

	<h2>Adults and Safeguarding Committee</h2> <h3>4 June 2018</h3>
Title	End of Year 2017/18 Commissioning Plan Performance Report
Report of	Councillor Rajput, Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
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Summary

The report provides an **annual overview** of performance at the **End of Year (EOY) 2017/18**, including provisional budget outturns for revenue and capital (where relevant), progress on key activities, indicators that have not met the annual target, and management of high level risks for the Theme Committee in relation to the Commissioning Plan.

Recommendations

- 1. The Committee is asked to review the finance (provisional), performance and risk information in relation to the Theme Committee's Commissioning Plan.**

INTRODUCTION

- 1.1 This Commissioning Plan performance report is an extract from the End of Year (EOY) 2017/18 Performance Monitoring Report (Performance by Theme Committee). **Note that the budget outturns (where reported) are provisional and subject to change by the statutory deadline of 22 May 2018. Any changes will be notified to Committee on the night.**

PERFORMANCE BY THEME COMMITTEE (COMMISSIONING PLANS)

- 1.2 The priorities for Adults and Safeguarding Committee are to implement strength-based practice; integrate local health and social care services to prevent crises and help individuals stay well and in their own homes; diversify Barnet's accommodation offer to help more people live independently; transform day care provision to ensure that

people remain active and engaged through access to employment and volunteering; and improve the borough's leisure facilities to support and encourage active and healthy lifestyles.

Budget position (provisional)

Revenue							
Service	Original Budget £000	Revised Budget £000	Outturn £000	Variance from Revised Budget Adv/(fav) £000	Reserve Move-ments £000	Variance after Reserve Move-ments Adv/(fav) £000	Variance after Reserve Move-ments Adv/(fav) %
Adults and Communities	87,145	87,177	90,101	2,924	(1,717)	1,207	1.4

- 1.3 The revenue budget for Adults and Communities overspent by £2.924m but this has been reduced to £1.207m following the drawdown from reserves, predominantly driven by an overspend of £3m in the care placements budgets.

Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15. The learning disability budgets have been experiencing pressure as a result of the transforming care (Winterbourne) agenda. The outturn includes c£0.275m spend on three supported living placements where responsibility for individuals has been transferred from the NHS to local authorities but funding to cover all of the cost has not. The average weekly cost for LD Supported Living increased by 18 per cent from 2016/17.

The overspend also includes expenditure relating to backdated claims for Ordinary Residence that have been lost. This results in a one-off impact on the 2017/18 outturn of £0.479m and an ongoing budget pressure of £0.116m.

In terms of ongoing commitments, there is also significant pressure resulting from homecare, equipment and nursing care placements. The council has been working hard to support local NHS partners to cope with the pressures on the health system and reduce delayed discharges of care. The growing demand from health led to an increase of 7 per cent in commissioned homecare hours (£0.933m) compared with 2016/17. The increase in homecare activity was also compounded by an 8% average increase in contractual rates (£1.066m) as a result of inflation and changes in market conditions. This increase followed a period of suppressed inflationary increases and contributes to stabilising the care market. The weekly cost of Nursing Care in Older Adults increased by 6 per cent in 2017/18, with new clients costing £144 per week above the council's minimum sustainable price given market pressures and additional complexity of need.

Non-placements budgets underspent by £1.3m, which offsets some of the pressures against the placements budgets. The underspends in this area are from in-year vacancies, one-off savings and additional income identified.

Community equipment costs have increased by £1m predominantly on items funded by the CCG. Equipment costs capitalised via the Disabled Facilities Grant (DFG) budget (£0.483m) resulted in a £0.3m underspend. The Deprivation of Liberty Safeguards (DOLS) service continues to be a significant cost pressure (£0.145m) in

2017/18 as a result of Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16.

Capital						
Service	2017/18 Revised Budget £000	Additions/ (Deletions) £000	(Slippage)/ Accelerated Spend £000	2017/18 Outturn £000	Variance from Approved Budget Adv/(Fav) £000	Variance from Approved Budget %
Adults and Communities	2,032	272	(71)	2,233	201	9.9

1.4 The capital outturn for Adults and Communities was £201k (9.9%) overspent.

Progress on key activities

1.5 Social care services for adults have a key role to play in improving the lives of Barnet's most vulnerable residents. The council works with housing, education and health sector partners to enable people to stay independent, in control of their lives and live for longer in their own homes. A progress update on key activities has been provided below.

- **Embedding strength-based practice** – the strength-based practice model was implemented as the core practice model across all social work and occupational therapy teams in the Adults and Communities Delivery Unit. With strength-based practice embedded, the focus has been on measuring the impact and continuous improvement of the model through key indicators such as reductions in residential admissions and case studies. The service recently showcased the Barnet strength-based model at a good practice event in Hampshire and regularly responds to requests from other councils for information on the approach. As part of the strength-based model, a new mental health social work structure was introduced, which brought mental health social workers back under council line management from the NHS and expanded the enablement and recovery model based in the Network mental health enablement service. As a result, referrals to the Network increased by 30 per cent and were effectively managed with a 10 per cent reduction in staffing costs in mental health overall. Mental health delayed transfers of care reduced. More mental health users have been using telecare and peer workers (people with lived experience) have been employed by the council in the Network service.

Strength-based practice has been augmented by new service development. For example, the council developed a specialist Dementia Carers support service, which provides training, advice, support and care to enable individuals to remain in their own home and prevent carer breakdown. The service worked with 40 couples over the year, resulting in admission prevention for 39 couples and 1 admission. The strategic telecare partnership with Argenti delivered more than 1,700 new telecare installations. The council's new Supported Living Framework was launched, including new accommodation models for complex needs in mental health and learning disabilities services, such as 'Crash Pads' for short term respite. The service has brought many new providers into the borough (for example, 13 new mental health providers), increasing market capacity as well as the support options available to meet people's needs. A new employment support framework was launched in the last quarter for users with eligible social care needs. Other strength-based services commissioned in 2016/17 continued to operate, including the Shared Lives scheme and the personal assistants service.

- **Integrating local health and social care** – the council jointly leads the Care Closer to Home programme with NHS Barnet CCG. The programme aims to increase the levels of care provided through GP practices and, through this, prevent crises and admissions to hospital and delay the escalation of care needs. As part of the programme Care Closer to Home Integrated Networks (CHINs) have been introduced across the borough. These include extended hours GP appointments; groups of GP practices working together; and over time it is envisaged they will include community health services. CHINs will have links and referral routes to council services. The first CHIN (Burnt Oak) went live in February 2018, focusing on diabetes; with the second (Oakleigh and East Barnet) focusing on frailty in the elderly; and subsequent CHINs, focusing on paediatrics, due to go live in April and June 2018. Plans for full borough coverage of CHINs are being developed and will be presented to the Health and Wellbeing Board in July 2018.

Health and social care are integrated in many other ways. The council and CCG have a joint commissioning team, an integrated learning disabilities team and integrated frontline teams in mental health. Hospital social work is available in acute hospitals seven days a week. The council and CCG have a joint approach to dementia services, commissioning an integrated community dementia pathway comprising the memory assessment service, dementia advisors, the dementia hub and a network of dementia cafes. Barnet continues to achieve the national NHS dementia diagnosis target. The council works with the CCG to support people with learning disabilities and autism to move out of long-term hospital settings (under the Transforming Care Partnership, previously known as the Winterbourne View Concordat). This work was led by the integrated learning disabilities team and has been effective in moving people from long-term hospital. However, the high costs of placement for this group of people has resulted in budget pressures for the council.

- **Diversifying Barnet's ASC accommodation offer** – the council has progressed the construction of three new extra care schemes at Ansell Court, Stag House and Cheshir House, in partnership with Barnet Homes. These schemes offer residents their own flat with a secure tenancy, and care and support services on site. Ansell Court will be the first scheme to open in early 2019. It will have 53 flats suitable for couples and has been designed specifically to meet the needs of people living with dementia. It will also include communal spaces, a garden and café. Planning permission has been given for 51 flats at Stag House; and Cheshir House will be developed as part of the regeneration of the Fosters Estate in Hendon. This will bring total number of extra care units in Barnet to 325.
- **Transforming day care provision** – 13 providers were accepted onto Barnet's Approved Provider List for day opportunities and employment support for those with eligible needs in November 2017. The aim is that more services offer employment support in the borough for people with care and support needs, covering job readiness, job finding and job retention. The council has developed three new types of day opportunity provision to meet the varying requirements of people with low and medium needs and those with profound and multiple learning and physical disabilities and complex health needs, which will take a strength-based approach to developing service users' independence, social networks and employment or volunteering opportunities. The council has also developed innovative new types of intensive employment support packages, that can be purchased for individual service users and is prototyping new referral processes to test the impact and outcomes of these models. The council recommissioned Your Choice Barnet's (YCB) day services last year, with an increased focus on employment and independence. Services have been

transformed, working in partnership with service users and families. More service users now access community based activities. The employment support pathway has supported 29 people, of which 13 have entered employment, four are volunteering and 13 are receiving ongoing support to find employment.

- **Expanding evidence-based prevention and early support** - the Prevention and Wellbeing Co-ordination Service went live in the third quarter of 2017/18. The service is based on an evidence-based model from Australia called Local Area Co-ordination, which diverts eligible users from statutory care services into community options, reduces social isolation and provides support for those below statutory thresholds. The service operates borough-wide and has delivered positive results; working alongside adults to maintain their independence and maximise their wellbeing. The service has supported people to move into new accommodation; to engage in local community groups, e.g. engaging a whole family in a local walking group; finding free English classes for residents; and supporting people to get essential maintenance done. The team has held three community meetings capturing the views of local people and are working with Age UK Barnet, Stonegrove Community Centre and The Hive to set up a programme for the over 55's including exercise, lunch and a reading group; a Bollywood dancing class in Edgware and a men's social group in Child's Hill.
- **Prioritising the needs of carers** – the council has continued to prioritise the needs of carers and ensure they are valued as expert partners in supporting working age adults and older people to live independent lives. The council delivered training sessions on improving support for carers to primary care professionals. New digital resources for carers were launched on the Adults Social Care webpages and the commissioned provider for carers and young carers webpages. These new resources include tools to maintain health and wellbeing, training and access to the Jointly app, which provides a way to organise and share caring responsibilities amongst family and friends.
- **Implementing the new ASC case management system** – the council has continued to work with Capita to progress remedial work on the Mosaic case management system. Recently, this has focused on year-end activities including financial reporting and production of the statutory returns
- **Improving leisure facilities and physical activity** – a new 10-year leisure management contract was awarded to Greenwich Leisure Limited (GLL) in October 2017 following competitive dialogue and the new contract became effective from 1 January 2018 to 31 March 2028. The new contract will provide an annual average management fee paid from the operator to the council of £1.538m per annum (reversing a deficit position of c.£1.2m); and will deliver facility improvements at Hendon, Finchley and Burnt Oak Leisure Centres. In addition, GLL will deliver a range of health benefits throughout the contract term. These focus on improving and sustaining participation such as free swimming opportunities, dementia friendly swimming, and discount memberships for residents. There will also be a range of health interventions such as weight management and diabetes interventions and community programmes. The provider has developed an evaluation partnership with Middlesex University. The council has also progressed the construction of the two new leisure centres at Barnet Cophall and New Barnet. The groundwork and pool excavations for these schemes are now complete. These new facilities form part of a £41.5m council investment and are due for completion in June and August 2019. For the Fit and Active Barnet Network, developments to co-ordinate a campaign from June 2018 have been confirmed.

The Barnet SHAPE Programme in Burnt Oak and Colindale was jointly funded by the council and Sport England. The initiative accumulated over 12,000 attendances to date, surpassing the programme target by 30 per cent. This included engagement of 60 disabled participants and supporting 50 young people to achieve a sports related qualification. Notable health and wellbeing benefits included reported weight loss, improvements in confidence, enhanced friendships and reduced isolation.

The Barnet Health Walks programme co-ordinated seven instructor-led health walks on a weekly basis. Each one was led by a qualified instructor and included additional exercises to improve physical fitness and develop strength and conditioning. The programme engaged over 6,500 older adults and was promoted amongst the Fit and Active Barnet Network.

The London Youth Games, Europe's largest annual youth sports event, has a rich history in producing the country's most high-profile athletes. The co-ordinated over 400 young people to represent Barnet, in partnership with sports clubs and schools. 'Team Barnet' won 1st place (Gold) in Boccia Mini and Female Table Tennis, 2nd place (Silver) in Fencing, Mini Swimming and Male Table Tennis, and 3rd place (Bronze) in Cross Country. In addition, one netball player was spotted by England Netball and ex-England player and captain, Amanda Newton, at the Finals; subsequently being invited to train with the London and South-East region.

Performance indicators

1.6 The aim of the council's plan for adult social care is to enable people to remain independent and in their own home for as long as possible. Performance indicators show that the council has been effective in reducing admissions to residential care as a result, with performance better than both comparator group and nationally. In addition, improvements have been made in terms of independent living for people with learning disabilities: 75 per cent live in their own homes or with family (compared with 72 per cent last year; and above comparator group at 69 per cent). People with mental health issues living in stable accommodation remains high at 82 per cent, although slightly down on 84 per cent last year. In addition, 18 working age adults have 'stepped down' over the course of the year from residential care to stable accommodation.

Reducing delayed transfers of care (DTOCs) has been a priority for the adult social care service. In July 2017, central government set all local authorities with social care responsibilities a target for DTOC reduction, to be achieved by September 2017 (and reported in November 2017). Retention and use of the improved Better Care Fund (iBCF) were subsequently linked to the achievement of this target. At the beginning of the 2017/18 financial year, the council was not achieving this target. However, as the year progressed, the council's performance improved and the target has been achieved consistently in the latter part of the year. Key challenges to reported performance were: NHS data quality; and care market availability, especially home care and nursing care. To address these, work was carried out with NHS provider trusts (which submit the national DTOC data) to ensure that submissions were accurate. Detailed investigation revealed that data submitted by NHS organisations had been inaccurate in respect of Barnet (showing it as worse) and so work was carried out to ensure submissions were accurate before they were sent to NHS Digital. This work continues, as data needs to be checked and challenged on a regular basis across all providers where a Barnet resident is admitted, even out of borough. The second challenge was mitigated by commissioning additional home care hours on a block basis and working with YCB to increase weekly enablement hours. Some iBCF funding was used to increase the number of care brokers, to pro-actively source nursing placements and the Care Quality Team worked to improve quality and through

this, reduce embargoed nursing care beds. However, Care Quality Commission data shows that the number of nursing care beds in the borough has reduced by around 300 in the last four years. This, coupled with the fact that at any given time, the council is competing with other councils and CCGs (both in London and beyond) for nursing care placements in Barnet, means that availability of nursing care remains a challenge.

Key challenges overall in adult social care during 2017/18 were social care market availability and financial sustainability. Whilst the service has worked to increase market availability, this will remain an ongoing challenge.

Financial sustainability for adult social care (ASC) is a national issue and these pressures are reflected in Barnet. [ADASS has suggested](#) that an additional £1 billion is needed to cover the unavoidable costs of demography^[1], inflation and the National Living Wage; and £1.3 billion to stabilise the ASC provider market, per annum. This has been reflected in the [Lord Darzi review of Health and Care](#), which projected a £9.6bn social care funding gap by 29/30, nationally.

An [ADASS survey in October 2017](#) showed that 53.4% of councils with ASC responsibilities forecast overspend on their ASC budgets (up to £20.8m). For a significant number of those that are predicting to be on budget, this relied on additional iBCF funding / use of reserves. At the same time, the council has seen increased demand for services, especially from hospitals (where assessments went up from 697 in 2016/17 to 1,052 in 17/18) and in safeguarding, where concerns were 1,519, up from 1,000 in 2016/17 and enquiries (investigations) increased from 275 to 526. The council also made improvements or remained constant in measures of user satisfaction; complaints have remained low with a reduction in recorded complaints from 96 in 2016/17 to 83 in 2017/18 (the detail is reported separately to Adults and Safeguarding Committee in the annual statutory complaints report).

- 1.7 The EOY 2017/18 position for the basket of indicators in the Theme Committee's Commissioning Plan has been set out in table 1 below. This shows that the majority of Adults and Safeguarding indicators (74%) have met the annual target; and most (76%) have improved or stayed the same since last year.

Table 1: Theme Committee Indicators (EOY 2017/18)

Theme Committee	Green	Green Amber	Red Amber	Red	Improved/ Same	Worsened	Monitor only	No. indicators
Adults and Safeguarding	74% (14)	26% (5)	0.0% (0)	0.0% (0)	76% (13)	24% (4)	7	26

- 1.8 Four Adults and Safeguarding indicators in the Corporate Plan have not met the annual target; and one indicator (the latter) in the Adults and Safeguarding Commissioning Plan has not met the annual target. Comments on performance for these indicators are provided below.

- **AC/S4 Percentage of adults with learning disabilities in paid employment (RAG rated GREEN AMBER)** – 10.1% against annual target of 10.3%. This represents 79 people in paid employment out of a cohort of 785. This cohort, in line with the national definition for this indicator, represents all people who use Learning Disabilities services over the course of the year and includes some individuals who are no longer in contact with the council. A new Learning Disabilities employment support offer has been made

^[1] [Demographic pressures](#)- increasing needs of younger and older adult cohorts: Older people: 1.1%; People with learning disabilities: 1.2%; People with mental health needs: 0.2%; Physically disabled people: 0.3%

available in 2017/18 and Your Choice Barnet has achieved a number of successful outcomes for individuals who have accessed volunteering and training opportunities. Learning disabilities service users have been signposted to appropriate employment support opportunities, including third sector organisations via the Prevention and Wellbeing Service, and newly commissioned day opportunities. The council remains above its comparator group average (9.1%) and well above the England average for this indicator (5.7%) and improved success in relation to this measure remains a focus for the service.

- **AC/S5 Percentage of adults with mental health needs in paid employment (RAG rated GREEN AMBER)** - 6.7% against annual target of 7.5%. This indicator refers to individuals with complex mental health needs for whom employment may be particularly challenging. Mental health service users have been signposted to employment opportunities, including the embedded employment services. For people with less complex needs, the new mental health enablement model has promoted community-based support options, including access to employment, diverting people from the need for more intensive services.
- **AC/S6 Percentage of adults with mental health needs who live independently, with or without support (RAG rated GREEN AMBER)** - 82.4% against annual target of 83%. This indicator refers to individuals with complex mental health needs, for whom stable accommodation options may be challenging to find. The new mental health enablement pathway has promoted access to alternative accommodation options, including the new supported living framework providers, for individuals with mental health needs. New admissions to residential care for working age adults has remained low, while mental health delayed transfers of care have been reduced throughout 2017/18.
- **AC/C12 Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to the NHS and adult social care (RAG rated GREEN AMBER)** – 9.4 against annual target of 9.1. Substantial work has been carried out to reduce delayed transfers of care in Barnet, involving a range of measures. These range from introduction of a new 'discharge to assess' service which provides extra beds for patients close to discharge from hospital, to co-location of brokerage staff with hospital teams to ensure care placements are sourced quickly. To highlight the level of improvement, the rate of delays per day per 100,000 population fell to 9.4 days (from 15.6 last year).
- **AC/S8 Percentage of new clients, older people accessing enablement (RAG rated GREEN AMBER)** – 54.5% against annual target of 65%. The referral criteria for enablement was redefined in March 2017 following a review of the service to reduce the number of inappropriate referrals and ensure that the specialist service and its resources were used to best advantage. The aim has been to target referrals more effectively and as a result the proportion of new clients referred into the service has decreased.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/S1 (ASCOF 3A) (Annual)	Percentage of people who use adult social services satisfied with their care and support (extremely and very satisfied only)	Bigger is Better	Annual – reported in Q3 2017/18	61.3% (within confidence interval)	61.1% ² (reported in Q3 2017/18) (G)	61.3% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 60.4% England 64.7% (NASCIS, 2016/17)
CPI	AC/S10 (ASCOF 1B) (Annual)	Percentage of people who feel in control of their own lives	Bigger is Better	Annual – reported in Q3 2017/18	70% (within confidence interval)	72.1% ³ (reported in Q3 2017/18) (G)	69.4% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 73.1% England 77.7% (NASCIS, 2016/17)
CPI	AC/S25	Percentage of Social Care Direct customers who are satisfied or very satisfied with the service they have received post resolution	Bigger is Better	Apr 2017 - Mar 2018	85%	88% (G)	80%	▲ Improving	No benchmark available
CPI	AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	Apr 2017 - Mar 2018	65%	75% (G)	72%	▲ Improving	Nearest Neighbours 68.5% England 76.2% (NASCIS, 2016/17)
CPI	AC/S4 (ASCOF 1E)	Percentage of adults with learning disabilities in paid employment	Bigger is Better	Apr 2017 - Mar 2018	10.8%	10.1% (GA)	10.9%	▼ Worsening	Nearest Neighbours 9.1% England 5.7% (NASCIS, 2016/17)

¹ The Monitor indicators have been included for information.

² 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.

³ 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.

Corporate Plan Indicators ¹									
Ref	Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking	
CPI	AC/S5 (ASCOF 1F)	Percentage of adults with mental health needs in paid employment	Bigger is Better	Apr 2017 - Mar 2018	7.5%	6.7% (GA)	7.6%	▼ Worsening	No benchmark available
CPI	AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	Bigger is Better	Apr 2017 - Mar 2018	83%	82.4% (GA)	84.2%	▼ Worsening	No benchmark available
CPI	AC/S9 ASCOF 2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	Apr 2017 - Mar 2018	500	312.5 (G)	381.9	▲ Improving	Nearest Neighbours 404.2 England 610.7 (NASCIS, 2016/17)
CPI	AC/C14	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64*	Smaller is Better	Apr 2017 - Mar 2018	15	3.2 (G)	8.5	▲ Improving	Nearest Neighbours 7.7 England 12.8 (NASCIS, 2016/17)
CPI	AC/C12	Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to the NHS and adult social care	Smaller is Better	As at March 2018	9.1 ⁴	9.4 (GA)	15.6 (March 2017)	▲ Improving	CIPFA Neighbours 6.52 England 11.60 (March 2018, DoH)

⁴ The targets for DTOC were amended to reflect the new Department of Health methodology introduced during the year.

Corporate Plan Indicators¹

Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/C13 (ASCOF 2C/2)	Number of delayed transfers of care from hospital per 100,000 population which are attributable to adult social care only	Smaller is Better	As at March 2018	2.6 ⁴	2.3 (G)	8.7 (March 2017)	▲ Improving	CIPFA Neighbours 2.13 England 3.56 (March 2018, DoH)
CPI	AC/S15 (ASCOF 4A) (Annual)	Percentage of people who use services who say those services make them feel safe and secure	Bigger is Better	Annual – reported in Q3 2017/18	79.6% (within confidence interval)	80.4% ⁵ (reported in Q3 2017/18) (G)	79.6% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 83.3 England 86.4 (NASIS, 2016/17)
CPI	AC/S29	Number of instances of information, advice and guidance provided to carers	Bigger is Better	Apr 2017 - Mar 2018	3,300	3,874 (G)	3,226	▲ Improving	No benchmark available
CPI	AC/C17	Percentage of contacts that result in a care package	Smaller is Better	Apr 2017 - Mar 2018	Monitor	22.9%	20.8%	Data provided to show demand pressure on service	No benchmark available
CPI	AC/C16	Number of referrals to hospital social work teams	Smaller is Better	Apr 2017 - Mar 2018	Monitor	1,052	697	Data provided to show demand on service	No benchmark available

⁵ This survey indicator has a confidence interval of +/-3.2%pts, so is within target. The result differs slightly to that reported in Q3 (78.0%) due to further data cleansing.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/C21	Working age adults who have moved out of residential care into stable accommodation	Monitor	Apr 2017 - Mar 2018	Monitor	7.3	New for 2017/18	New for 2017/18	No benchmark available

Commissioning Plan Indicators ⁶									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	AC/S8	Percentage of new clients, older people accessing enablement	Bigger is Better	Apr 2017 - Mar 2018	65%	54.5% (GA)	70.3%	▼ Worsening	No benchmark available
SPI	AC/C19	Proportion of referrals that result in an assessment	Monitor	Apr 2017 - Mar 2018	Monitor	69.6%	New for 2017/18	New for 2017/18	No benchmark available
SPI	AC/S2 (ASCOF 3D)	Service users who find it easy to get information	Bigger is Better	Annual – reported in Q3 2017/18	71.3%	72.1% ⁷ (G)	69.4% (Q2 2016/17)	↔ Same	Nearest Neighbours 72.8 England 73.5 (NASCIS, 2016/17)

⁶ The Monitor indicators have been included for information.

⁷ This survey indicator has a confidence interval of +/-3.8%pts.

Commissioning Plan Indicators ⁸									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	AC/S27	Percentage of customer contacts into Social Care Direct resolved at first point of contact	Bigger is Better	Apr 2017 - Mar 2018	Monitor	86.7%	54%	Data provided to show demand pressure on service	No benchmark available
SPI	AC/S17	Number of new telecare packages installed*	Bigger is Better	Apr 2017 - Mar 2018	1,000	1,741 (G)	1,013	▲ Improving	No benchmark available
SPI	AC/S18	Percentage of service users receiving ongoing services with telecare*	Bigger is Better	Apr 2017 - Mar 2018	17.0%	25.4% (G)	16.2%	▲ Improving	No benchmark available
SPI	AC/C20	Number of safeguarding concerns received	Monitor	Apr 2017 - Mar 2018	Monitor	1,519	New for 2017/18	New for 2017/18	No benchmark available
SPI	AC/S21	Number of carers' assessments	Bigger is Better	Apr 2017 - Mar 2018	Monitor	1,093	824	Data provided to show demand pressure on service	No benchmark available
SPI	CG/C28	Total number of individuals aged 45 years plus participating in leisure opportunities	Bigger is Better	Apr 2017 - Mar 2018	20.6%	24% (G)	New for 2017/18	New for 2017/18	No benchmark available

⁸ The Monitor indicators have been included for information.

Commissioning Plan Indicators ⁹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	CG/C29	Increase in percentage of the population taking part in sport and physical activity at least twice in the last month (as defined by Active Lives	Bigger is Better	Apr 2017 - Mar 2018	76.7%	77.9% (G)	New for 2017/18	New for 2017/18	No benchmark available

⁹ The Monitor indicators have been included for information.

Risk management

1.9 Adults and Safeguarding risks are held on the Adults, Communities and Health risk register. This includes 29 risks overall, which are being managed in line with the council's risk management framework. Six are high level risks with a residual risk score of 15 or above. All are being managed as 'treat'.

- **AC001 - Increased overspend in 2017/18 to meet statutory duties (risk score 20 – increased from 15).** This is being addressed by an in-year recovery plan that includes tighter spending controls and more senior management involvement on care spend. The new social care monies allocated by Central Government have been allocated to priority areas of spend and preventative services and the distribution supported by Adults and Safeguarding Committee in June 2017. The Adults and Communities budget has been re-profiled to reflect projected demand more closely. Given the significant financial challenges in 2017/18 detailed work is underway to profile the likely budget position in 2018/19. A three per cent precept has been agreed to support the position in 2018/19.
- **AC028 - Lack of fully functioning case management system (risk score 20 – increased from 15).** A plan to complete the programme was submitted but then subsequently withdrawn. Capita have reduced the programme team from 16 to seven and the Programme Director left at end of March 2018. This situation has delayed progress and, as a result, the risk score has increased from 15 to 20. The programme plan has been refined to ensure delivery of the highest priority activity and to pursue the appropriate commercial process. Work has taken place throughout the quarter to improve the functioning of specific business processes. Good progress has been made to ensure customer billing processes are functioning more smoothly using an interim billing solution. Improved information governance controls have been maintained; and data inputting backlogs have been reduced following recruitment of new resources. The fortnightly Programme Board has continued to meet to monitor progress.
- **AC027 - Implementation of new IT systems (risk score 16).** The Investing in IT Programme Board has continued to meet to monitor the implementation of Mosaic, as the most significant new IT system being introduced in Adults and Communities at the present time. A revised programme plan is being reviewed by the joint programme management team with the majority of remedial work on the system forecast to complete by July 2018. The action delivery date has been revised to reflect this. The Adults Digital Strategy Programme Board has met monthly to ensure the join-up of IT projects and programmes across the service and will be supplemented by a technical working group with representation from CSG to ensure systems are co-ordinated at technical and infrastructure levels.
- **AC031 - Lack of financial control (risk score 16 – increased from 9).** Delays in resolving issues following the move to the new case management system have limited the ability for the council to produce routine budget reports. There is a risk that with limited financial reporting and a result, reliance on work arounds, that budget issues are not identified and addressed in a timely fashion. The new finance reporting solution has continued to undergo testing with workarounds being used to supplement the data for use in year end finance reporting. The revised Mosaic programme plan makes provision for a review of the system build and service

configuration structure, which will provide enhanced financial reporting capabilities and cleansed data later in 2018.

- **AC002 - Failure of care provider (risk score 16) and AC003 - Unacceptable level of quality services provided by care providers (risk score 16).** These risks are being addressed through a programme of quality assurance, practice improvement and provider support. The Care Quality Team mitigates this risk by delivering a programme of monitoring, practice sharing and strategic improvement. The service has purchased a contract management and monitoring system to improve analysis of trends and support early intervention. A joint approach to monitoring the market across London is being piloted. 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. A joint approach to managing provider concerns has been put in place led by the primary commissioner. Health funding has been agreed for nursing resources co-located within the council to roll out clinical training for providers to improve management of long-term conditions and end of life.

2 REASONS FOR RECOMMENDATIONS

- 2.1 These recommendations are to provide the Committee with the necessary information to oversee the performance of the Commissioning Plan 2017/18 addendum. This paper enables the council to meet the budget agreed by Council on 7 March 2017.

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 annual overview of performance, including budget outturn for revenue and capital, progress on key activities, indicators that have not met the annual target and management of high level risks.
- 5.1.2 The EOY 2017/18 results for all Corporate Plan and Commissioning Plan indicators are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 5.1.3 Robust budget and performance 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 and Commissioning Plans. In addition, adherence to the Prudential Framework ensures capital expenditure plans remain affordable in the longer term and that capital resources are maximised.
- 5.1.4 Relevant council strategies and policies include the following:
- Corporate Plan 2015-2020
 - Corporate Plan - 2016/17 Addendum and 2017/18 Addendum
 - Commissioning Plans
 - Medium Term Financial Strategy
 - Treasury Management Strategy
 - Debt Management Strategy
 - Insurance Strategy
 - Risk Management Framework
 - Capital, Assets and Property Strategy.
- 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)**

5.3 Legal and Constitutional References

- 5.3.1 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.
- 5.3.2 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.
- 5.3.3 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: (5) To receive reports on relevant performance information on Delivery Units providing services under the remit of the Committee.
- 5.3.4 The council’s Constitution, Financial Regulations Part 17, Financial Regulations section 4, paragraphs 4.4.9 - 11 state:
- Allocations from the central contingency relating to planned developments will be approved by the Chief Finance Officer (section 151 officer), in consultation with the Chairman of the Policy and Resources Committee, following the receipt from a Chief Officer of a fully costed proposal to incur expenditure that is in line with planned development (including full year effect).
Where there is a significant increase in the full year effect, the contingency allocation must be approved by the Policy and Resources Committee.
 - Allocations from the central contingency for unplanned expenditure, including proposals to utilise underspends previously generated within the service and returned to central contingency, will be approved by the Chief Finance Officer in consultation with the Chairman of Policy and Resources Committee.
Where there are competing bids for use of underspends, additional income or windfalls previously returned to central contingency, priority will be given to the service(s) that generated that return.
 - Allocations for unplanned expenditure over £250,000 must be approved by Policy and Resources Committee.
- 5.3.5 The Chief Finance Officer (section 151 officer) will report in detail to Performance and Contract Management Committee at least four times a year, at the end of each quarter, on the revenue, capital budgets and wider financial standing.
- 5.3.6 The council’s Constitution, Financial Regulations section 4 paragraph 4.4.3 states 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 £250,000 must be approved by the Section 151 Officer in consultation with appropriate Chief 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 bottom line are approved by Service Director
Virements between services (excluding contingency allocations) up to a value of £50,000 must be approved by the relevant Chief Officer
Virements between services (excluding contingency allocations) over £50,000 and up to £250,000 must be approved by 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

Capital Virements
Policy & Resources Committee approval is required for all capital budget and funding virements and yearly profile changes (slippage or accelerated spend) between approved capital programmes i.e. as per the budget book. The report must show the proposed: i) Budget transfers between projects and by year; ii) Funding transfers between projects and by year; and iii) A summary based on a template approved by the Section 151 Officer
Policy and Resources Committee approval is required for all capital additions to the capital programme. Capital additions should also be included in the quarterly budget monitoring report to Performance and Contract Management Committee for noting.
Funding substitutions at year end in order to maximise funding are the responsibility of the Section 151 Officer.

5.4 Risk Management

5.4.1 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.

5.4.2 The revised forecast level of balances needs to be considered in light of the risk identified in 5.4.1 above.

5.5 Equalities and Diversity

5.5.1 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.

5.5.2 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.

5.5.3 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.

5.5.4 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.

5.5.5 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

5.6 Consultation and Engagement

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

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 ¹⁰ of council services. An online survey (17 December 2014 – 11 February 2015)

¹⁰ 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.

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>