

Adult & Communities– Q2 2014/15

1.1 DELIVERY UNIT DASHBOARD

Revenue budget projected year end variance £000	Capital actual variance £000	Corporate Plan Performance	Management Agreement Performance
723	(264)	2	6.5

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements

There have been some excellent examples of addressing social inclusion, promoting health and wellbeing and community participation including: a Healthy Happy Fun Day was held jointly with Mencap for people with Learning Disabilities; the Learning Disabilities Partnership Board held a session with the Community Safety team and a theatre company to explore the impact of hate crime for those adults with Learning Disabilities and their carers. There was a re-launch of the 'club lounge' at Copthall leisure centre for older people who can access a range of social and physical activities and support from gym facilitators.

The Barnet Safer Communities Partnership conducted a mass community engagement event called Project Mercury on the 25 September 2014, along with hundreds of police officers and representatives of the Safer Communities Partnership agencies. The Community Safety Team were present at eight different locations across the borough engaging with people about crime, anti-social behaviour and the work of the Partnership.

The Better Care Fund (BCF) Plan was submitted to NHS England on 19 September 2014. The BCF is underpinned by a full business case for Health and Social Care integration. Collectively this represents an ambitious statement for achieving transformation in Integrated Health and Social Care in Barnet - supporting people with the right care, in the right place, at the right time. This builds upon the work already underway expanding care provision in the community.

Key Challenges

In March 2014 the Supreme Court held that a deprivation of liberty can occur in domestic settings where the State is responsible for imposing such arrangements. This includes a placement in a supported living arrangement in the community. We have seen a significant increase in

Actions required

There continues to be robust tracking of incoming referrals, with a review of the business pathways to manage demand and risk. This is being monitored by senior managers. A business case to address capacity issues will shortly be implemented.

the numbers of Deprivation of Liberty Safeguards (DOLS) applications to the Delivery Unit with a 500% increase in the expected number of applications over a full year

A trend showing an increase in the numbers of those seeking ordinary residence in Barnet from other local authorities has been noted which increases budgetary pressures.

The Care Act puts in place a legislative framework that extends the principles of ordinary residence to cross-border placements. Practice guidance from Social Care Institute for Excellence (SCIE) is in development, expected in January 2015 and will inform and guide our practices.

As one of the London Boroughs with the highest number of residential care homes within its boundaries we highlighted this challenge in our Department of Health (DH) Care Act Consultation response. We will continue to track the numbers of those seeking Ordinary Residence in Barnet through Panel, and working with legal services for those where there may be challenges. We also track those people who leave Barnet and who may be eligible for Ordinary Residence elsewhere, and those who are self funders who have depleted funds. We have increased staff awareness through senior manager briefings.

1.2 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

The Delivery Unit continues to achieve against the majority of KPIs', CPI's and Commissioning Priorities amid a backdrop of significant change. Adults and Communities overall performance remains high achieving 15 green, 2 green/amber with 1 red performance measures for Quarter 2.

Key achievements include:

- reduction in young Adults being placed in residential accommodation
- improving carers information and advice to enable them to continue in their caring role
- Reducing domestic burglary (11.05 per 1000 households)
- Nationality ceremonies continuing to be offered within 90 days of receipt of letter from the Home Office.

We have completed our Better Care Fund proposals to NHS England working closely with the CCG and other health partners, with a plan in place to implement our integrated service model.

We have shaped our Transformation Programme to coordinate our wide range of projects and programme activity. We have updated our Communications and Engagement plan for staff and key partners. The Delivery Unit must successfully balance the demands of looking ahead through our Transformation activities with delivering good quality social care and customer services. This requires a motivated workforce who is well informed and supported, and we are working hard to have systems in place to do this across all levels of the Delivery Unit. Some of the challenges associated with changes in staffing have impacted some aspects of our customer experience e.g. responding in a timely way to complaints and members enquiries, and we have developed action plans where necessary.

2. DELIVERING THE CORPORATE PLAN

2.1 How the Delivery Unit is performing against its Corporate Plan indicators

CPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target Achievement <i>level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
1001	Increase the percentage of eligible adult social care customers receiving self-directed support	Apr 14 - Sept 14	99.4%	75%	$\frac{2656}{2680}$	99.1%	31.5%	Worsening	73.7% LAPS Q4 2013/14 group average.
1002	Increase the percentage (and number) of eligible adult social care customers receiving direct payments	Apr 14 - Sept 14	32.4%	35%	$\frac{1155}{3439}$	33.6%	4%	Improving	London average (Mar 13 to Feb 14): 16.261
1003	Increase the number of carers who receive support services (includes information and advice)	Apr 14 - Sept 14	30.3%	30%	$\frac{1260}{3719}$	33.9%	12.9%	Improving	No benchmarking available - local Indicator
1004	Reduce the number of younger adults in residential and nursing care	Sept 14	303	300	N/A	302	0.7%	Improving	No benchmarking available - local Indicator
1005	Increase the % of older people (65 and over) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services	Not due to be reported this quarter.							

1006	Increase the overall satisfaction of people who use adult social care services with care and support								
1007	Increase % of adult social care service users who say their services have made them feel safe and secure								
1008	Increase in community confidence in police and the local authority dealing with crime and anti-social behaviour								
1009	Reduce adult reoffending for those under probation supervision per 1000 caseload	Jan 2012 – March 2012	330	220	N/A	242	9.2%	Worsening	Data is to be provided by the Home Office
1010	Maintain the reduction in the level of domestic burglary (per 1,000 households)	Aug 2013 - July 2014	19.81	22.00	N/A	19.88	9.6%	Improving	London average (Mar 13 to Feb 14): 16.261

*The relevant previous outturn used will either be the previous quarter, or the same quarter of the previous year. The same quarter of the previous year will be used for annual indicators, cumulative indicators (where the numbers add up during the year and are reported as 'year to date') and if the indicator is affected by seasonal fluctuations.

2.2 Interventions & Escalations

CPI NO and title	Comments and Proposed Intervention violence
1002 Increase the percentage (and number) of eligible adult social care customers receiving direct payments	<p><u>Level 1 intervention</u></p> <p>We continue to be one of the highest performing Local Authorities in London in the uptake of those eligible people receiving direct payments. We have reviewed and updated our pathways and procedures for Direct Payments. These have been made simpler for staff, who have also received training. Further quality assurance mechanisms are in place at Panel ensuring that receiving direct payments is considered for all people (who are eligible).</p> <p>In looking at the breakdown by service user groups it can be seen that we are performing well within Older adults (48%), Learning Disabilities (19%) and Physical Disabilities (24%), with the remaining services making up the difference (Mental Health (6%) and Transitions (3%)). There is some room for improvement with those people using mental health services, and this is an area of challenge.</p>

The new DoH definition (Short and Long Term known as SALT) came into effect from April 2014. Our performance under this is 39.78%. There are changes in how we report the numbers of those receiving direct payments. Currently we report a cumulative number of people over the course of the year. The new national definition relates to a snapshot at the reporting period of those in receipt of direct payments. We plan on discussing with the Corporate team the changes in the reporting of this Indicator, so as to align with new national performance returns. This will enable us to benchmark on a national basis.

Direct Payments remain a choice for service users, not a requirement. We have also re-instigated a Direct Payments users forum to promote direct payments, and will be part of the Care Act communication and engagement plan with residents.

3. BUSINESS PLANNING

3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red			
16	8	1	0	1	6	2	12

3.2.1 How is the Delivery Unit achieving against Commissioning Priorities

Commissioning Priority	Subjective RAG	Commentary
Implementation of the Care Act	Green	Our Care Act project is currently delivering well when compared to other Local Authorities. We have completed the second national Care Act Implementation Stocktake, developed by the Local Government Association (LGA), Association of Directors of Social Care Services (ADASS) and Department of Health. We have an open Public consultation on a Universal Deferred Payment scheme. We have reviewed our prevention, information and advice offer/services in line with new statutory requirements. We have also

Commissioning Priority	Subjective RAG	Commentary
		<p>reviewed our Carers Support offer and have developed a plan to ensure that carers services and policies and pathways reflect the new legislation for carers. We have completed our financial modelling of the impact of the Care Act, and await further guidance regarding New Burdens Grant.</p> <p>There are workstreams relating to market shaping and failure and project plans are in development.</p> <p>Responses have been prepared and submitted to Department of Health for their consultations on Part 1 Regulations and Guidance and the Funding Formulae.</p> <p>Capacity planning and the potential financial risk to the borough is under review.</p>
<p>Delivery of health and social care integration including through the Better Care Fund</p>	<p>Green</p>	<p>The Better Care Fund plan was considered by the Health and Wellbeing Board in September 2014 and will be reviewed by full council on the 4th November 2014. The application is pending formal approval from NHS England.</p> <p>Several elements of the integrated care model are now in operation and this now includes Multidisciplinary Team (MDT) case management, single point of access, risk stratification, and care navigation team. We also have in place community based integrated stroke and dementia support and are working on a shared care record.</p> <p>The BCF is underpinned by a full business case for Integrated Health and Social Care, the model developed from feedback from local residents. Integrated health and social care locality teams is a key feature for delivering a seamless service to residents and patients. We are finalising the operational functions (e.g. IT, Information Governance) to enable the Pilot integrated team to start working with people. There is a plan in place with providers, GPs and key stakeholders across LBB and Clinical Care Group (CCG) to agree final details of the roll out across localities.</p>
<p>Ensuring the sufficiency and quality of the social care delivery workforce</p>	<p>Amber</p>	<p>New Staff Standards have been implemented which will form part of their ongoing performance review. Social Workers will be required to complete their 3-year portfolios showing learning for Health and</p>

Commissioning Priority	Subjective RAG	Commentary
		<p>Care Professions Council (HCPC) registration. We have launched the Quality Assurance Framework and held staff briefing sessions.</p> <p>A scoping workshop to develop the project was held in May 2014. Five priorities were identified with external care providers. Mobilising this project will take place as part of the second phase of the Adults Transformation Programme. Amber rating is due to scheduling delays.</p>
<p>Delivery of the new vision for adult social care (including changes to the model for OP,LD,MH and carers and Care Act)</p>	<p>Green</p>	<p>There is now clarification on the work programme and leadership for 2015 onwards. The new vision comprises projects which now form part of the 5 year commissioning plan for Adults and Communities. This includes a 0-25 years disability model led by the Family and Wellbeing Lead Commissioner; a new model for mental health social care which was agreed at Adults and Safeguarding Committee in October 2014 (this project is led by the Family and Wellbeing Lead Commissioner). Further work on the Carers model is reported under the Implementation of the Care Act.</p>
<p>Ensure that there is clarity of responsibilities across the Safer Communities Partnership and Safeguarding Boards for a co-ordinated approach to address violence against women and girls.</p>	<p>Green</p>	<p>The Chair of the Safeguarding Boards is now a member of the Domestic Violence Strategy Delivery Group. We have agreed the roles and responsibilities and the reporting lines between Domestic Violence Delivery Group, the Safeguarding Boards, and Safer Communities Partnership Board, in relation to the action plan to reduce violence against women and girls in Barnet. This will be presented to both Safeguarding Boards in October.</p>

3.2.2 Commissioning Priority Indicators (CPs): Escalated CPs only

CP NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
1111	DV sanction detection rates	Oct 13 – Sept 14	53%	55%	N/A	53.2%	3.3%	Same	IPF Barnet Comparator group = 32% (2013/14)
1103 (a)	Effectiveness of Telecare: Contributing to independence	Apr 14 – Aug 14	New measure	171	N/A	152	11.1%	N/A	Non-comparable local indicator

CP NO	Comments and Proposed Intervention
1111 – Domestic Violence sanction detection rates	<p><u>Level 1 Intervention</u></p> <p>There has been a slight reduction (approximately 2%) in the Domestic Violence Sanction Detection rate in the most recent 12 months compared to a year ago. However overall performance in this area remains positive as:</p> <ul style="list-style-type: none"> • While there has been a small dip in the Sanction detection rate compared to one year ago, Barnet borough's Sanction Detection rate continues to outperform the London average. • Indeed Barnet's rate in the last 12 months is greater than the London average by a factor of 9%. • It is believed the rigorous implementation by Barnet Police of the 'Total Evidence Programme' (which aims to ensure that the police capture the best possible evidence at the scenes of DV crimes) is contributing to Barnet's performance in this area.

3.3.1 How is the Delivery Unit achieving against its Key Performance Indicators (KPIs): *Escalated KPIs only*

KPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
TC015	Reduction in violence against the person crimes – 2010/11 Baseline of 12.935 per 1,000 population	Sept-13 - Aug 14	10.86	8.92	N/A	11.63	30.4%	Worsening	London average Jun13 - May14: 15.971 (Barnet 5th lowest rate of violence out of 32 boroughs)

3.3.2 Interventions & Escalations

KPI NO and title	Comments and Proposed Intervention
<p>TC015 Reduction in violence against the person crimes – 2010/11 Baseline of 12.935 per 1,000 population</p>	<p><u>Level 1 Intervention</u> Violence Against the Person 01Sep 2013 – 31 Aug 2014: 11.63 per 1000 population. This is a 22% increase compared to the previous period (01Sep2012-31Aug2013) where the rate was: 9.55. Context:</p> <ul style="list-style-type: none"> • There has been a London wide increase in the levels of reported Violence with Injury over the last six months. The increases seen in Barnet have occurred at the same time as London and Barnet’s Most Similar Family of Boroughs have seen increases in Violence against the Person. • It is believed the increase in reported offences is linked to changes in reporting and recording practices. • Barnet remains one of the boroughs with the lowest rate of Violence against the person. • Indeed in the period covered by the current outturn (01Sep2013-31Aug2014) Barnet had the lowest rate of Violence against the person out of all 15 areas in its Most Similar Group. • Barnet had the 5th lowest rate of Violence against the Person out of all 32 London Boroughs.

4. RESOURCES AND VALUE FOR MONEY

4.1 Revenue

Adults and Communities							
Description	Variations				Comments	% Variation of revised budget	
	Original Budget	Budget V1	Q2 Forecast	Variation			
	£000	£000	£000	£000			
Births Deaths & Marriages	(161)	(161)	(161)	0		0.0%	
Community Well-Being Trans & Res Team	458	(289)	(286)	3		-1.0%	
Community Safety	1,265	1,965	1,976	11		0.6%	
Prevention & Well Being	7,086	6,634	6,630	(4)		-0.1%	
Social Care Commissioning	1,629	934	932	(2)		-0.2%	
Social Care Management (Adults)	1,396	396	399	3		0.7%	
Care Quality	1,188	1,349	1,614	264	The overspend is due to an increase in activity in the Deprivation of Liberty Safeguards (DOLS) service as a result of recent Supreme Court judgements. There is a risk that the year to date activity may continue throughout the year. The demand for this service is unpredictable and the LA has a legal duty to support clients who come forward for support.	19.6%	
Integrated care - Learning Disabilities & Mental Health	39,099	40,887	41,086	199	There is additional pressure resulting from 3 new Ordinary Residence clients and an increase in service users with Learning Disabilities compared to last year.	0.5%	
Care Services - Older Adults - Physical Disabilities	37,525	38,862	39,141	278	The overspend is due to clients who were self funders whose funds have depleted and are now the responsibility of the LA - 14 in total. There number of self funders who come forward is difficult to predict but the LA has a legal duty to support clients needs.	0.7%	
Dir Adult Soc Serv & Health	185	185	174	(11)		-6.0%	
Total	89,669	90,762	91,503	741		0.8%	

4.2 Capital

	2014/15 Latest Approved Budget	Additions/ (Deletions) - Quarter 2	(Slippage) / Accelerated Spend - Quarter 2	2014/15 Budget (including Quarter 2)	Forecast to year-end	Variance from Approved Budget	% slippage of 2014/15 Approved Budget
	£000	£000	£000	£000	£000	£000	%
Adults and Communities	3,060	314	(800)	2,574	2,574	(486)	-26.1%
Adults and Communities	3,060	314	(800)	2,574	2,574	(486)	-26.1%

5. OVERVIEW OF DELIVERY UNIT

5.1 Managing the business

Headline	Commentary
Financial escalation	Budget monitoring is a priority which is monitored and reviewed on a monthly between Finance and the Delivery Unit.
Staff Performance	Core standards for staff have been rolled out and performance targets set for all teams to be reviewed as part of regular supervision.
FOI's	We continue to achieve 100% compliance within Quarter 2 for all Freedom of Information requests received into the Adults and Communities Delivery Unit and responded to within 20 working days. Adults and Communities have received 33 FOI's within Quarter 2 with a total of 51 for 2014/15. New requirement for Subject Access Request (SAR) to be signed off by Assistant Director/HoS will have resource implications in terms of quality assuring the information being released.
Complaints	22 complaints and 22 compliments were received within Quarter 2 showing a small decrease on both counts from the same quarter last year's 32 complaints and 27 compliments had been received. The most common area being complained about is communication.

5.2 Change projects

Project	Outturn	Direction of Travel	Commentary
Older People Integrated Care Project (OPIC) (Health & Social Care Integration Spearhead Project 2)	Green		See 3.2.1 section above.
Shared Care Record	Amber		Adults Social Care attended a demonstration of an on-line reporting tool which looks at how it has been used in NHS Newham to share information across different health organisations. We are continuing to promote our Information Needed Survey with a consent model starting to be developed. We are also looking at our Business Process Reviews for Community Health teams. Amber is due to delay in receiving a formal proposal from Camden CCG.

<p>Implementation of community safety enhancements and CCTV procurement</p>	<p>Amber</p>	<p>The 3 community safety enhancement projects are: Conditional Alcohol Cautions (Delivered by Westminster Drugs Project), Restorative Justice Panels (Delivered by Victim Support), Community Coaches (Delivered by Home Start). All projects are now fully established and have been promoted across the partnership especially the Neighbourhood Policing Teams. Referrals to the projects have been slow, however these are being addressed. We will be able to report referral numbers for Quarter 3.</p> <p>CCTV – the service is now being managed by OCS, procurement is complete and our focus is on the upgrade of the system which is also in hand. The new control room has been installed at Enfield and we are in the process of agreeing the transfer from Colinhurst House to the new Enfield Control Room. 111 cameras across the borough will be upgraded by December 2014 and a further 20 Automatic Number Plate Recognition (ANPR) cameras will be installed around the Borough by March 2015.</p>
---	--------------	---

5.3. Risk Overview

The following is the 5 X 5 matrix 'heat map' highlighting the number of risks at a Directorate Level and where they are currently rated:

SCORE		IMPACT				
		1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic
PROBABILITY	5 Almost Certain	0	0	0	0	0
	4 Likely	0	0	0	1	0
	3 Possible	0	0	0	3	0
	2 Unlikely	0	0	1	2	0
	1 Rare	0	0	0	0	0

Risk Commentary for Delivery Unit:

The Delivery Unit risks focus on the Social care aspect of the service and include both strategic business risks of managing increasing numbers of clients with complex needs in a period of austerity. Combined with the legal requirements imposed by the Care Act.

In summary these increase cost pressures and increase the draw on staff resources. The mitigation of these risks are managed within the A&C DU Transformation Programme to provide new ways of working and delivering services to bridge the gap between service demand and resources.

The risks identified for the Community Safety, Leisure and Registrars services are managed and regularly reviewed.

The following risk register lists those risks rated as 12 and above:

Risk	Current Assessment			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
AS0007 Financial management – the risk of inappropriate control of finances leading to overspends and erosion of the Council's minimum reserve position.	Major 4	Possible 3	Medium High 12		Treat	Quarterly	Moderate 3	Unlikely 2	Medium Low 6

Risk	Current Assessment			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
AS0074 MTFS Targets/Budget Pressures - LBB is required to pay Greenwich Leisure Ltd a contract management fee for the operation of the leisure facilities. The management fee is subject to annual inflation but the budgets are not.	Major 4	Likely 4	High 16		Tolerate	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0044 Information governance - risk that the Directorate may not be appropriately safeguarding personal information or responding to queries from members of the public.	Major 4	Possible 3	Medium High 12		Transfer	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0055 Business continuity – risk that care services do not continue as normal / required minimal acceptable levels, in the event of an incident or a disaster.	Catastrophic 5	Possible 3	High 15		Treat	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0081 Financial Management-the risk of inappropriate control of finances leading to overspends and erosion of the Council's minimum reserve position.	Major 4	Possible 3	Medium High 12		Treat	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0087 The Care Act Universal Deferred Payment (UDP) Scheme could have significant impact on the Council's cash flow with increased expenditure and reduced income collection from 2015/16 until 2018/19. While under the Act the care costs can be re-couped the risk remains that this will not be possible (i.e. dependants remain	Major 4	Almost Certain 5	High 20		Treat	Quarterly	Negligible 1	Almost Certain 5	Medium Low 5

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment Impact Probability Rating		
within the property).									
AS0088 The Care Act increases the number of clients and carers who are entitled to either be assessed and / or receive a care package. This may increase the demand pressure on budgets; both to administer and provide care.	Major 4	Almost Certain 5	High 20		Treat	Quarterly	Moderate 3	Almost Certain 5	High 15
AS0089 The Care Act increases the current scope of the DU as it requires the Council to be the lead agency to make customers safe and enable the provision of care to be continued. It could increase the administration and use of A&C DU staff resources; plus increase the cost of care.	Moderate 3	Likely 4	Medium High 12		Treat	Quarterly	Moderate 3	Likely 4	Medium High 12
AS0090 The Care Act empowers self-funders to request the Council purchases care on their behalf due to the greater purchasing power of the Council. If many individuals wish to buy their care in this way then it is likely care providers will increase their care costs, be unable to provide care safely or cease to trade.	Moderate 3	Likely 4	Medium High 12		Treat	Quarterly	Moderate 3	Likely 4	Medium High 12

5.4. Equalities

Equalities description	Comments and Proposed Intervention
Equalities Action Plan	<p>The Equalities Action Plans are currently subject to revision. The revised plans, which will be monitored by the Equalities Network Meeting, will ensure that the equalities indicator and data on protected characteristics are regularly reviewed and that actions to reduce any identified inequality issues are addressed. The revised plans will also include the full range of actions necessary to comply with our statutory duties under the Equalities Act 2010 and the commitments of the Council's Strategic Equalities Objective.</p> <p>Reporting of Hate crime: All third party reporting sites are being reviewed, future reporting will either be the number of hate crimes reported to the 3rd party reports or the number of incidents reported to the police. This is being considered by the Community Safety Partnership. This will further be reported in Q3. The Safer Communities Partnership continues to work to strengthen community cohesion through building relationships with partners and community organisations, This includes faith groups, youth representatives, schools and key professional partners. Barnet continues to promote its "Say No" to abuse campaign to encourage the reporting of abuse which targets vulnerable adults, elderly people and people with learning or physical disabilities. Working with the Police the Community Safety Unit there is robust action against perpetrators supporting the needs of victim's and working with external agencies.</p>

5.5. Customer Experience

Comments and Proposed Intervention
<p>There has been a lot of customer participation and engagement in Community Safety activities. Successful delivery of the Community Safety Consultation, with over 260 surveys completed to date, two public meetings and a number of interactions (e.g. presentations, workshops, information stalls) with other forums including: the Communities Together Network; the Safer Neighbourhood Board; the Physical and Sensory Impairment Partnership Board; Learning Disabilities Partnership Board; Barnet Seniors Assembly and at Middlesex University.</p> <p>The Barnet Safer Communities Partnership conducted a mass community engagement event – Project Mercury- on the 25th September, along with hundreds of police officers and representatives of the Safer Communities Partnership agencies. The Community Safety Team were present at eight different locations across the borough engaging with people about crime, anti-social behaviour and the work of the Partnership.</p>

We will develop a dashboard coordinating all the customer care data which will be reported regularly to the Leadership Team. This should be ready for Q3.

Results from the 2013/14 annual social care user survey show that overall the level of service user satisfaction has risen slightly from 87.0% to 87.9% the previous year; however, the proportion of service users reporting they are extremely or very satisfied has fallen from 64.5% to 62%. Service users are reporting an improved quality of life, with 6.2% more clients reporting their quality of life is so good, it could not be better or that their quality of life is very good.

Fewer clients felt that care and support services helped them with daily activities and general wellbeing, with positive responses falling by 9.2%, in addition to this there was also a decline from 69.5% to 60.3%, in service users' perception of the help and support received. During the year, one care provider was found to be underperforming and this may account for the significant decline, this care provider has since been replaced.

Q4 Residents Perception Survey (RPS) results showed 32% of residents found Adult Social Care (ASC) to be Excellent or Good, a 5% increase on the previous year and 14% higher than the average for London. It should be noted that the RPS and Adult Social Care User survey cannot be automatically be compared because of differences in phrasing of questions, reporting period and the inclusion of non-service users within the RPS.

Appendix
Commissioning Priorities

CP NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
1104	Supporting people to Access mainstream and other supports	April – June 2014	N/A	N/A	N/A	33	N/A		Non-comparable local indicator
1105	Numbers and average cost of new personal budgets at 13 weeks (91 days) by care group.	Sept 14	N/A	N/A	N/A	2566 service users £190.42 average cost	N/A	N/A	Non-comparable local indicator
1106	Exit enablement without any home care services	Apr 14 - Sept 14	65.0%	52.0%	432/641	67.4%	29.6%	Improving	Non-comparable local indicator
1107	Number of new older people placed into registered care (analysed by reason and including identification of who has dementia.to be recorded at panel)	April - August 2014	30	TBC	N/A	42	N/A	Worsening	Non-comparable local indicator
1110	Reduction in per cent of repeat incidents of DV	June 14	11.3%	8.9%	N/A	7.0%	21.3%	Improving	Non-comparable local indicator

1103 (b)	Effectiveness of Telecare: Reducing care costs (estimate of impact to be included)	This is part of a change project and will be reported in quarter 3.							

KPIs

KPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outcome is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
CP012	Community based packages have support plans that are fully person-centred and reviews indicate that outcomes are achieved	Apr 14 - Sept 14	93.8%	90%	$\frac{955}{1023}$	93.4%	3.7%	Worsening	Continued focus on delivery of timely and quality reviews will ensure performance is maintained in this area.
RN024	Nationality ceremony to be offered within 90 days of receipt of letter from Home Office	Apr 14 - Aug 14	100%	100%	$\frac{544}{544}$	100%	0%	Same	No benchmarking- local indicator
VA025	Achieve Outer London Average for homecare spend per week for people with	Aug 14	£473	£600	N/A	£319	46.8%	Improving	LD Homecare = Our PSS-EX1 had been re-submitted by Finance showing a substantial decrease in cost from our original submission

KPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
	learning disabilities aged under 65								at the beginning of the year previously at £834 per week for 2013/14.
VA026	Achieve Outer London Average for day care costs per week for people with learning disabilities aged under 65	Aug 14	£509	£575	N/A	£397	31.0%	Improving	For the VA025-27 this is an annual submission which we are unable to report quarterly like-for-like, however we are able to show the average direct costs which are as follows: Q1 LD Home Care: £319 Q1 LD Day Care: £397 Q1 PD Day Care: £233
VA027	Achieve Outer London Average for day care costs per week for people with physical disabilities aged under 65	Aug 14	£266	£250	N/A	£233	6.8%	Improving	
EQ031	Hate crimes reported monitored by protected characteristic	Community safety team to confirm that all sources contributing to this measure have been identified and can be tracked. Once data feeds are established reporting will commence which is anticipated for Q3.							

KPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
AC002	Increase the number of carers who report that they can balance their caring role and maintain their desired quality of life.	The first set of surveys will be distributed during the week commencing 13th October. Results will be available from December, Quarter 3 corporate submission.							
AC004	Reduction in percentage of people reporting the extent to which they are very/fairly worried about ASB in their area	Jul 13 - Jun 14	26%	26%	N/A	25%	3.8%	Improving	Non-comparable local indicator
AC005	Improve customer satisfaction levels (leisure facilities): Percentage of all customer complaints dealt with within GLL and LBB guidelines	Apr 14 - Sept 14	88.3%	95%	233/245	95.1%	0.1%	Improving	Non-comparable local indicator

KPI NO	Indicator Description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i>	Period Covered <i>Timeframe data has been measured</i>	Previous Results <i>Previous result from the most relevant period</i>	Target <i>Achievement level expected</i>	Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i>	Result <i>Most recent result of the indicator measurement</i>	Target Variance <i>A calculation of how far the outturn is from the target</i>	DoT <i>An assessment of whether performance has improved since the previous results</i>	Benchmarking <i>How performance compared to other councils</i>
AC006 (a)	Increase the total number of attendances across all leisure centres	Apr 14 – June 14	N/A	N/A	N/A	319,509	N/A	N/A	Q1 total attendance = 319509. Q2 data not yet received. Unable to compare to last year because of a change in their IT management system, so unable to compare like for like. Unable to report attendance by disability or age, this is categorised by activity e.g. pool. The systems doesn't capture those people who attend the centre and who are not a member by age/disability/BMER.
AC006 (b)	Increase levels of membership in the GLL Be Inclusive (specialist membership category)	New Indicator. Relunched membership from Jan 2014. Last year baseline was 176 members. Q1 438 people. Q2 tbc. LBB would like to see an 3% increase of this targeted membership group, however this is an internal measure which does not have a contractual agreement against.							
AC006 (c)	Increase levels at leisure centres for age 45 upwards	New indicator – to be reported in quarter 3.							