average cost for new homecare packages was also 10% higher than last year.

The Mental Health service is projecting to overspend by £0.284m in supported living due to forecast activity growth. Physical Disabilities services are overspending by £0.632m due to the full year effect of new clients in 2017/18.

Projected placements pressures at Q1 are partly mitigated by underspends in Supported Living Learning Disabilities (£0.508m) relating to lower than expected growth from 2017/18.

The non-placements budgets are projecting to underspend by £0.988m in 2018/19. The projected underspend in the Adults and Communities Workforce of £0.400m is due to transitioning several agency staff to permanent roles and carrying 30 in-year vacancies in order to offset the placements overspend.

The underspends projected in community equipment (£0.253m) and Telecare (£0.173m) are a result of planned capitalisation of the costs of large items of equipment via the Disabled Facilities Grant (DFG) budget. Voluntary Organisations budgets are also projecting underspends of £0.307m due to planned reduction of prevention contracts.

Deprivation of Liberty Safeguards (DOLS) continues to be a cost pressure (£0.137m) in 2018/19 because of Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16. The overspend relates to the cost of assessments.

- 1.7 The projected **capital outturn** at Q1 2018/19 for Adults and Communities was **£1.283m** (100% variance from the revised budget).

Table 3: Capital forecast (Q1 2018/19)

Service	2018/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q1 2018/19 Forecast	Forecast variance from Approved Budget	Forecast variance from Approved Budget
	£000	£000	£000	£000	£000	%
Investing in IT	-	1,283	-	1,283	1,283	100.0
Adults and Communities	-	1,283	-	1,283	1,283	100.0

- 1.8 The Investing in IT project has spend to date of £0.159m and forecast spend of £1.283m. Policy and Resources Committee on 19 July 2018 approved this project for inclusion in the capital programme and agreed a budget of £4.2m to cover costs in 2018/19 and 2019/20. The capital forecast table will be updated to reflect the revised budget in Q2.

Committee priorities

- 1.9 The update on Committee priorities includes performance and risk information as follows:
- Progress on activities
 - Performance of key indicators¹
 - High level risks from the Corporate Risk Register²
 - Strategic issues/escalations related to the Theme Committee's terms of reference and annual plan.
- 1.10 An overall status for each of the Committee's priorities is shown in table 4. This reflects the Q1 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level risks.

Table 4: Overall status for priorities (Q1 2018/19)

Adults and Communities Committee priorities	Overall status
Embedding strength-based best practice	Amber
Integrating local health and social care	Amber
Needs-based support	Green
Improving leisure facilities and physical activity	Green
Health and Wellbeing	Amber

Embedding strength-based practice

- 1.11 A programme of work to embed strength-based social care improvement has been reported monthly to a dedicated officer oversight group. This has included case audits, direct observations and reviews of supervision activity that ensure practitioners understand and follow strength-based principles. All panel authorisations have reviewed the proposed care package for strength-based principles and requested changes where required to ensure care is strength-based, with overall performance reported into the Delivery Unit leadership team.

The mental health enablement pathway has continued to receive high levels of referrals, especially into the Network team, which now has peer support workers. The pathway includes wellbeing opportunities such as the community garden and allotment. The employment and support contracts for adults with learning disabilities and mental health needs have been actively managed and developed by commissioners – employment for adults with mental health needs is at the quarterly target of 7.5% and for adults with learning disabilities is only three individuals short of the target (75 against a target of 78).

New admissions to residential care for both older and working age adults have remained low. Both the mental health and learning disabilities indicators for people living in stable accommodation/in their own homes are performing well against the quarterly target. Innovative work has been carried out by the strategic telecare partnership between the council and Argenti with residents in supported living to increase independence and dignity

¹ New RAG rating reflects the percentage variance of the result against the target as follows: On target = **GREEN (G)**; Up to 9.9% off target = **AMBER (A)**; 10% or more off target = **RED (R)**. The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (**↑ I**), Worsening (**↓ W**) or Same (**→ S**). The percentage variation is calculated as follows: Q1 18/19 result minus Q1 17/18 result equals difference; then difference divided by Q1 17/18 result multiplied by 100 = percentage variation.

² The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high level (scoring 15 and above) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q1 2018/19 Corporate Risk Register provides a snapshot in time (as at end June 2018). All risk descriptions for the strategic and high level service/joint risks are available in Appendix A.

through the use of technology. Further work is now underway with students at Barnet and Southgate College's London Hub for Telecare to utilise new research and enhance the council's local offer.

The carers' support contracts are moving into the second year and a programme of carer reviews is being established with the external providers.

1.12 There are 11 key indicators linked to this priority in the Corporate Plan. Two are annual indicators and will be reported later in the year. Five have met the quarterly target; three cannot be reported because of difficulties reporting from case management system (Mosaic); and one has not met the quarterly target.

- **Adults with learning disabilities in paid employment (RAG rated AMBER) – 9.6% against a target of 10.3%.** 75 (against a target of 78) adults with learning disabilities in contact with the council's adult learning disabilities team were in paid employment in Q1, compared with 79 in Q4. Commissioners continue to work closely with employment support contract providers to ensure the service is accessible and meets needs. Learning Disabilities case reviews for the year will focus on adults with more complex needs but employment opportunities will be proactively identified with challenge provided by Assistant Directors at the weekly panel authorisation meeting to ensure these are considered where appropriate.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18 Result	Benchmarking
				Target	Result	DOT		
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	312.5	468.5 ³	122.5	63.6 (G)	↓ W +8%	58.9	Nearest Neighbours 404.2 England 610.7 (NASCIS, 2016/17)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	Smaller is Better	3.2	12.0	3.0	1.2 (G)	↓ W	0.0	Nearest Neighbours 7.7 England 12.8 (NASCIS, 2016/17)
Adults with learning disabilities who live-in their own home or with their family	Bigger is Better	75%	72.5%	72.5%	75.3% (G)	↑ I +7.5%	70.0%	Nearest Neighbours 68.5% England 76.2% (NASCIS, 2016/17)
Adults with learning disabilities in paid employment	Bigger is Better	10.1%	10.9%	10.3%	9.6% (A)	↓ W -3%	9.9%	Nearest Neighbours 9.1% England 5.7% (NASCIS, 2016/17)

³ This target has been revised to bring it into line with the trajectory agreed in Better Care Fund monitoring.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Adults with mental health needs in paid employment	Bigger is Better	6.7%	7.5%	7.5%	7.5% (G)	↓ W -1.3%	7.6%	No benchmark available ⁴
Adults with mental health needs who live independently, with or without support	Bigger is Better	82.4%	83%	83%	83.8% (G)	↑ I +0.8%	83.1%	No benchmark available ⁵
Contacts that result in a care package	Monitor	22.9%	Monitor	Monitor	No result ⁶	N/A	18.2%	No benchmark available
Service users receiving ongoing services with telecare	Bigger is Better	25.4%	26.5%	25.7%	No result ⁷	N/A	23.4%	No benchmark available
Instances of information, advice and guidance provided to carers	Bigger is Better	3874	3600	900	No result ⁸	N/A	724	No benchmark available
People who feel in control of their own lives (Annual)	Bigger is Better	72.1% ⁹	73%	N/A	Due Q3 18/19	N/A	N/A	Nearest neighbours 73.1 England 77.7 (NASCIS, 2016/17)
Service users who find it easy to get information (Annual)	Bigger is Better	61.1% ¹⁰	69.8%	N/A	Due Q3 18/19	N/A	N/A	Nearest neighbours 72.8 England 73.5 (NASCIS, 2016/17)

⁴ NHS Digital did not produce benchmarking data for this indicator in 2016/17 due to issues with the quality of data from the NHS trusts who provide the information.

⁵ NHS Digital did not produce benchmarking data for this indicator in 2016/17 due to issues with the quality of data from the NHS trusts who provide the information.

⁶ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁷ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁸ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁹ This survey indicator has a confidence interval of +/-4.1%pts. The result differs slightly to that reported in Q3 2017/18 (69.9%) due to further data cleansing.

¹⁰ This survey indicator has a confidence interval of +/-4.1%pts. The measures from the annual social care survey have been subject to further validation and are being resubmitted to NHS Digital, the publishers of national social care data. These updated figures are not yet reflected in the published NHS Digital results. The result differs slightly to that reported in Q3 2017/18 (61.7%) due to further data cleansing.

1.13 There are six high level risks linked to this priority. Two are strategic (STR) risks and four are service (AC = Adults and Communities) risks. Note that the case management system risk sits at strategic and service level.

- **STR020 and AC028 - Lack of fully functioning case management system (residual risk score 20).** The programme plan has been revised to focus on meeting Adults and Communities' statutory duties and a review of the build and configuration is being undertaken. The delivery focus has been on safeguarding related activity, statutory reporting and budgetary control – this activity continues to be closely scrutinised by the Programme Board. Lessons learned from statutory reporting will improve the functioning of business processes and case recording. Work has been taken forward to help determine the long-term solution for customer billing. Data inputting backlogs have been reduced substantially. The commercial process is ongoing. Authority to procure a new implementation partner was agreed by Policy and Resources Committee in July 2018.
- **STR007 - Significant adults safeguarding incident (residual risk score 15).** The risk controls include adherence to the London multi-agency safeguarding adults' policy and procedures; a training programme and supervision policy; practice standards; performance monitoring; quality assurance and audit programmes. The Safeguarding Adults Board reports annually to the Adults and Safeguarding Committee and the Health and Wellbeing Board. It should be noted that even with very effective management of the safeguarding process, a safeguarding incident could still occur.
- **AC001 - Increased overspend to meet statutory duties (residual risk score 20).** Budget and performance monitoring and management controls are in place. Work to reduce addressable spend e.g. expenditure on agency staff has been carried out. The Priorities and Spending Review will identify future demand pressures, which the council will seek to reduce and manage. As part of this, strength-based practice will focus on reducing demand for services and finding more creative ways to manage complex need. The dedicated social care monies allocated by the Government have been assigned to priority areas of spend and preventative services as agreed by Adults and Safeguarding Committee in June 2017. A three per cent precept was agreed and applied to support the budget position in 2018/19. Demand for care services continues to increase and significant work has been undertaken to forecast likely demand for services in 2018/19. As a result, recovery planning is underway to avoid and mitigate an overspend position.
- **AC002 - Failure of care provider (residual risk score 16).** A health and social care project group is leading development of a Care Home Strategy and an enhanced offer for care homes to deliver improved quality of services and reduce risk of failure. This is focused on a project to roll-out red bags to care homes and Significant Seven (S7) training to providers. S7 is a training tool which has been implemented in Barnet to support staff in the early identification of deterioration in the patient. Adults and Communities' Integrated Care Quality team continues to work closely with providers to ensure any issues are quickly identified and escalated and providers are supported to resolve them. A joint approach to managing provider concerns is in place led by the primary commissioner as appropriate. Work continues to pilot joint approaches to monitoring the market across London as developed by London ADASS commissioning leads, and with regional sub groups the West London Alliance and the North Central London STP.
- **AC031 – Budget management (residual risk score 16).** Following the move to the new case management system, delays in resolving issues have limited the ability for the council to produce routine budget reports, which could result in budget issues not being identified and addressed in a timely fashion, leading to overspend. The permanent finance reporting

solution for budget monitoring has been tested and used in Q1 forecasting and for the Adult Social Care Finance Return in place of the Mosaic standard report. Work has been undertaken to reduce backlogs in inputting and ensure financial information is up-to-date on Mosaic though there are still some issues with incomplete or untimely information. The finance build and service structure review, which will support financial reporting, was pushed back due to the focus on statutory reporting.

Integrating local health and social care

- 1.14 Delayed transfers of care have remained low and better than the national targets, with April and May 2018 seeing the lowest levels of social care delays in 18 months. The target set for Barnet Adult Social Care by the Department of Health and Social Care/Ministry of Housing, Communities and Local Government was 2.03 delays per day per 100,000 population. Barnet Council has met this target in April and May 2018. It has also transpired that data submitted to NHS Digital by NHS providers in the past has not always been accurate in terms of Barnet Council's performance, so historical national data should be treated with caution in terms of target performance. A range of interventions help to manage delayed discharges, including maintenance of the discharge to assess pathway and co-location of brokerage staff with hospital teams to ensure quick sourcing of care. Heads of Service for the hospitals and mental health teams proactively manage delays, reporting into a weekly meeting with the Adults and Communities Director.

The council is working with NHS Barnet CCG on the Care Closer to Home programme. This programme has three aims: to increase GP access at evenings and weekends; to improve quality and reduce variation in quality in primary care; and to implement multi-disciplinary care based around groups of GP practices called Care Closer to Home Integrated Networks (CHINs). The first CHIN in Barnet is based in Burnt Oak and has improving the care of diabetes patients as its first goal. The CCG is aiming to have CHINs working across Barnet by the end of this financial year. The council has been working with the different CHINs by providing programme management, public health support, support with public and resident engagement and training primary care staff on how to access and signpost residents to prevention and community services offered by the council and the local voluntary sector. A prevention worker from adult social care is working with the second CHIN, to develop and test ways in which working more closely with primary care can reduce demand for adult social care and improve outcomes for residents.

The council continues to offer 'social prescribing' through the prevention and wellbeing team, practice health champions and its information and prevention commissioned services. In addition, officers are reviewing the potential for use of IT applications for social prescribing.

The Health and Wellbeing Board meeting in July 2018 concentrated on reviewing successes of the Health and Wellbeing Strategy over the last three years and agreed the focus for the next two years will be on the following priorities: Mental health and wellbeing; Healthy Weight; Care Closer to Home integration; and Improving Children's Outcomes.

- 1.15 There are two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTC) has been a priority for Adult Social Care, with national targets set for DTC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target. Performance on DTC improved throughout 2017/18 and both indicators met the quarterly target.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19	Q1 17/18	Benchmarking
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				Target	Result	DOT	Result	
Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care	Smaller is Better	9.4	6.84 ¹¹	6.84	4.47 ¹² (G)	N/A	N/A ¹³	CIPFA Neighbours 6.39 London 6.36 England 10.13 (May 2018, Department of Health)
Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only	Smaller is Better	2.3	2.03 ¹⁴	2.03	0.81 (G)	N/A	N/A ¹⁵	CIPFA Neighbours 2.03 London 1.79 England 3.00 (May 2018, Department of Health)

1.16 There are no high level risks linked to this priority.

Needs-based support

1.17 The council has seen an increase in demand for supported living services, particularly as review work with the working age adult cohorts in Learning Disabilities and Mental Health progresses and individuals are diverted away from residential care. The reopening of the accommodation and support approved list delivered a broader range of services increasingly able to meet the complex needs of individuals and provide bespoke services designed to maximise the independence of individuals and enable them to move to or remain in the community. The accommodation and support pathway has been established to enable people to step down as their independent living skills increase. More work with providers is planned to make best use of the range of accommodation and support available.

Early intervention and prevention services (employment and support) have been re-procured for people with learning disabilities and people with autism spectrum conditions. The council is working with Barnet Mencap (Bright Futures) to ensure that these prevention services are provided to more residents and that through the strength-based approach more people are supported to achieve great, sustainable outcomes.

The council has continued to work closely with Your Choice Barnet (YCB) to support their person-centred approach to increasing choice, independence and helping people to progress to employment.

Work is underway to secure a partner to deliver the council's deep cleaning service for vulnerable people. There is often reliance on the service to respond swiftly while a person is in hospital to ensure their home is safe and ready for discharge. The new service will be more responsive and offer seven-day working, supporting people to return home as soon as they are ready to, without risk of delay.

¹¹ The DTOC targets are set by NHS England at a national level and were subject to revision when the Corporate Plan 2018/19 Addendum was published. Subsequently, the target has changed from 9.1 to 6.84.

¹² Q1 2018/19 result is for May 2018. The NHS publication schedule for this data means there is a gap in reporting, with June 2018 data due to be released on the 9 August 2018.

¹³ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹⁴ As above, the target has changed from 2.6 to 2.03.

¹⁵ As above, results are not comparable.

New extra care provision for adults with dementia and disabilities at Ansell Court will be operational by Q4.

The Care Quality Team has continued to work closely with residential and nursing homes in the borough with a range of events to improve quality of provision. The team have rolled out the 'red bag' scheme in many of the borough's nursing homes. The home packs an agreed set of items, medication and personal possessions for a resident who is being admitted to hospital into a dedicated 'red bag' that accompanies them to hospital. This is a national scheme that is designed to smooth the transfer of care from home to hospital and back again. Feedback has been positive with an independent assessor stating the offer in Barnet is supporting people to spend minimal time in hospital. The council aims to give all nursing homes in the borough access to the scheme.

1.18 There are two indicators linked to this priority in the Corporate Plan. Both are annual indicators and will be reported later in the year.

1.19 There are no high level risks linked to this priority.

Improving leisure facilities and physical activity

1.20 The Fit and Active Barnet (FAB) campaign launched in July 2018, which included promotion online and around the borough (e.g. at bus shelters and social media). The council has worked in partnership with Greenwich Leisure Ltd (GLL) to develop a 'FAB Hub', a one-stop-shop where residents have access to health and wellbeing tips, guidance, volunteering and an activity finder that helps residents find an activity that suits them and their lifestyles.

Through the Hub, residents can also sign up for a free annual FAB Card, which provides a range of benefits and opportunities, including up to 50 per cent off leisure based activities and free swimming for under 8s (Monday to Friday). The Card will also provide discounted offers on a range of activities, including Health Walks delivered by the council. The FAB Card can be used at all Barnet leisure centres, including the new developments at Barnet Copthall and New Barnet Leisure Centre.

The construction work on the two new leisure centres is proceeding. The pool excavation and pool testing are complete at Barnet Copthall Leisure Centre and New Barnet Leisure Centre with sub structure work continuing to take place over the summer. Both facilities will open in 2019.

1.21 There are two key indicators linked to this priority in the Corporate Plan. One is from the Active Lives survey and will be reported in Q2. **Leisure attendances (RAG rated AMBER)** for the five leisure facilities operated by Greenwich Leisure Ltd were at 284,972, slightly below the target of 290,750. This was due to fewer attendances than anticipated for some facilities such as the gym and swimming. Investments are being made into several facilities across the borough and plans are being developed to market these to increase membership and future attendance.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Total number of leisure attendances	Bigger is Better	New for 18/19	1,163,000	290,750	284,972 (A)	New for 18/19	New for 18/19	No benchmark available
Population taking part in sport and physical activity at least twice in the last month (Annual)	Bigger is Better	77.9%	78.5%	N/A	Due Q2 18/19	N/A	N/A	N/A

1.22 There are no high level risks linked to this priority.

Health and Wellbeing

1.23 17,938 people in Barnet were invited to attend a NHS Health Check in 2017/18 (against a Department of Health target of 19,700 people; 20% of the eligible population registered with a GP practice each year). Although this was less than target (18%), it was a significant increase on the previous year (13,729, 13.7%, in 2016/17). The Public Health service is aiming to make Health Checks available to patients of all practices in the borough and increase uptake.

The Stop Smoking service in Barnet was reinvigorated in 2017/18 in response to diminishing performance over the past two years. In 2017/18, 991 people signed up to the service and there were 444 people who quit smoking; a quit rate of 44.8%. The quit rate was the highest achieved in Barnet for the past five years. The Public Health service is looking to change how the service is commissioned in the future and to have it led by the GP Federation in the latter part of this financial year.

A strategic approach to Healthy Weight was approved by the Health and Wellbeing Board in July 2018. Eight workstreams are underway to provide every resident with equal opportunities to maintain a healthy weight. Over the next quarter the focus will be on finalising the care pathway for adults and children; completing the evidence review for the Local Plan and Sustainable Transport Strategy; and agreeing target areas for the Local Government Declaration on Sugar. Additionally, work is being prioritised on A5 premises within 400 metres of schools to ensure local food environments are conducive to healthy eating.

1.24 There are five key indicators linked to this priority in the Corporate Plan. Child excess weight are annual indicators and will be reported later in the year. Smoking cessation and NHS Health Checks are reported a quarter in arrears, so Q1 results will be reported in Q2.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight - 4-5 year olds (Annual)	Smaller is Better	21.00%	18.97%	N/A	Due Q3 18/19	N/A	N/A	London 22.31% England 22.63% (2016/17 PHOF, Public Health England)

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight - 10-11 year olds (Annual)	Smaller is Better	32.60%	31.16%	N/A	Due Q3 18/19	N/A	N/A	London 38.55% England 34.25% (2016/17 PHOF, Public Health England)
Smoking cessation - 4-week quitters	Bigger is Better	444	400	100	Due Q2 18/19 ¹⁶	New for 18/19	New for 18/19	No benchmark available
NHS Health Checks - Invites	Bigger is Better	17,938	20,155	5,038	Due Q2 18/19	New for 18/19	New for 18/19	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	6,286	9,300	2,325	Due Q2 18/19	New for 18/19	New for 18/19	No benchmark available

1.25 There is one high level risk linked to this priority. This is a service (PH = Public Health) risk.

- PH06 - Pandemic Influenza type disease outbreak (residual risk score 20)** - A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies impacting on the delivery of services and the health protection of the borough's residents. Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Registers for Barnet. Local Authority management of a Pandemic Influenza outbreak is in accordance with the council's category 1 statutory responsibilities and obligations, in line with the Civil Contingencies Act (2004). The service has mitigations in place in terms of the Pandemic Flu plan – signed off and circulated to all partners. Service leads are dialling in to the national flu conference call each week. The risk has reached its target risk score of 20 and no further local actions can be completed to reduce it further. The risk is being tolerated with the existing controls and mitigations in place. The risk score is as high as 20 because Pandemic Flu outbreaks occur in a cycle of 10 years and it is 9 years since the last pandemic. Therefore, it is considered by the WHO that a pandemic is highly likely to occur in the near to medium future.

Strategic issues/escalations

1.26 This report does not identify any matters which require an escalation to Policy and Resources Committee by the Adults and Safeguarding Committee.

¹⁶ Public Health data is reported a quarter in arrears, so Q1 18/19 results for smoking cessation and NHS Health Checks will be reported in Q2 18/19. Child excess weight (4-5 and 10-11 years olds) are Annual indicators and will be reported in Q3 18/19.

2 REASONS FOR RECOMMENDATIONS

- 2.1 These recommendations are to provide the Committee with relevant financial, performance and risk information in relation to the priorities in the Corporate Plan 2018/19 Addendum.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4 POST DECISION IMPLEMENTATION

- 4.1 None.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The report provides an overview of performance for Q1, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 5.1.2 The Q1 2018/19 results for all Corporate Plan indicators are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 5.1.3 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of council priorities and targets as set out in the Corporate Plan.
- 5.1.4 Relevant council strategies and policies include the following:
- Corporate Plan 2015-2020
 - Corporate Plan - 2016/17, 2017/18 and 2018/19 Addendums
 - Medium Term Financial Strategy
 - Performance and Risk Management Frameworks.
- 5.1.5 The priorities of the council are aligned to the delivery of the Health and Wellbeing Strategy.

5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

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

5.3 Social Value

- 5.3.1 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.

5.4 Legal and Constitutional References

- 5.4.1 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.
- 5.4.2 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 sub-section 28(4) of the Act.
- 5.4.3 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.
- 5.4.4 The council’s Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>
- 5.4.5 Section 2.4.3 states that amendments to the revenue budget can only be made with approval as per the scheme of virements table below:

Virements for allocation from contingency for amounts up to and including £250,000 must be approved by the Chief Finance Officer
Virements for allocation from contingency for amounts over £250,000 must be approved by Policy and Resources Committee
Virements within a service that do not alter the approved bottom line are approved by the Service Director
Virements between services (excluding contingency allocations) up to and including a value of £50,000 must be approved by the relevant Chief Officers
Virements between services (excluding contingency allocations) over £50,000 and up to and including £250,000 must be approved by the relevant Chief Officer and Chief Finance Officer in consultation with the Chairman of the Policy and Resources Committee and reported to the next meeting of the Policy and Resources Committee
Virements between services (excluding contingency allocations) over £250,000 must be approved by Policy and Resources Committee.

5.5 Risk Management

- 5.5.1 Various projects within the council's revenue budget and capital programme are supported by time-limited grants. Where there are delays to the implementation of these projects, there is the risk that the associated grants will be lost. If this occurs either the projects will be aborted or a decision to divert resources from other council priorities will be required.
- 5.5.2 The revised forecast level of balances needs to be considered in light of the risk identified in 5.5.1 above.

5.6 Equalities and Diversity

- 5.6.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:
- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advancement of equality of opportunity between people from different groups.
 - Fostering of good relations between people from different groups.
- 5.6.2 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 5.6.3 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.

- 5.6.4 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.
- 5.6.5 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.7 Corporate Parenting

- 5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to this report.

5.8 Consultation and Engagement

- 5.8.1 During the process of formulating budget and Corporate Plan proposals for 2015-2020 onwards, four phases of consultation took place:

Phase	Date	Summary
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Phase	Date	Summary
Phase 1: Setting out the challenge	Summer 2013	The council forecast that its budget would reduce by a further £72m between 2016/17 and 2019/20, setting the scene for the PSR consultation
Phase 2: PSR consultation to inform development of options	October 2013 - June 2014	Engagement through Citizen's Panel Workshops which focused on stakeholder priorities and how they would want the council to approach the Priorities and Spending Review An open 'Call for Evidence' asking residents to feedback ideas on the future of public services in Barnet.
Phase 3: Engagement through Committees	Summer 2014	Focus on developing commissioning priorities and MTFs proposals for each of the 6 committees Engagement through Committee meetings and working groups
Phase 4: Strategic Plan to 2020 Consultation	December 2014 – March 2015	A series of 6 workshops with a cross section of residents recruited from the Citizens Panel and Youth Board, plus two workshops with users ¹⁷ of council services. An online survey (17 December 2014 – 11 February 2015)

5.9 Insight

- 5.9.1 The report identifies key budget, performance and risk information in relation to the Corporate Plan 2018/19 Addendum.

6 BACKGROUND PAPERS

- 6.1 Council, 3 March 2015 (Decision item 12) – approved Business Planning 2015/16 – 2019/20, including the Medium-Term Financial Strategy.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=7865&Ver=4>
- 6.2 Council, 14 April 2015 (Decision item 13.3) – approved Corporate Plan 2015-2020.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=7820&Ver=4>
- 6.3 Council, 4 April 2016 (Decision item 13.1) – approved 2016/17 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8344&Ver=4>
- 6.4 Council, 7 March 2017 – approved 2017/18 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8819&Ver=4>
- 6.5 Council, 6 March 2018 – approved 2018/19 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9162&Ver=4>

¹⁷ One "service user" workshop was for a cross section of residents who are users of non-universal services from across the council. The second workshop was for adults with learning disabilities.