



## Adults and Safeguarding Committee

### 18 March 2019

<b>Title</b>	<b>Quarter 3 2018/19 Adults and Safeguarding Performance Report</b>
<b>Report of</b>	Chairman of Adults and Safeguarding Committee
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	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 3 (Q3) 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.

### Officer Recommendations

- The Committee is asked to review the financial, performance and risk information for Q3 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 (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 **Q3 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 Q3 2018/19 Strategic Performance Report to Policy and Resources Committee (20 February 2019) and the Q3 2018/19 Contracts Performance Report to Financial Performance and Contracts (FPC) Committee (11 March 2019). These reports are published on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1> prior to the committees.

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

Priorities	Key activities
<b>Embedding strength-based best practice</b>	<ul style="list-style-type: none"><li>• Share and develop strength-based working with citizens, health providers and the voluntary and community sector</li><li>• Implement the prevention and wellbeing co-ordination model with the local voluntary and community sector</li><li>• 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</li><li>• 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</li><li>• Offer employment support to people who use adult social care through the new employment support framework and Your Choice Barnet (YCB) services</li><li>• Continue to provide advice and support to carers</li></ul>
<b>Integrating local health and social care</b>	<ul style="list-style-type: none"><li>• 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</li><li>• Work in partnership with the CCG to implement the Care Closer to Home programme</li><li>• 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</li><li>• Improve the health of carers through delivery of the carers and young carers strategy.</li></ul>

Priorities	Key activities
	<ul style="list-style-type: none"> <li>Work with NHS England to develop a joined-up plan for the future care needs of people in specialist residential services under the Transforming Care programme</li> </ul>
<b>Needs-based support</b>	<ul style="list-style-type: none"> <li>Expand homecare, enablement and support options for residents e.g. offer more technology services and increase supported living and nursing care</li> <li>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</li> <li>Re-commission care and support services at two extra care schemes (Goodwin Court and Wood Court)</li> <li>Work with Barnet Homes to enhance existing sheltered housing and housing plus to meet the increasing needs of older residents and those with disabilities</li> <li>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</li> <li>Prototype employment services for working age adults to support them to find and maintain employment</li> <li>Work closely with YCB to monitor and support their person-centred approach to increase independence and help people to progress to employment</li> <li>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</li> </ul>
<b>Improving leisure facilities and physical activity</b>	<ul style="list-style-type: none"> <li>Complete implementation of the new leisure management contract including new services for residents</li> <li>Continue construction of two new leisure centres - Barnet Copthall and New Barnet – for a planned opening in 2019</li> <li>Deliver improvements to existing leisure centres</li> <li>Raise awareness of sport and physical activity and increase participation through the Fit and Active Barnet Partnership</li> <li>Co-ordinate funding applications, volunteering and training opportunities through the Fit and Active Barnet Partnership</li> <li>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</li> </ul>
<b>Health and Wellbeing</b>	<ul style="list-style-type: none"> <li>Commission lead providers for health checks and smoking cessation services to simplify administration and deliver improved outcomes</li> <li>Implement the Healthy Weight Implementation Plan across the partnership</li> </ul>

## Budget forecasts

- 1.4 The forecast **revenue outturn** (after reserve movements) at Q3 2018/19 for Adults and Communities was **£95.071m**; a projected **underspend of £0.426m** (see table 2).

**Table 2: Revenue forecast (Q3 2018/19)**

Service	Revised Budget	Q3 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q3 18/19 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Integrated Care – Learning Disabilities	28,226	28,226	0	0	28,226	0
Integrated care – Mental Health	6,604	6,604	(0)	0	6,604	(0)
Integrated Care – Older Adults	32,139	32,274	135	0	32,274	135
Integrated Care – Physical Disabilities	8,430	8,430	0	0	8,430	0
Workforce	14,601	14,242	(359)	0	14,242	(359)
A&C Other	5,498	5,295	(202)	0	5,295	(202)
<b>Adults and Communities</b>	<b>95,497</b>	<b>95,071</b>	<b>(426)</b>	<b>0</b>	<b>95,071</b>	<b>(426)</b>

- 1.5 A proposal will be put to Council to use capital receipts to fund one off costs relating to the Mosaic project. As a result, the revenue budget for **Adults and Communities** is projected to underspend by £0.426m. The underspend relates to staffing budgets within the service. These are now proposed to be funded through the flexible use of capital receipts, subject to Council approval.

Non-achievement of any mitigating actions will lead to an increased pressure. Risks are monitored monthly and will result in an overspend of £0.573m, if all materialise. One of the key risks being monitored is the potential increase in care referrals due to winter spikes in health activity (currently estimated at £0.315m).

The non-placements budgets are forecasting a net underspend of £0.562m which is the net effect of £0.417m underspend on staffing budget and £0.145m underspend mostly due to Equipment and Adaptations and partially offset by overspends on Deprivation of Liberty safeguards (DOLs) assessment costs. The Equipment and Adaptations budget is used to purchase small items of equipment. Following a review, it was decided that it was more appropriate to capitalise the large items of equipment via the Disabled Facilities Grant (DFG) budget. The DFG capital budget is managed within the Development and Regulatory Services area of the capital programme and is expected to be overcommitted. This pressure has therefore emerged as a forecast overspend on the revenue budget.

The forecast outturn on placements is currently showing a £0.135m overspend as at Period 9, all due to Older Adults. Winter Pressures funding from the Government of £1.400m is included within the projections, and reallocated in Period 8 to better reflect pressure from hospital discharge.

There is presently a backlog in raising invoices for income due to the service and focused work is taking place to eliminate this. In addition, there are a number of significant debtors (such as the CCG) for the service which could result in debt write

offs being written back to the service. The service management are working hard to resolve the backlog, officers are liaising closely with CCG officers to resolve the debt issues, and the council is introducing a Debt Board to look at how debt is managed and pursued.

- 1.6 The projected **capital forecast** at Q3 2018/19 for Adults and Communities (Investing in IT) was **£2.400m** and for the Commissioning Group (Sport and Physical Activities) was **£23.277m**.

**Table 3: Capital forecast (Q3 2018/19)**

Service	18/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q3 18/19 Forecast	Variance from Approved Budget
	£000	£000	£000	£000	£000
Investing in IT	2,850	0	(450)	2,400	(450)
Adults and Communities	2,850	0	(450)	2,400	(450)
Sport and Physical Activities (SPA)	22,761	0	516	23,277	516
Commissioning Group (SPA)	22,761	0	516	23,277	516

- 1.7 The Mosaic project has forecast slippage of £0.450m.
- 1.8 The budget for the Sport and Physical Activities (SPA) construction programme for Barnet Copthall and New Barnet leisure centres has been reprofiled and £0.516m accelerated for works scheduled in 2018/19.

## Committee priorities

- 1.9 The update on Committee priorities includes performance and risk information as follows:
- Progress on activities
  - Performance of key indicators<sup>1</sup>
  - High level risks from the Corporate Risk Register<sup>2</sup>
  - 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 Q3 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level risks.

<sup>1</sup> 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: Q3 18/19 result minus Q3 17/18 result equals difference; then difference divided by Q3 17/18 result multiplied by 100 = percentage variation. Any results not for three months of quarter, illustrated by (c) = cumulative from start of financial year; (s) snapshot at end quarter; or (r) rolling 12 months.

<sup>2</sup> 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 Q3 18/19 Corporate Risk Register provides a snapshot in time (as at end December 2018).

**Table 4: Overall status for priorities (Q3 2018/19)**

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

### Embedding strength-based practice

- 1.11 Operational work to embed strength-based social care improvement has continued. Since September 2018 a panel chaired by an Assistant Director has been used to review and authorise all care and support plans including lower level funded packages of care. Areas of improvement have been identified, though the majority of packages of support have been approved as appropriately strength-based. An external audit of case recording will take place early in Q4 and the findings reported into the operational Quality Board.

The Adult Social Care User Survey for 2017/18 has been published. The key indicators for strength-based practice showed that performance had been maintained or improved; and Barnet performed strongly against comparator local authorities. Overall satisfaction (very and extremely satisfied categories only) with care and support increased from 61.7% in 2016/17 to 63.6% in 2017/18, with Barnet ranked 2<sup>nd</sup> in the comparator group of 16 local authorities. The proportion of people who said they had as much social contact as they would like also increased, from 43.4% in 2016/17 to 46% in 2017/18, with Barnet ranked 3<sup>rd</sup> in the comparator group. Barnet also maintained strong performance in relation to social care-related quality of life and ranked 4<sup>th</sup> in the comparator group, and Barnet ranked 2<sup>nd</sup> when people were asked about the impact of social care on their quality of life against the comparator group. These indicators are reported a year in arrears, as part of the 2018/19 social care performance framework.

Other measures reported in Q3 have also performed well against targets. A recently published Local Government Association benchmarking tool shows that Barnet has the 4<sup>th</sup> lowest level in England of residential care admissions for those over 65, demonstrating the effectiveness of the service's strengths-based and independence-focused approach. The percentage of adults with learning disabilities living in their own homes or with families is at 78.4% against a target of 72.5% - a slight percentage decrease from the previous quarter but an increase from 627 to 629 adults living in stable accommodation. A targeted programme of case reviews for adults with mental health (MH) issues potentially able to step down from residential care took place in Q3 and the number of adults with MH issues living independently has increased by four individuals to 83.5%, outperforming the target of 83%. Employment for adults with MH issues was at 8.4%, better than the 7.5% target. Employment for adults with learning disabilities (LD) has fallen short of the target and is the reason for the amber rating for the priority. Prototyping of the new employment and day opportunities support service with LD service users has continued in Q3. Roll out of the service to MH service users was delayed in Q3 but is being progressed in Q4. Steering groups to support this are being held in January 2019.



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

- **Adults with learning disabilities in paid employment (RAG rated RED) – 9.7% against a target of 10.9%.** Support plans at all levels of cost continue to be signed off via a panel process which provides feedback and challenge on whether employment options have been considered. The new learning disabilities day opportunities and employment support service was prototyped in Q3 and will be rolled out more widely in Q4. The roll-out includes a steering group working with social workers to identify and increase referrals into the services.

Indicator	Polarity	17/18 EOY	18/19 Target	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result	DOT	Result	
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	312.5	468.5 <sup>3</sup>	351	260 (G)	↑ I +1.2%	256.5	CIPFA Neighbours 383.4 London 406.2 England 585.6 (NASCIS, 17/18)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	3.2	12.0	9.0	3.3 (G)	↓ W +63%	2.0	CIPFA Neighbours 8.8 London 9.6 England 14.0 (NASCIS, 17/18)
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	75%	72.5%	72.5%	78.4% (G)	↑ I +9.2%	71.8%	CIPFA Neighbours 70.9% London 73.3% England 77.2% (NASCIS, 17/18)
Adults with learning disabilities in paid employment	Bigger is Better	10.1%	10.9%	10.9%	9.7% (R)	↑ I +1.5%	9.6%	CIPFA Neighbours 9.3% London 7.5% England 6.0% (NASCIS, 17/18)

<sup>3</sup> 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	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result	DOT	Result	
Adults with mental health needs in paid employment	Bigger is Better	6.7%	7.5%	7.5%	8.4% (G)	↑ I +12%	7.5%	CIPFA Neighbours 7.8% London 6% England 7% (NASCIS, 17/18)
Adults with mental health needs who live independently, with or without support	Bigger is Better	82.4%	83%	83%	83.5% (G)	↑ I +1.7%	82.1%	CIPFA Neighbours 67.1% London 61% England 57% (NASCIS, 17/18)
Contacts that result in a care package (c)	Monitor	22.9%	Monitor	Monitor	No result <sup>4</sup>	N/A	16.7%	No benchmark available
Service users receiving ongoing services with telecare (c)	Bigger is Better	25.4%	26.5%	26.2%	No result <sup>5</sup>	N/A	24.3%	No benchmark available
Instances of information, advice and guidance provided to carers (c)	Bigger is Better	3874	3600	2700	No result <sup>6</sup>	N/A	2854	No benchmark available
People who feel in control of their own lives (Annual)	Bigger is Better	72.1% <sup>7</sup>	73%	73%	75.8% (G)	↑ I +8.4%	69.9%	CIPFA Neighbours 74.1% London 73.2% England 77.7% (NASCIS, 17/18)
Service users who find it easy to get information (Annual)	Bigger is Better	61.1% <sup>8</sup>	69.8%	69.8%	69.1% (G)	↓ W -4.2%	72.1%	CIPFA Neighbours 71.2% London 70.1% England 73.3% (NASCIS, 17/18)

<sup>4</sup> This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

<sup>5</sup> This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

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

<sup>7</sup> 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.

<sup>8</sup> 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.



- 1.13 There are five high level risks linked to this priority - two strategic risks and three service risks. The case management system risk sits at both strategic and service level.
- **STR007 - Significant adults safeguarding incident (residual score 15).** The safeguarding risk in Adult Social Care is being managed by various policies and procedures, including practice standards; training; and quality assurance, including case audits and supervision audits. The service reports to CMT Assurance, Barnet Safeguarding Adults Board, Adults and Safeguarding Committee and the Health and Wellbeing Board annually. There has been a comparison exercise of safeguarding indicators to national benchmarks in Q3, which showed Barnet to be in line with national benchmarks including the conversion rate of safeguarding concerns to inquiries and an improved satisfaction in adults who use the service feeling safe and secure. It is understood that even with very effective management of safeguarding risks, a safeguarding incident could still occur.
  - **STR020 / AC028 - Lack of fully functioning case management system (residual score 15 – reduced from 20).** If the substantial remedial work required to Mosaic is not implemented in a timely manner, the lack of a fully functioning case management system will have an impact on key business processes and on data/information. The main commercial process has completed and a new contractor, Bettergov, has been procured to complete implementation of Mosaic. A plan and approach are being developed to deliver the remedial work, with an expectation that this is signed off by the programme board in January 2019. As a result, the likelihood score has reduced from 4 to 3, resulting in a reduced residual score of 15 (from 20)
  - **AC001 - Increased overspend to meet statutory duties (residual score 20).** The uncertainty of the operating environment could lead to insufficient resources for the service to meet its statutory duties. The demand for care services has continued to increase, particularly in complexity and the cost of individual care packages. The announcement of winter pressures monies has significantly improved the in-year budget position. Recovery planning has been undertaken and measures implemented, including holding vacant posts; scrutiny of new spend by an Assistant Director to ensure care planning is appropriate and proportionate; recruitment of additional capacity to carry out financial assessments to ensure income is realised. The medium term pressures remain.
  - **AC031 – Budget management (residual score 16).** Delays in resolving issues with Mosaic have limited the ability to produce routine budget reports, which could result in budget issues not being identified and addressed in a timely fashion leading to overspend. A new contractor, Bettergov, has been procured to complete implementation of the Mosaic system. A plan and approach are being developed to deliver the remedial work, with an expectation that this is signed off by the programme board in January 2019. The plan focuses in its initial stages on streamlining the brokerage processes to ensure more timely purchasing of care. The new finance reporting solution is in use with trend analysis tools being developed and tested for rollout at the end of Q4.

## Integrating local health and social care

- 1.14 Delayed Transfers of Care (DTOC) have been maintained at a low level during the autumn 2018. There were higher levels of delays in September 2018, particularly in relation to complex mental health cases, but the adult social care target was achieved. Delays were brought down in October and November 2018. The reduction in delays is in part due to Barnet contracting with 23 new providers to increase capacity in the homecare market. These contracts went live in Q3. Delays are likely to become more challenging in Q4 as the winter pressures continue to build.

The council has been working with Barnet CCG on the Care Closer to Home programme. There are now six Care Closer to Home Integrated Networks (CHINs) in varying stages of development across Barnet. Paediatric rapid access clinics and a Frailty multi-disciplinary team (CHIN 1 and 2) have gone live in Q3. Further mobilisation will take place for a diagnostics proposal that has already gone through the CCG Governance process for CHIN 3, while upcoming projects will focus on implementing digital platforms and ensuring all CHINs are in a go-live state by the end of Q4. A specialist dementia focused CHIN is being scoped and developed, which will focus on improving health and wellbeing outcomes for adults with dementia and carers of adults with dementia.

The Transforming Care Partnership has continued to perform well, although there have been a small number of new hospital admissions in Q3. There is no further financial impact on Barnet Adult Social Care due to agreements with other local authorities and no discharges are imminent. A number of complex cases have arisen where funding responsibilities are subject to dispute with other CCGs. Officers are working closely to identify any particular risks, although it is likely that the risks will be held by the CCG.

- 1.15 There are two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTOC) has been a priority for Adult Social Care, with national targets set for DTOC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target.
- **Delayed transfers of care (DTOC) from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated AMBER) - 6.98 against a target of 6.84.** The result is slightly worse than target by - 0.12 delays per day per 100,000 population. Social care delays outperformed the target but both NHS and joint delays underperformed. Close work with NHS partners has continued to manage delays through the winter period, discharge pathways are under continuous review for improvements and additional brokerage capacity has been recruited to speed up the sourcing of care packages.

Indicator	Polarity	17/18 EOY	18/19 Target	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result <sup>9</sup>	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 (s)	Smaller is Better	9.4 <sup>10</sup>	6.84 <sup>11</sup>	6.84	6.98 (A)	N/A	N/A <sup>12</sup>	CIPFA Neighbours 7.2 London 7 England 12.3 (November 18, Department of Health)
Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only (s)	Smaller is Better	2.3 <sup>13</sup>	2.03 <sup>14</sup>	2.03	1.28 (G)	N/A	N/A <sup>15</sup>	CIPFA Neighbours 2.98 London 2.7 England 4.3 (November 18, Department of Health)

1.16 There are two high level service risks linked to this priority.

- AC002 - Failure of care provider (residual score 20 – increased from 12).** The failure of a care provider could lead to services not being delivered. Due diligence is undertaken at the start of all contracts to ensure the quality and sustainability of providers; and regular contract monitoring takes place. The service works across the care market to share best practice, support staff development and improve the quality of care. A provider failure / closure approach is in place to manage closure of homes and the safe transition of service users. The quality of social care providers is broadly good across Barnet; and there is a low level of provider concerns. However, there has been an increased focus on ‘supported living’ providers and the Care Quality team has identified a number of providers where significant improvements are required to improve quality. There has also been the failure of Allied Healthcare. This has been managed effectively to ensure continued service delivery and a number of contingency plans put in place. As a result, the likelihood score has increased from 3 to 5, resulting in an increased residual score of 20 (from 12).
- AC005 - Challenges to recruit and retain qualified staff (residual score 16 - increased from 12).** A challenging job market could lead to difficulties in recruiting and retaining sufficient staff. An increasing number of posts are being held vacant to support financial recovery planning and in other cases recruitment has been

<sup>9</sup> Q3 2018/19 result is for November 2018. The NHS publication schedule for this data means there is a gap in reporting with December 2018 data due to be released on 14 February 2019.

<sup>10</sup> A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

<sup>11</sup> 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.

<sup>12</sup> A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

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

<sup>14</sup> 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 2.6 to 2.03.

<sup>15</sup> A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

postponed. This has an impact on remaining staff who are managing increased caseloads and holding higher volumes of incoming work as a result. The Delivery Unit is monitoring the effect on staff morale. The majority of agency staff who are not in project-based posts have been transferred to permanent contracts or left. Work has continued to monitor any additional risks posed by the office move and Brexit impact, both of which are also being monitored corporately. As a result, the impact score has increased from 3 to 4, resulting in an increased residual score of 16 (from 12).

## Needs-based support

- 1.17 A workshop was held with accommodation and support providers in October 2018 to inform the review of the supported living services. Engagement with operational staff has taken place to inform this review. New referral forms are being developed to streamline processes.

The site build for Ansell Court completed in January 2019. Two open days were held in November 2018 for potential resident, carers and stakeholders to visit the scheme and see the show flat. The scheme will be ready for service users to move in to from March 2019. Activity to support the re-procurement of extra care support at Wood Court also took place in quarter 3.

The Autism Self-Assessment Framework, designed to measure NHS and local authorities' progress towards meeting the requirements of the Autism Act, was submitted in December 2018. A service user and carer focus group was held to inform the return. The main gaps and issues identified, as well as proposed actions to address them, will be reported back to the focus group in Q4. Work has continued on a business case to develop more provision for autism screening and diagnosis, which is commissioned by the NHS.

The North Central London (NCL) project developing support for adults with learning disabilities (LD) experiencing mental health (MH) crisis has continued, with a consultation event held in early January 2019.

- 1.18 There are two indicators linked to this priority in the Corporate Plan. Both are annual indicators and have met the annual target.

Indicator	Polarity	17/18 EOY	18/19 Target	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result	DOT	Result	

Indicator	Polarity	17/18 EOY	18/19 Target	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result	DOT	Result	
People who use adult social care services satisfied with their care and support (Annual)	Bigger is Better	63.6% <sup>16</sup>	62.1% (within confidence interval)	62.1%	63.6% (G)	↑   +3.1%	61.7%	CIPFA Neighbours 60.7 London 59.3% England 65.0% (NASCIS, 17/18)
People who use services who say those services make them feel safe and secure (Annual)	Bigger is Better	83.7% <sup>17</sup>	81% (within confidence interval)	81%	83.7% (G)	↑   +7.3%	78%	CIPFA 83.7% London 82.2% England 86.3% (NASCIS, 17/18)

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

### Improving leisure facilities and physical activity

1.20 The council has been working closely with Greenwich Leisure Ltd (GLL) to develop more opportunities available through the Fit and Active Barnet (FAB) Card. Approximately, 17,000 residents have registered for the free FAB Card since the launch in July 2018.

GLL have delivered c.£1.5m facility improvements at Finchley Lido Leisure Centre and Burnt Oak Leisure Centre, which include the creation of a new mezzanine floor at Finchley Lido for an enhanced gym and fitness area and a new upgraded 3G football pitch at Burnt Oak, as part of their ongoing commitment to supporting physical activity in Barnet. This has resulted in increased attendances at both facilities.

In addition, GLL in partnership with Dementia Hub UK launched a new monthly Dementia Hub at Barnet Copthall in December 2018. Physical activity taster sessions were delivered at the following care homes in November 2018, as part of the Hub Network: Catherine Lodge, Dell Field Court and Kenwood Care Home.

The council investments in the construction of new centres at Barnet Copthall and New Barnet leisure centres are progressing well. A topping out ceremony was held at New Barnet Leisure Centre in November 2018. The facilities are on track for completion by the summer 2019.

<sup>16</sup> 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 has been updated to reflect the published NHS Digital result.

<sup>17</sup> This survey indicator has a confidence interval of +/-3.2%pts, so is within target. The result has been updated to reflect the published NHS Digital result.

1.21 There are two key indicators linked to this priority in the Corporate Plan. One is an annual indicator from the Sport England Active Lives survey and one is a quarterly indicator that monitors leisure attendances. Neither indicator has met the target.

- **Population taking part in sport and physical activity at least twice in the last month (RAG rated AMBER) – 72.2% against an annual target of 78.5%.** The sample size for the survey is 500 people and the variation from target equates to three people. The council is investing in a number of schemes that support the improvement of physical activity infrastructure and opportunities in the borough, including new leisure facilities, sports facility enhancements via master planning exercises at Barnet Copthall, West Hendon, King George V Playing Fields, and the Fit and Active Barnet (FAB) campaign that has seen c.17,000 residents register for their free FAB Card since July 2018. In addition, work with key stakeholders has led to new community based initiatives, including new weekly Parkrun events in Friary Park (juniors) and Sunny Hill Park.
- **Leisure attendances (RAG rated AMBER) - 267,738 against a target of 290,750.** This indicator is profiled as an approximate over four quarters and seasonal variances will affect target achievement. Attendances are slightly below target, but have increased since Q2 (265,911). It is anticipated that attendances will peak in January 2019 in line with industry trends, which will support achievement of the annual target. Capital investment at Finchley Lido and Burnt Oak leisure centres has resulted in increased attendances at these facilities during Q3 and this trend is expected to continue into Q4 with targeted marketing campaigns. A capital investment programme has been delivered at Hendon leisure centre throughout Q3, which has caused some disruption to customers.

Indicator	Polarity	17/18 EOY	18/19 Target	Q3 18/19			Q3 17/18	Benchmarking
				Target	Result	DOT	Result	
Population taking part in sport and physical activity at least twice in the last month (Annual) <sup>18</sup>	Bigger is Better	77.9%	78.5%	78.5%	72.2% (A)	↓ W -7.3%	77.9%	Rank 30 (out of 33 London Boroughs)
Total number of leisure attendances	Bigger is Better	New for 18/19	1,163,000	290,750	267,738 (A)	New for 18/19	New for 18/19	No benchmark available

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

<sup>18</sup> The Active Lives Adult Survey was sent out to a randomly selected sample of households across England in May 2018. The overall sample size was around 198,250 people, with 500 from Barnet. The data is weighted to the Office for National Statistics (ONS) population measures for geography and key demographics. The result is impacted slightly due to the ONS producing revised estimates of the sub-national population in June 2018, where Barnet's population has increased. A confidence interval of +/- 2% points applies. This is a provisional result, which will be confirmed in May 2019. Another survey was undertaken in November 2018, which will be published in 2019/20.



## Health and Wellbeing

- 1.23 The **Stop Smoking Service** has continued to encourage smokers to attend sessions. In Q2, 4-week quitters were at 84, compared with 78 last year (YTD was 181<sup>19</sup>, compared with 172<sup>20</sup> last year). This represents a 5.2% increase which has been achieved despite a slight reduction in number of people setting a quit date (430 vs 452) and reflects a greater conversion rate (42.1% vs 38%) and a lower Lost to Follow Up<sup>21</sup> rate (36% vs 42.7%) in comparison to last year. Access to the service has improved for specialist groups (Long Term Health Conditions, Pregnancy, and Mental Health) and the number of quit dates set has increased by 64% (148 vs 90) and the amount of quits from these groups has increased by 34% (47 vs 35). Ongoing training will focus on developing the service in these areas. Lost to Follow Up calls are being processed and there are 130 outstanding clients to be contacted. The results of these calls will further improve the Quit and Lost to Follow Up rates.

The **NHS Health Checks** programme in Barnet is delivered by GP practices, with most local practices (48 out of 55) engaged in delivering the programme and completing health checks with some of their eligible patients. The remaining practices are being encouraged to deliver health checks and practices are being chased up on their contracts. In Q2, more people (5050) were invited to a health check (above target) than last year (4540); and there has been a rise in the number of people receiving a health check (2161, compared to 1265 last year). An ambitious target has been set for completed health checks to motivate GP practices, with performance slightly below target for Q2. However, there has been a significant (77%) increase on last year. Training on how to deliver the health checks was delivered in November 2018, with 24 participants from surgeries.

The Health and Wellbeing Board signed the Local Government Declaration on Sugar Reduction and Healthier Eating formalising Barnet's public commitment to tackling the proliferation of unhealthy food and drinks. Action taken have included discussions with ISS catering for schools and North London Business Park, in addition to catering arrangements for the new council office.

Action taken in the 2017/18 year to improve the food environment was formally recognised by the GLA and Sustain as the council received the award for most improved borough at the Good Food for London Awards. Two of Barnet's High Streets were also recognised as being in the top 10 healthiest high streets in London, a reflection of our work with the policy team on hot food takeaways and healthier catering interactions with local food businesses. The **healthy weight** programme for children in Barnet was successfully transferred to the new provider (GLL) in September 2018.

- 1.24 There are five key indicators linked to this priority in the Corporate Plan. Child excess weight is an annual indicator and will be reported later in the year. Smoking cessation and NHS Health Checks are reported a quarter in arrears, so Q2 results are reported below. NHS Health Checks has not met the quarterly target.

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<sup>19</sup> This is a cumulative YTD figure for Q2 2018/19. The data for this indicator is updated throughout the year. The final figure will be adjusted to account for this and confirmed at the end of the financial year.

<sup>20</sup> This is the cumulative YTD figure for Q2 2017/18. The figures are adjusted throughout the year. The final YTD figure for Q2 2017/18 was 195.

<sup>21</sup> 'Lost to follow-ups' refer to patients who at one point in time were actively participating in smoking cessation sessions but have become lost at the point of follow-up.

- **NHS Health Checks – Uptake (RAG rated AMBER) - 2161 against a target of 2325.** The annual target for NHS Health Checks is ambitious and a clear increase on service delivery. Although the uptake of NHS Health Checks in Q2 (2161) was lower than target, this was a significant increase on last year (1265) and an improvement on Q1 (1757). To improve performance, training was provided for staff in GP practices on how to deliver the service in November 2018.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result	DOT	Result	
Smoking cessation – 4-week quitters (c)	Bigger is Better	444	400	176	181 <sup>22</sup> (G)	↓ W -7.2%	195 <sup>23</sup>	No benchmark available
NHS Health Checks – Invites	Bigger is Better	17938	20155	5038	5050 (G)	↑ I +11.2%	4540	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	6286	9300	2325	2161 (A)	↑ I +70.8%	1265	No benchmark available
Child excess weight – 4/5 year olds (Annual)	Smaller is Better	21.00%	18.97%	N/A	Due Q1 19/20	N/A	N/A	London 22.31% England 22.63% (16/17, Public Health England)
Child excess weight – 10/11 year olds (Annual)	Smaller is Better	32.60%	31.16%	N/A	Due Q1 19/20	N/A	N/A	London 38.55% England 34.25% (16/17, Public Health England)

1.25 There is one high level service risk linked to this priority.

- **PH06 - Pandemic Influenza type disease outbreak (residual 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 boroughs residents. [Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Register. 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)]. Mitigations are in place in terms of the Pandemic Flu plan – signed off in 2017 which will be reviewed and updated. The Barnet operational pandemic framework was completed in September 2018. A multi-agency Pan Flu preparedness exercise has been undertaken, which was facilitated by Public Health England and used operation Corvus, a scenario designed by PHE, to test Barnet's operational pandemic framework. Feedback from the exercise will inform updates to Barnet's pandemic flu plan.

<sup>22</sup> This is a cumulative YTD figure for Q2 2018/19. The data for this indicator is updated throughout the year. The final figure will be adjusted to account for this and confirmed at the end of the financial year.

<sup>23</sup> This is the final YTD figure for Q2 2017/18 after adjustments were made.

## 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.

## **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 Q3, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 5.1.2 The Q3 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>

## **5.5 Risk Management**

5.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. All high level risks (scoring 15 or above) associated with the priorities for this Committee are outlined in the report.

## **5.6 Equalities and Diversity**

- 5.6.1 The Public Sector Equality Duty at s29 of 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](http://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 Consultation on the Corporate Plan 2015-2020 was undertaken between summer 2013 and March 2015. Consultation on the new Corporate Plan 2019-24 was carried out in the summer 2018. The Corporate Plan will be approved by Council in March 2019.

## **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, 6 March 2018 – approved 2018/19 addendum to Corporate Plan.  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9162&Ver=4>