

	<h2>Adults and Safeguarding Committee</h2> <h3>26 November 2018</h3>
Title	Quarter 2 2018/19 Adults and Safeguarding Performance Report
Report of	Councillor Sachin Rajput – Committee Chairman
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Officer Contact Details	Alaine Clarke, Head of Performance and Risk alaine.clarke@barnet.gov.uk

Summary

This report provides an update on the Theme Committee priorities in the Corporate Plan 2018/19 Addendum for **Quarter 2 (Q2) 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 Q2 2018/19 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.**

1. PURPOSE OF REPORT

Introduction

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services; and works with partners on the Health and Wellbeing Board to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare. The priorities for the year ahead (see table 1) are set out in the Corporate Plan 2018/19 Addendum, which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>
- 1.2 This report provides an update on these priorities for **Q2 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 Q2 2018/19 Strategic Performance Report to Policy and Resources Committee (11 December 2018) and the Q2 2018/19 Contracts Performance Report to Financial Performance and Contracts Committee (17 December). These reports can be found on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1> and will be available when the meeting agendas are published.

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

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

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

Budget forecasts

- 1.4 The forecast **revenue outturn** (after reserve movements) at Q2 2018/19 for Adults and Communities was **£96.731 m**; a projected **overspend of £1.232m** (1.3% of the overall budget) (see table 2).

Table 2: Revenue forecast (Q2 2018/19)

Service	Revised Budget	Q2 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q2 18/19 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	32,232	213	(171)	32,062	42	0.1
Integrated care – Mental Health	6,544	7,009	464	(120)	6,889	344	5.3
Integrated Care – Older Adults	29,584	29,989	405	(270)	29,719	135	0.5
Integrated Care – Physical Disabilities	7,369	8,428	1,059	(40)	8,388	1,019	13.8
Workforce	14,484	14,672	188	0	14,672	188	1.3
A&C Other	5,498	5,001	(496)	0	5,001	(496)	(9.0)
Adults and Communities	95,498	97,331	1,832	(600)	96,731	1,232	1.3

- 1.5 The overspend is driven by an overspend of £1.540m in the care placements budgets as Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15.

The Mental Health service is projecting to overspend by £0.344m due to activity growth in supported living and nursing care. There have been 40 new care packages for existing clients that have commenced since Period 3 (Q1) and eight new clients in the last month.

Physical Disabilities services are overspending by £1.019m due to activity growth and increased complexity in homecare (£0.416m), nursing care (£0.245m), supported accommodation (£0.124m), residential care (£0.068m) and direct payments (£0.132m). Most of the pressure is due to the full year effect of new clients who entered services during 2017/18.

The Placement overspends are partly mitigated by an underspend on non-placements budgets of £0.308m. The underspend is largely due to Equipment and Adaptation (£0.247m), as a result of planned capitalisation of the cost of large items of equipment via the Disabled Facilities Grant (DFG) budget.

- 1.6 The projected **capital forecast** at Q2 2018/19 for Adults and Communities (Investing in IT) was **£2.850m** and for the Commissioning Group (Sport and Physical Activities) was **£22.761m**).

Table 3: Capital forecast (Q2 2018/19)

Service	18/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q2 18/19 Forecast	Variance from Approved Budget	Variance from Approved Budget
	£000	£000	£000	£000	£000	%
Investing in IT	2,850	0	0	2,850	0	0.0
Adults and Communities	2,850	0	0	2,850	0	0.0
Sport and Physical Activities (SPA)	22,761	0	0	22,761	0	0.0
Commissioning Group (SPA)	22,761	0	0	22,761	0	0.0

1.7 Adults and Communities has one project, Mosaic which is forecast to spend £2.850m. The forecast will be revised in Period 7 to show an underspend of £0.300m transferred to revenue.

1.8 The Sport and Physical Activities (SPA) construction programme of Barnet Cophall and New Barnet leisure centres commenced in November 2017 and forecast to spend £22.761m in Q2. This forecast has since been reviewed and will increase by £2.868m as further costs have materialised in relation to the construction of New Barnet leisure centre, which requires more extensive utility diversions and further work to resolve the robustness of ground conditions. The SPA Project business case remains viable.

Committee priorities

1.9 The update on Committee priorities includes performance and risk information as follows:

- Progress on activities
- Performance of key indicators¹
- High level risks from the Corporate Risk Register²
- Strategic issues/escalations related to the Theme Committee's terms of reference and annual plan.

1.10 An overall status for each of the Committee's priorities is shown in table 4. This reflects the Q2 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level risks.

Table 4: Overall status for priorities (Q2 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

¹ 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: Q2 18/19 result minus Q2 17/18 result equals difference; then difference divided by Q2 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.

² The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high level (scoring 15 and above) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q2 2018/19 Corporate Risk Register provides a snapshot in time (as at end September 2018).

Adults and Communities Committee priorities	Overall status
Improving leisure facilities and physical activity	Green
Health and Wellbeing	Amber

Embedding strength-based practice

- 1.11 Work to embed strength-based social care improvement has continued with an ongoing programme of case audit activity reporting into the Quality Board. The panel, which authorises new care packages, has continued to review the incorporation of strength-based principles and from September 2018 has also begun authorising all lower level funded packages of care.

The mental health (MH) reablement pathway has continued to maintain a range of services and wellbeing opportunities. MH employment remains better than target at 7.6% (target is 7.5%). Learning disabilities (LD) employment has reduced to 8.6% from 9.6% in Q1 and remains below target (target is 10.3%) largely due to an increase in the cohort for the indicator (see paragraph 1.11). The approved provider list for employment and day opportunities support is now live and is being prototyped with the LD service. In Q3, work will occur to roll-out activity across MH services and a monthly steering group has been established to support the development and monitoring of this.

Adults with LD living in their own home or with their family is better than target at 79.7% (target is 72.5%) and above Barnet's comparators (68%) and England (76%). Adults with MH needs who live independently, with or without support, is slightly below target at 82.5% (target is 83%). There is no comparator data for this indicator (see paragraph 1.11).

New admissions to residential care for both older and working age adults has remained low at 2.9 admissions per 100,000 population for working age adults and 145.3 admissions per 100,000 population for older adults respectively – though it is expected that the rate of admissions for older adults will increase as winter pressures start to build. The low rate of admissions for working age adults in part reflects the promotion of alternative opportunities such as supported living.

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

- **Adults with learning disabilities in paid employment (RAG rated RED) – 8.6% against a target of 10.3%.** 68 (out of 787) adults with LD in contact with the council's adult LD team were in paid employment in Q2, compared with 75 in Q1. The LD transformation project has continued to improve practice quality, including ongoing promotion of the strength-based approach. This includes identifying opportunities to promote employment services. Support plans at all levels of cost are being signed off via a panel process that provides feedback and challenge on whether employment options have been considered.
- **Adults with mental health needs who live independently with or without support (RAG rated AMBER) - 82.5% (566 out of 686) against a target of 83%.** Performance is slightly below target but better than last year (81.8%). The service is supporting an increasing number of adults with very complex needs for whom community placements may not be appropriate. This is seen particularly in the work to expedite discharges from

hospital in which adults are being discharged to placements which require high levels of care and support to avoid pressure on hospital beds.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking ³
				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 ⁴	234	145 (G)	↑ I -21%	185	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	6.0	2.9 (G)	↓ W +81%	1.6	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%	79.7% (G)	↑ I +14%	70.0%	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%	10.3%	8.6% (R)	↓ W -14%	10%	CIPFA Neighbours 9.3% London 7.5% England 6.0% (NASCIS, 17/18)
Adults with mental health needs in paid employment	Bigger is Better	6.7%	7.5%	7.5%	7.6% (G)	↑ I +10%	6.9%	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%	82.5% (A)	↑ I +0.8%	81.8%	CIPFA Neighbours 67.1% London 61% England 57% (NASCIS, 17/18)

³ 2017/18 results for ASCOF indicators were published online on 23 October 2018. The data is in process of being quality assured by the service to ensure published data matches submitted data.

⁴ 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	Q2 18/19			Q2 17/18	Benchmarking ³
				Target	Result	DOT	Result	
Contacts that result in a care package (c)	Monitor	22.9%	Monitor	Monitor	No result ⁵	N/A	5.2%	No benchmark available
Service users receiving ongoing services with telecare (c)	Bigger is Better	25.4%	26.5%	25.7%	No result ⁶	N/A	25.1%	No benchmark available
Instances of information, advice and guidance provided to carers (c)	Bigger is Better	3874	3600	900	No result ⁷	N/A	1256	No benchmark available
People who feel in control of their own lives (Annual)	Bigger is Better	72.1% ⁸	73%	N/A	Due Q3 18/19	N/A	N/A	London 73.2% England 77.7% (NASCIS, 17/18)
Service users who find it easy to get information (Annual)	Bigger is Better	61.1% ⁹	69.8%	N/A	Due Q3 18/19	N/A	N/A	London 72.2% England 73.3% (NASCIS, 17/18)

1.13 There are five high level risks linked to this priority. Two are strategic risks and three are service risks. The case management system risk sits at both a strategic and service level.

- **STR020 and AC028 - Lack of fully functioning case management system (residual risk score 20).** The fortnightly programme board continued to meet to monitor progress and manage this risk. A new provider is being sought to complete the Mosaic implementation, with the budget agreed by Policy and Resources Committee in July 2018.
- **STR007 - Significant adults safeguarding incident (residual risk score 15).** The risk controls include adherence to the London multi-agency safeguarding adults' policy and procedures; a training programme and supervision policy; practice standards; performance monitoring; quality assurance and audit programmes. Reports are provided annually to the Adults and Safeguarding Committee and the Health and Wellbeing Board. The implementation of Mosaic safeguarding reports was completed on time, but these provisional reports require further development. Following completion of this, no further actions will be required; the risk has reached its target score and is being tolerated with the existing controls and mitigations in place. It is understood that even with very effective management of safeguarding risks, a safeguarding incident could still occur.

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

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

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

⁸ This 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.

⁹ 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.

- **AC001 - Increased overspend to meet statutory duties (residual risk score 20).** The budget management process forecasts demographic growth and pressures over several years. Budget and performance monitoring and management controls are used throughout the year. Demand for care services continues to increase particularly in complexity and the cost of individual care packages. The service is continuing to forecast an overspend 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.
- **AC031 – Budget management (residual risk 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. The new finance reporting solution has completed testing and has been used for budget forecasting. Data inputting resources continue to manage down the backlog of care package recording to ensure information is timely. Data cleansing has taken place with a focus on homecare recording. Implementation of the review of the system build and service configuration structure is dependent on agreement of the revised implementation approach for the programme with the new provider.

Integrating local health and social care

- 1.14 Delayed transfers of care (DTC) have been maintained at a low level during the summer; although there have been a number of pressures to be managed particularly in relation to complex MH cases where market capacity to meet needs is limited, as well as an increasing volume of older adult discharges. While social care delays have remained below the nationally set targets, health and joint delays have pushed the total number of delays in Barnet very slightly above target. The number of people needing discharge from hospital is likely to increase going into the winter months and to respond to this a review of the discharge to assess pathway is being carried out along with a review of staffing levels in the hospital teams.

The council is working with NHS Barnet CCG on the Care Closer to Home programme. The specification for infrastructure for Care Closer to Home Integrated Networks (CHINs) across Barnet is being developed with a number of services developed or mobilised in early Q3, including paediatric services and a multi-disciplinary team for frail older adults. Two further potential CHINs have been proposed following the engagement sessions and the primary care team are attending initial meetings.

The Transforming Care Partnership continues to perform well with no new hospital admissions in September 2018. No further discharges are imminent; and work is underway with NHS partners to agree the funding principles for any new cases before additional work on placements takes place.

- 1.15 There are two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTC) has been a priority for Adult Social Care, with national targets set for DTC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target.
- **Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated AMBER) - 6.85 against a target of 6.84** (slightly above target). Performance on adult social care DTC

improved throughout 2017/18 and social care has met the quarterly target. However, the total delays target, which includes NHS, social care and joint delays was just missed.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result ¹⁰	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 ¹¹	6.84 ¹²	6.84	6.85 (A)	N/A	N/A ¹³	CIPFA Neighbours 6.53 London 6.63 England 10.64 (August 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 ¹⁴	2.03 ¹⁵	2.03	1.98 (G)	N/A	N/A ¹⁶	CIPFA Neighbours 2.33 London 2.20 England 3.34 (August 18, Department of Health)

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

Needs-based support

1.17 The council has seen an increase in demand for supported living services, particularly as review work with the working age adult cohorts in LD and MH progresses and individuals are diverted away from residential care. A supply and demand review for supported living services is being planned to support future commissioning intentions and consider if current market capacity is meeting the needs of working age adults. Work is also planned with Care Quality and providers to ensure that the council is making best use of the range of accommodation and support available, including reviewing the current referral forms and holding a workshop with providers at a Provider Forum in October 2018. To help ensure there is sufficient market capacity to deliver homecare within Barnet, contracts have been awarded to 23 new and existing spot purchased homecare providers which will go live during Q3.

Work has continued on client identification and staff familiarisation with the dementia focused extra care housing scheme (Ansell Court) which is now expected to be completed in January 2019. Activity to support the procurement of extra care support at Wood Court is underway with the procurement due to go live in Q3. Work has been undertaken with Public Health to develop a section within the Joint Strategic Needs Assessment (JSNA) for adults with dementia. This will inform future commissioning intentions.

¹⁰ Q2 2018/19 result is for August 2018. The NHS publication schedule for this data means there is a gap in reporting with September 2018 data due to be released on 8 November 2018.

¹¹ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹² 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.

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

¹⁴ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹⁵ 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.

¹⁶ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

The council has awarded the contract for MH advocacy support services, which will go live on 1 November 2018.

Currently work is being carried out to complete the Autism Self-Assessment Framework, which is designed to measure local authorities' progress towards meeting the requirements of the Autism Act and is due to be submitted to Public Health England in early December 2018. There is also work being undertaken to scope the opportunity to develop more provision for autism screening, diagnosis and support.

Across North Central London (NCL), a project is underway through the Transforming Care Partnership to consider if there is appropriate support for adults with LD experiencing MH crisis and if not how best to address this. Additionally, work has occurred with NCL partners to review MH Liaison Service provision in NCL.

To inform development and delivery of the integrated LD service a workshop has been planned in Q3 which will review the current service specification and contracting model for the health elements of the service which are commissioned by NHS Barnet CCG.

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

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 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% ¹⁷	62.1% (within confidence interval)	N/A	Due Q3 18/19	N/A	N/A	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% ¹⁸	81% (within confidence interval)	N/A	Due Q3 18/19	N/A	N/A	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 Following the launch of the Fit and Active Barnet Campaign in July 2018, over 14,000 residents have registered for a free FAB Card provided through Greenwich Leisure Ltd (GLL).

The launch of this card provided free swimming for under 8s, £1 swimming for 8-16 year olds and many more concessions. There has also been over £1.5million in facility investments 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

¹⁷ 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.

¹⁸ 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.

area and a new upgraded 3G football pitch at Burnt Oak. Further improvements are planned for Q3.

The children's weight management service operated by GLL went live on 1 September 2018. The new programme is working closely with Public Health and health professionals.

The council investments at Barnet Copthall and New Barnet leisure centres are progressing well. The construction programme has completed work on the steel frame and infrastructure at both sites; and has successfully completed the pool integrity testing. The facilities are on track for completion by summer 2019.

1.21 There are two key indicators linked to this priority in the Corporate Plan. One is from the Active Lives survey and will be reported in Q3. The other has not met the quarterly target.

- **Leisure attendances (RAG rated AMBER) - 265,111 against a target of 290,750.** This indicator is profiled as an approximate over four quarters and seasonal variances will affect target achievement. It is anticipated that the target will be achieved by year-end. Health and fitness investment at Finchley Lido and Hendon leisure centres is expected to enhance customers' experience and increase retention (with a positive net movement already demonstrated at Finchley Lido). Attendances on sports courses at Burnt Oak Leisure Centre has seen a decline and the operator is focused on improving this. School lesson attendances dipped over the summer due to the school holidays.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result	DOT	Result	
Total number of leisure attendances	Bigger is Better	New for 18/19	1,163,000	290,750	265,911 (A)	New for 18/19	New for 18/19	No benchmark available
Population taking part in sport and physical activity at least twice in the last month (Annual)	Bigger is Better	77.9%	78.5%	N/A	Due Q3 18/19	N/A	N/A	N/A

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

Health and Wellbeing

1.23 The **Stop Smoking service** has encouraged more smokers to attend sessions in Q1 compared with last year, with a higher number of sign-ups (231 vs 207) and 'lost to follow-ups'¹⁹ (113 vs 87). The 4-week quitters were up 13% at 86 (compared with 76 last year). The quit rate was also higher at 37.7% (compared with 36.7% last year). More support has been offered to specialist groups. There were twice as many quits among pregnant women (4 vs 2) and three times the number of clients with long-term conditions signed up (65 vs 22), with 58% more quits (19 vs 12). There were 104 quits in Q1 last year. After late data entry and 'lost to follow-up' calls are chased up, the Q1 result is expected to be approximately 110 quits.

¹⁹ '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.

The **NHS Health Checks** programme is delivered by GPs. With the transfer of Public Health from Harrow to Barnet, new contracts and schedules have been negotiated with GP practices. The number of patients eligible for Health Checks in each practice has been identified and targets set in relation to this. Q1 showed a significant improvement on the same time last year, with a 72% increase in invitations (5105 vs 2969) and an 86% increase in uptake (1757 vs 945). However, uptake remains lower than target (2325). 45 (out of 58) practices engaged in activity and completed Health Checks with some of their eligible patients.

A strategic approach to **Healthy Weight** was approved by the Health and Wellbeing Board in July 2018. The eight workstreams, which focus on providing residents with equal opportunities to maintain a healthy weight, have progressed. Public Health evidence to support policies and programmes that encourage healthier eating and physical activity have been finalised for the Local Plan and LIP3 proposals. Additionally, a public questionnaire has been launched to provide final consultation over the updated care pathways. Over the next quarter, priorities include presenting proposed actions on the Local Government Declaration on Sugar, as well as presenting the agreed action plan for Food Secure Barnet to the Health and Wellbeing Board

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

- **Smoking cessation - 4-week quitters (RAG rated RED) - 86 against a target of 100.** Q1 results have been affected by the transfer of the Public Health service and contracts from Harrow to Barnet. This caused a delay in initiating smoking cessation sessions with some service providers, with some contracts yet to be returned. The results are provisional at this stage, as the support provided to smokers covers a six week period; therefore, some smokers will not complete the sessions until the following quarter. The final Q1 results are expected to be higher.²⁰ Smoking cessation is also thought to be influenced by seasonal campaigns such as Stoptober and links to behavioural change such as New Year resolutions.
- **NHS Health Checks – Uptake (RAG rated RED) - 1757 against a target of 2325.** Q1 results have been affected by the transfer of the Public Health service from Harrow to Barnet. New contracts were sent out to GPs, with some yet to be returned. Training will be provided for practice staff in service delivery.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Smoking cessation – 4-week quitters	Bigger is Better	444	400	100	86 (R)	↑ +13%	76	No benchmark available
NHS Health Checks - Invites	Bigger is Better	17938	20155	5038	5105 (G)	↑ +72%	2969	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	6286	9300	2325	1757 (R)	↑ +86%	945	No benchmark available

²⁰ There is time lag on results for smoking cessation due to the verification process. Final results will be confirmed at year-end.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight – 4/5 year olds (Annual)	Smaller is Better	21.00%	18.97%	N/A	Due Q3 18/19	N/A	N/A	London 22.31% England 22.63% (16/17, Public Health England) London 38.55% England 34.25% (16/17, Public Health England)
Child excess weight – 10/11 year olds (Annual)	Smaller is Better	32.60%	31.16%	N/A	Due Q3 18/19	N/A	N/A	London 22.31% England 22.63% (16/17, Public Health England) London 38.55% England 34.25% (16/17, Public Health England)

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

- PH06 - Pandemic Influenza type disease outbreak (residual risk score 20)** - A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies impacting on the delivery of services and the health protection of the borough's residents. Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk 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). Secure tools have been developed to support the recording and updating of cases offline in emergency situations. Management of the risk includes reviewing the multi-agency Pandemic Flu emergency preparedness and resilience and response planning to ensure robust borough planning is in line with national and regional guidance. The risk has reached its target risk score of 20 and is being tolerated with the existing controls and mitigations in place. The risk score is as high as 20 because Pandemic Flu outbreaks occur in a cycle of 10 years and it is 9 years since the last pandemic. Therefore, it is considered by the WHO that a pandemic is highly likely to occur in the near to medium future.

Strategic issues/escalations

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

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 Q2, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 5.1.2 The Q2 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 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

5.7 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>