

Appendix Two: Corporate Plan 2017/2018: Performance Report
Year-end (October 2017 to March 2018) Exception Reports

- **Resources:**
 - Reduction in employee absence through sickness
- **Environment:**
 - Reduce the amount of waste going to landfill
- **Leisure, Culture and Young people:**
 - Number of attendances at King Georges Hall (KGH) and Darwen Library Theatre(DLT)
- **Neighbourhoods and Prevention Services:**
 - Total crime figures
- **Public Health:**
 - Reduce differences in life expectancy between BwD and the national average year on year.
 - Stop smoking: a) Number of 4 week quitters and b) Quit rate (Successful quitters as proportion of all who set a quit date)
- **Children’s Services:**
 - Number of commissioned residential placements for Looked After Children as a total of all Looked After Children placements.

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|-----------------------------|---|---|---------------------------------|
| Portfolio: | Resources | | |
| Priority: | Developing the organisation and its people | | |
| Performance Measure: | Staff sickness absence | Good performance is: | lower (less than 8 days) |
| Target: | 8 | Baseline: | 9.37 previous year end |
| Performance | Half year performance and RAG rating (AMBER) | Year-end performance and RAG rating 9.24 (RED) | |

What is the reason for the performance? Overall direction is positive compared to last year (9.37 days) and the support and proactive work will need to continue.

| Quarter | 2016/17 | 2017/18 |
|----------------|----------------|----------------|
| 1 | 2.84 | 2.17 |
| 2 | 2.32 | 2.29 |
| 3 | 2.76 | 2.45 |
| 4 | 2.56 | 2.73 |
| Overall | 9.37 | 9.24 |

The five main reasons for sickness absences for the Council have slightly changed. There has been an increase in stomach, Ear/Nose/Throat, Musculoskeletal and Mental Ill Health related absences. However a decrease in chest and respiratory absences. This may be due to the fact that the Council and CCG both made exceptional efforts this year to vaccinate their own staff and encourage vaccination.

Emphasis remains on those departments where performance is continuing to be below expectations and support /advice will be delivered to the managers and areas of concern escalated to Directors as required.

Departmental analysis is undertaken on a month by month basis with specific actions being highlighted to managers for their particular categories of absences, with cost and employee numbers specifically those with 3+ absences. This includes recommendations on how to improve sickness and support can offer to those employees. Below are examples of recommendations sent to managers to implement;

It is generally very difficult to bring down sickness absence from a culture of regular absences at the level we have experienced for many years (which remain similar to those of other local authorities), however we remain committed to keep the trend going in the right direction and working towards the organisations 8 day target.

Support and advice has been provided to line managers, to ensure the Improving Attendance Policy is being followed along with support in meetings, creation of outcome letters and next steps. Early intervention has been a key area of this support and included advice and analysis of absence patterns and absence history. The sickness team consistently highlights to managers the importance of ensuring sickness absence is managed as a high priority and absence processes are being followed by managers with HR support, guidance, advice and mentoring. The support supplied by the HR service has given managers confidence to deal with absence in a consistent manner.

MyView dashboard reporting has now been implemented to support managing attendance. Work has been carried out improving performance with training already delivered on MyView absence reporting and guidance available via the intranet for managers, and trade unions.

What is the likely impact of continued performance? A few sick days a year might not seem like too much of an issue to an employee, but when combined it has a huge impact on staff morale and engagement and in turn increase absence within that area and impact on service delivery. Two of the main reasons for absence (musculoskeletal and stress), if early intervention does not take place when these are the reasons it can lead onto long term sick absence and associated high staffing costs.

Emphasis remains on those departments where performance is continuing to be below expectations and support /advice will be delivered to the managers and areas of concern escalated to Directors as required.

What activities have been or are being put in place to address these issues? The commitment to all employees' health and wellbeing is to foster and promote a culture that increases awareness of ways to improve health, decreases high levels of stress, through monitoring the working environment, protecting employees where possible from workplace injury, offering job satisfaction and flexible working options and supporting employees through having in place, health and wellbeing medical, physical and mental health support and guidance available from a range of practitioners.

There have been a number of initiatives undertaken that have included:

- Part of the HR objectives is to continually review our policies and guidance in order to support Line managers with HR issues. As part of our reviews the Councils New Improving Attendance Policy went live on 1st April.
- Employee wellbeing is at the forefront of the HR service objectives we aim to achieve these, in conjunction with the BwD Wellbeing Service and the EAP offer.
- Bite size sessions have been conducted with teams/departments to support their knowledge/practical use of Improving Attendance policy.
- Health and Wellbeing Week ran in October 2017, the national Wellbeing week had themed events for each day, and the Council's action plan tried to reflect this and focused on providing Council employees with activities, information and guidance to make an informed choice about their lifestyle. The week was organised by the Council's health, safety and wellbeing team in HR and the Wellbeing Service in Leisure & Environment. The task team recognised that health and wellbeing means different things to different people so arranged a range of events and activities for employees to participate in. Each day carried a different theme and activities were centred on the following: Healthy Heart, Changing Habits, Health, Safety and Wellbeing, Eat Well and Get Active.
- Committed to changing employee perceptions and behaviours towards mental health. To show this HSW and Public Health have been working with Lancashire mind to commit to Time to Change. By signing this pledge BwD will be committed to;
 - Improve attitudes and behaviour towards people with mental health problems.
 - Reduce the amount of discrimination that people with mental health problems report in their personal relationships and at work.
 - Make sure even more people with mental health problems can take action to challenge stigma and discrimination in the workplaces
 - Create a sustainable campaign that will continue long into the future.

Following on from the success of the 2017 Health & Wellbeing week, 2018 has seen proactive work to encourage employee engagement and increase improved health and wellbeing in the workplace. The benefits of promoting physical and mental wellbeing are well-known:

- Reduced sickness absence,
- Increased productivity,
- The opportunity for employees to build positive workplace relationships and,
- As a result, increased employee engagement, satisfaction and retention.

There is also work continuing on Wellbeing Initiatives already being consulted on:

- Health & Wellbeing Champions - will help to promote health and wellbeing activities within their workplaces.
- Mental Health Champions - Their details will be published to employees as Mental Health Champions. These champions will have;
 - An in depth understanding of mental health and the factors that can affect wellbeing
 - Practical skills to spot the triggers and signs of mental health issues
 - Confidence to step in, reassure and support a person in distress
 - Enhanced interpersonal skills such as non-judgemental listening
 - Knowledge to help someone recover their health by guiding them to further support - whether that's self-help resources, through their employer, the NHS, or a mix
- Working towards 'National Award for England- The Workplace Wellbeing Charter'
- Promoting the 5 ways to wellbeing. - Connect, Be Active, Keep Learning, Give and Take notice.
- Encouraging managers to be supportive – looking at ways they can demonstrate commitment to the strategy
- Tool kits - More comprehensive schemes to recognise and engage the effects of external stresses too, such as financial worries, caring needs.
- Joined up approach with Wellbeing service, Leisure, Public Health and Resources
- Publish a Calendar of events which includes; Activity months/challenges, Awareness days and trends – BwD, Local, National.
- As part of a new wellbeing initiative to support employees who may suffer with the mental ill-health symptoms 64 employees will train to become qualified Mental Health First Aiders by the end of May 2018.

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? No

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|---|---|
| Portfolio: Environment | |
| Priority: Reducing fly tipping, landfill waste and maximising recycling. | |
| Performance Measure: Reduce the amount of waste going to landfill. | Good performance is: Lower |
| Target: 7,600 tonnes | Baseline: 2016/17: 7,596 tonnes |
| Performance | <p style="text-align: center;">Half year performance and RAG rating April 17 to September 2017 4,507 tonnes (AMBER)</p> <p style="text-align: center;">Year-end performance and RAG rating October 17 to March 18 4,073 tonnes. (Cumulative 8,580 tonnes in the year) (RED)</p> |
| <p>What is the reason for the performance? There has been a reduction in the amount of waste sent to landfill for the second half of the year, but this still has exceeded the overall target. The amount of waste landfilled is a result of fly tipped waste, bulky waste removals and waste going through the household waste recycling centres, which could not be sent for waste to energy via the agreement with Greater Manchester Waste Disposal Authority (GMWDA), due to its composition. The new treatment agreement with Suez, which starts April 2018, is looking to shred this material in future, thereby making it suitable for waste to energy and so divert away from landfill. The new Household Waste Recycling Centres (HWRC) contract also has increased diversion targets in place. The Blackburn site in particular is too small and no longer fit for purpose, hence the need for a new site to enable better recycling. In the meantime, site improvements are being carried out at the site to reduce the need for the site to close as often during skip exchanges and to provide space for new containers.</p> <p>Please provide an explanation of the performance measure? A measurement of the amount of waste the council sends to landfill, as opposed to it being treated by alternative means, such as energy from waste.</p> <p>Explanation against target. The target of 7,600 tonnes of waste being sent to landfill has been exceeded by 980 tonnes.</p> <p>Comparisons / trends – compared to previous quarters, previous years? Comparators with previous years is not directly possible for all wastes, as the council introduced alternate weekly collections in October 2016, which may well have increased the amount of waste deposited at the HWRCs and also flytipped, plus the introduction of green waste charges in March 2017 may have impacted on waste arisings, but there is no direct evidence to suggest this has happened, as no waste audit has been undertaken in the last 3 years, due to budget reductions. Additionally, there is a trend for increased tonnages across the region, given that waste has risen in Lancashire by 3% over the last year, with less recycling taking place.</p> <p>Has policy, delivery changed? Yes, the introduction of alternate weekly collections, plus the decision to introduce green waste charges in March 2017.</p> <p>Explanation of service delivery? The agreement with GMWDA was to accept waste from burgundy bin collections, but they were unable to take bulky materials for disposal and treatment, with those materials being landfilled.</p> | |
| <p>What is the likely impact of continued performance?</p> <p>What is the impact on residents? No direct impact on residents, aside from on occasion, the residual waste containers being full at the HWRC sites.</p> <p>What is the impact on the council, department/s or portfolio/s? The financial cost to the portfolio was to produce a financial saving, as landfill was cheaper than energy from waste by 88 pence per tonne. This saved the portfolio £862 in the year.</p> <p>What is likely to happen to performance against target at year end? The target was exceeded at year end, but the waste disposed of legally and effectively.</p> | |
| <p>What activities have been or are being put in place to address these issues?</p> <p>Have action plans / improvement plans been completed – from these what are the key actions / improvements and what are the timelines for them? A new</p> | |

outlet for the council's waste disposal is being identified, with GMWDA no longer able to provide a solution for the council. The council has initiated a 2 year agreement to dispose of its waste with SUEZ, via its existing contract with them, from April 2018, minimising the use of landfill as a disposal option and utilising energy from waste as a solution.

Are there new strategies being developed? Yes, bulky waste is now being shredded and taken to energy from waste from April 2018

Are there changes in policy / structures? No

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue?

Exec Board decision? No

Exec Member / SPT decisions? Exec Member decision to dispose of waste via SUEZ instead of GMWDA was agreed in February 2018.

Initial discussion with members re possible change in service? Discussions took place in February 2018 with the Executive Members for Resources and Environment.

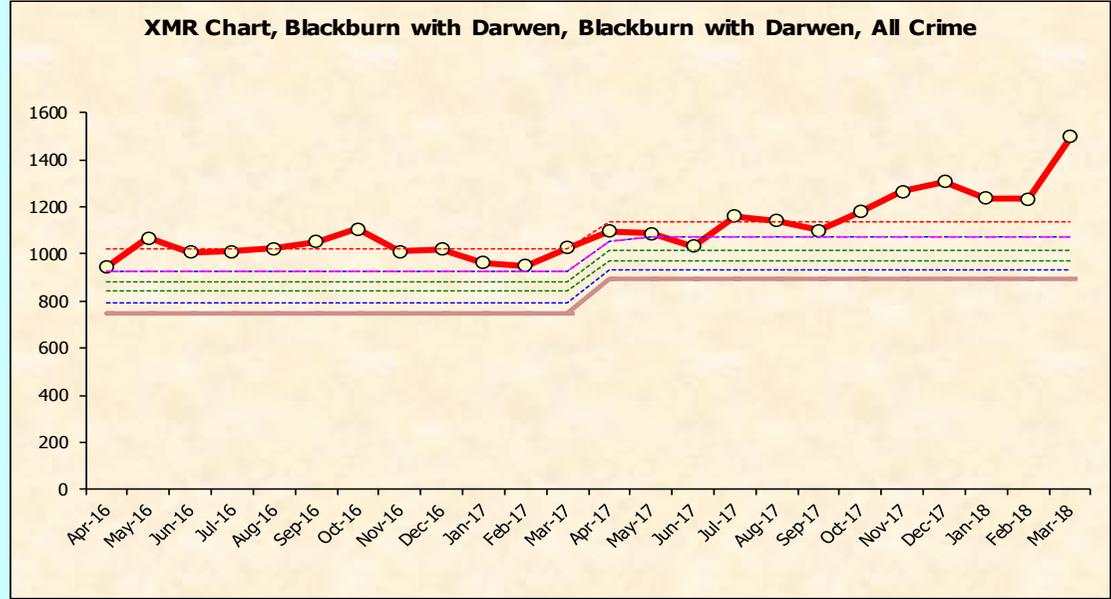
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| Portfolio: Leisure, Culture and Young People Portfolio | |
| Priority: Stimulating cultural involvement into social and economic regeneration. | |
| Performance Measure: Number of attendances at King Georges Hall (KGH) and Darwen Library Theatre (DLT) | Good performance is: Higher |
| Target: 172,149 attendances | Baseline: |
| Performance | <p style="text-align: center;">50,738 Q1 + Q2 attendances (AMBER)</p> |
| | <p style="text-align: center;">67,991 Q3 + Q4 attendances Cumulative: 118,729 attendances RED)</p> |
| <p>What is the reason for the performance? The performance measure collates attendances for all bookings, hires, events and shows at both King Georges Hall (KGH) and Darwen Library Theatre (DLT).</p> <p>Despite a 35% improvement in the second half of the year the yearend total attendance figure was 31% below target.</p> <p>Comparing the programming in 2017/18 to the previous year 2016/17 there were 10 more shows programmed into KGH main concert hall than in 2016/17, however the programming in the Windsor Suite and Blakey's dropped by 15 shows. In addition private hire bookings at KGH fell by 12%. With the reduced number of smaller bookings and private hires the increase seen in big shows bookings was not able to compensate thus the lower attendances. Venues underwent a significant efficiency remodel and loss of experienced staff as part of the 2016/17 and 2017/18 efficiencies. The remaining staff focussed on securing high profile bands and show bookings for the main concert hall to put KGH back 'on the map'(increased shows in 17/18 evidence the success of this strategy) but in turn there was reduced capacity for focus on the smaller bookings (again lower bookings demonstrate this).</p> <p>What is the likely impact of continued performance? Performance in Q4 demonstrated the positive direction that Venues are taking; KGH sold out all public performances of the pantomime & achieved growth in school bookings. Q4 saw more sell out shows go on sale than in any of the previous quarters in 2017/18. Performance for 2018/19 is already in a stronger position: the number of shows already booked for 2018/19 exceeds those booked for 2017/18 at the same time last year. This positive position combined with improved marketing and audience analysis will enable the team to strengthen audience attendances.</p> <p>The already secured programme for 2018/19 provides residents with a wide variety of shows and events including comedy, music, classics, ballet, Festival of Making and children's' / family entertainment which is positive for the continued regeneration of the town centre and the borough's profile.</p> <p>It is anticipated that attendances in 2018/19 will be much improved on 2017/18 as the remodelled team establish new ways of working to benefit all aspects of the business.</p> <p>What activities have been or are being put in place to address these issues? The remaining staff are working hard implementing improved monitoring processes and developing updated marketing and promotion strategies including a strong social media presence. Key areas of focus include:-</p> <ul style="list-style-type: none"> • Increase number of private hires – developing marketing campaigns to better promote the venue for this purpose • Windsor Suite / DLT programming – setting number of show targets /quarter based on audience development strategy | |

- Concert Hall programming – introduction of children’s activity programming will be seen in Q2 2018/19. This was identified as a programming gap in 2016/17 however it required exploration and product advance bookings hence delayed implementation.
- New Box Office System – expected to be implemented in Q3 the new system will enable improved ability to identify audience booking patterns and develop strategies to increase repeat attendances and increase regular attendances.

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? The Executive Board decisions at the end of 2017/18 in relation to Blakeys and leasing the space commercially will enable the small staff team to better focus on audience development and programming across both KGH & DLT.

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| Portfolio: Neighbourhoods & Prevention | | | |
| Priority: Maintaining Low Crime Levels | | | |
| Performance Measure: Total crime figures as recorded by the constabulary | Good performance is: same or lower | | |
| Target: within 10% of baseline year. | Baseline: 12,207 crimes recorded (2016/17) | | |
| Performance | <table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;"> Half year performance and RAG rating Actual 6,611 +8% (AMBER) </td> <td style="text-align: center; width: 50%;"> Year-end performance and RAG rating Actual 14,338 +18% (RED) </td> </tr> </table> | Half year performance and RAG rating Actual 6,611 +8% (AMBER) | Year-end performance and RAG rating Actual 14,338 +18% (RED) |
| Half year performance and RAG rating Actual 6,611 +8% (AMBER) | Year-end performance and RAG rating Actual 14,338 +18% (RED) | | |
| <p>What is the reason for the performance? The Performance measure is the total number of crimes reported to the constabulary by residents, businesses and or visitors to the borough.</p> <p>Explanation against target – The target is set at within plus or minus 10% of the 2015/16 baseline year; essentially our aim is to keep crime rates stable. While there have been significant improvements in crime rates over the last 10 years, particularly in the period 2006-2013, maintaining those reductions set against a backdrop of austerity has been the focus, given the difficulty in making further gains with much reduced resources.</p> <p>Comparisons / trends compared to previous quarters, previous years – The below chart gives an overview of crime trends over the last 3 years. While individual crime categories can be affected by changes in recording practice which can and do occur, the overall number of crimes being reported is lesser affected, hence a good overall indicator of the actual levels of crime we can supplement with feedback from residents via local and national crime survey data.</p> <p>What the chart shows is an increasing volume of crimes being reported to the police at an increasing rate from an average of circa 800 crimes a month to over 1000; the rate of increase has moderated over the full year but has not improved. It is also worthy of note that both Anti-Social Behaviour, Crime and Road Safety are the predominant issues at the majority of community meetings, town centre and business engagement events and ward solutions meetings reflecting the impact on residents and businesses.</p> | | | |

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|------------------|------------------------------|
| Ward: | Blackburn with Darwen |
| Category: | All Crime |



Exceptional Results: (1) Single result above upper or below lower dotted red line; (2) Two out of three consecutive results above upper or below lower dotted blue line; (3) Four out of five consecutive results above upper or below lower green dotted line.

Has policy, delivery changed - Policy has developed in many areas; the work around early action, transforming lives and troubled families being examples. We have also continued to develop the work we do with neighbouring authorities, driving collaborative service delivery, inward investment and developing economies of scale opportunities wherever possible to mitigate the impact of austerity. That said the challenge posed has been a significant one with its impact, in reducing resources, having continued year upon year; the effect of which multiplies when you take account of the number of agencies involved in the prevention, intervention and enforcement of Crime and Disorder, all of whom have been affected to varying degrees. As a partnership, we have also had to take decisions around prioritising what is most important, with a move toward maintaining and or enhancing protecting vulnerable people from serious harm, particularly young people, at the cost of work streams targeting volume crime offenders committing lower level offences which are impacting on overall crime levels.

Explanation of service delivery - Service Delivery is outlined in the area Community Safety Plan detailed on the Council's webpage. The partnerships priorities are supplemented by a delivery plan against each which can be circulated on request.

What is the likely impact of continued performance? The impact higher crime rates have on communities is well documented. High or increasing crime levels can be catalysts to community tensions and business disinvestment and decline. This can include; increased desire to move or higher actual mobility of residents; weaker attachments of residents to, and satisfaction with, their neighbourhood, lower local involvement; and lower house values and inward investment. Empirical research confirms this.

In terms of the impact on the council. Overall demand for services will go up, particularly those services that protect vulnerable people and places and the restriction in what preventative programmes can be introduced as we respond to escalation and crisis management. It will have an impact on inward investment for both business and housing as noted with the desirability of living or working in an area tied to perceived and or actual crime rates.

The target is likely to be missed next year given the rate of increase has reduced but not the volume of offences. Current trajectory would suggest a similar crime level to this year in 2018/19 i.e. remaining 18-20% above the baseline.

What activities have been or are being put in place to address these issues? Further work is being developed to target violent crime offences, particularly those that are most vulnerable, suffering the greatest levels of harm and or repeat victimisation. There is also targeted work around both Blackburn and Darwen town centres as we continue to work with local businesses. Resourcing any activity sustainably is the biggest challenge we are working on with the Office of the Police and Crime Commissioner, the Blackburn BID and other partners to resource to risk and invest in sustainable interventions collectively.

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? A range of proposals likely to impact on crime rates will be put before members as part of the 2018-23 Community Safety Strategy development. Given crime is principally the symptom of wider social issues, the majority of reductions in service will have impact, the cumulative effect of which will be a negative one.

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| Portfolio: Health | |
| Priority: Help residents to live longer and healthier lives | |
| Performance Measure: Reduce differences in life expectancy between BwD and the national average year on year | Good performance is: a big reduction |
| Target: 6% reduction in local life expectancy gap on the 2008-10 baseline | Baseline: Baseline year 2008-10 |
| Performance | <p>Half year performance and RAG rating</p> <p>2.6% males 6.6% females (2013-15 performance)</p> <p>(AMBER)</p> |
| | <p>Year-end performance and RAG rating</p> <p>-10.0% males -4.3% females (2014-16 performance)</p> <p>(RED)</p> <p>NB. A negative reduction equates to an increase, i.e. the gap with England has got wider since baseline, not narrower.</p> |
| <p>What is the reason for the performance? Blackburn with Darwen has had falling life expectancy in the last two years. The Public Health team were the first to raise this issue nationally in 2015, with extensive coverage in the Health Service Journal and Local Government Chronicle. The possibility they raised of a national trend was then dismissed by the Department of Health.</p> <p>The Public Health team then went on to publish national research in 2017 with colleagues at the University of Oxford and the London School of Hygiene and Tropical Medicine which examined the national trend and explored possible causes and remedies. This showed the majority of excess deaths (on previous years) were in older people over 70). This year, about 20% of Local Authorities have a reduction in life expectancy for either males or females or both – these are mostly in post-industrial northern towns, seaside towns and some wealthier highly rural areas.</p> | |
| <p>What is the likely impact of continued performance? As a result of this trend ONS have revised downwards their long term estimates for UK life expectancy, the Department of Health and NHS England have now accepted there is a major problem and commissioned further national research through Public Health England – building on BwDs original research. BwD Director of Public Health has been invited onto the National Mortality Surveillance Group, and the Local Government Chronicle this spring produced an editorial praising our work.</p> <p>Locally we have been further examining the causes of the rise in old age mortality. We have found that :</p> <ul style="list-style-type: none"> • Most of the ‘excess deaths’ are in those over 70 years. • There are no new diseases causing this rise - it is mostly older people dying of the same diseases slightly earlier than in previous years. • We think this is because of increased vulnerability in this population group exacerbated by increasing difficulties across the health and social care system to meet ‘surge demand’ due to reduced resources. | |
| <p>What activities have been or are being put in place to address these issues? Our plan to deal with this is focussed on the creation of four neighbourhood / locality health and care systems, working with the voluntary and faith sector with more data-informed planning to assist meeting the needs of frail elderly. This is part of our health and social care transformation programme across Pennine Lancashire.</p> | |

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? No.

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| Portfolio: Public Health & Adult Social Care | | |
| Priority: 2. Improve life chances for residents by offering improved and joined up health and wellbeing services. | | |
| Performance Measure: Stop smoking: a) Number of 4 week quitters b) Quit rate (Successful quitters as proportion of all who set a quit date) | | Good performance is: Higher |
| Target: a) Achieve 650 4 week quitters per year (2017-18) b) Increase Quit rate (Successful quitters as proportion of all who set a quit date) to 45% | | Baseline: a) 255 per quarter |
| Performance | Half year performance and RAG rating a) Number of 4 week quits = 248 b) Quit rate = 31% (AMBER) | Year-end performance and RAG rating a) Number of 4 week quits = 445 b) Quit rate = 31% (RED) |

What is the reason for the performance? The number of people accessing Stop Smoking Services in Blackburn with Darwen has reduced during 2017/18 compared to previous years, which appears to be a year on year downward trend. Overall 4 week quit rates have dropped below the minimum 35% quality standard recommended, with a slight improvement in Q4. The target of 650 4 week quits per year (2017/18) and the service performance quality standard of 45% quit rate was not achieved.

| Smoking Indicators | Q1* | Q2* | Q3** | Q4** | Full Year (2017-18) |
|------------------------------|-----|-----|------|------|---------------------|
| Numbers accessing service | 371 | 454 | 315 | 332 | 1236 |
| Number achieving 4 week quit | 130 | 118 | 89 | 108 | 445 |
| 4 week quit rate | 35% | 26% | 28% | 33% | 31% |

*Q1 - Q2 MAF report figures (system change-combined data QwU and PharmOutcomes data)

**Q3 - Q4 PharmOutcomes Report (new system data only)

During 2017/18, there have been significant service redesign developments, alongside continued changing social trends in smoking behaviours:

1. National and local smoking prevalence has reduced year on year as a result of the Smoking Ban, which may have impacted on **reducing demand for Stop**

Smoking Services. Provision may need to shift to offer a more targeted approach and different delivery model, e.g. smoking in pregnancy, people with mental health problems.

2. **New data system** (PharmOutcomes system) introduced on 1st April 2017 to increase back room efficiency with processing multiple claims – previously Quit with Us System (manual claims checking process). Moved from quarterly in arrears payments to monthly in arrears payments. Improved data quality and audit reports. Significant savings achieved by removing manual administration and reduced system license fees.
3. **New service specification** introduced on 1st April 2017 – stopped payment for initial (new clients) appointment and increased focus on behaviour change outcomes (4, 8 and 12 week quits). Rationale was to incentive quit rates as opposed to quick win activity (sign up of new clients).
4. **Introduced electronic NRT vouchers** to replace paper vouchers to achieve savings on printing, administration and storage costs. Improved data auditing and efficiency in accessing support. Payments transactional speed increased and commissioner access to monthly activity figures for timely reporting to NHS Digital improved.
5. **Smoking in Pregnancy incentive scheme** – 10x Children’s centre staff were trained up at Stop Smoking Service (SSS) Advisors during Q3-4. Smoking in pregnancy care pathway developed with maternity services and Children’s centres with the aim of increasing quit rates of pregnant mums. Scheme is scheduled to commence in in Q1 (2018/19).
6. **CLEAR Assessment** – local area review of Tobacco Control / Smokefree strategy. Review of local provision, effectiveness and approach in response to national and local reductions in smoking prevalence, reduced DH Prevention grant, and social shift presenting new challenges, e.g. e-cigarettes, targeted offer for pregnant women, people with mental health problems.

There have also been a number of issues during 2017/18, which have negatively impacted on the Tobacco Control programme:

- a) As a result of the reduced Public Health grant, the impact of **significant efficiency savings** has reduced SSS management capacity.
- b) **New system** implementation presented challenges for both providers and commissioners and additional capacity and training was delivered in November 2017.
- c) **Reduced public health capacity** to manage Tobacco Control programme agenda (Q3 - Q4) due to sickness absence.
- d) **Reduced Stop Smoking Service capacity** due to reduction in SSS Advisors (loss of expertise to provide the service).
- e) **No intermediary Specialist Stop Smoking Service** Management – new care pathways needed to be redesigned and subsequent delays with implementation.

What is the likely impact of continued performance?

- Residents will not be able to access high quality Stop Smoking community support to help them quit smoking
- Public Health outcomes for residents with smoking related illnesses, health complications and long term conditions will be negatively impacted
- Lack of preventative services and interventions will increase demand on primary and secondary care, and acute NHS services due to smoking related illnesses and conditions

- The council will attract negative publicity and reputational damage when local stop smoking service data is published (quarterly submissions are made to NHS Digital)
- Increased scrutiny from Public Health England and other NHS commissioners, due to increased demand and costs for the local health and care economy.

What activities have been or are being put in place to address these issues? Plans for 2018/19 include:

- Recruitment of public health development managers is in progress which will provide increased capacity to manage and develop the Tobacco Control programme.
- Detailed review of activity data by providers with targeted 'notice to improve' using contractual mechanisms.
- Complete CLEAR Assessment and review local area provision in line with the Tobacco Control strategy priorities and evidence.
- Smoking in pregnancy incentive scheme and care pathway will be launched in Q1, with an improved targeted support offer.
- Training and network support for SSS providers has been scheduled for June, which should improve service quality, sharing good practise, partnership working with the Wellbeing Service and quit rates.
- Continued public awareness raising and marketing of the SSS and public health campaigns, e.g. Stoptober (Public Health England).
- PharmOutcomes system will be embedded and commissioners and providers will be able to flag and respond to any quality issues in a timely manner.
- Further in house PharmOutcomes training for Business Support and CAPS to increase back room capacity and reduce single points of failure.

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? No.

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| Portfolio: Children's Services | | |
| Priority: Intervene early at the right time to avoid costly <u>intervention</u> wherever possible, including supporting those children with additional needs. | | |
| Performance Measure: Number of commissioned residential placements for Looked After Children as a total of all Looked After Children placements. | | Good performance is: Maintain |
| Target: 10-20 | | Baseline: 15 (Oct 15) |
| Performance | Half year performance and RAG rating 25 (6.5% of all children in our care) (RED) | Year-end performance and RAG rating 28 (7.4% of all children in our care) (RED) |
| <p>What is the reason for the performance? Of the 28 commissioned residential placements, 5 are of severely autistic children for whom there is no possible internal provision. The other children and young people are in residential placements as the risks present in their lives are of such severity that intensive residential support is the only appropriate option, often distant from the Borough.</p> <p>Even though we have seen a significant recent growth in residential placements, it needs to be noted that the proportion of children and young people in our care that are placed in residential provision remains beneath the national (12%). Again, the target range for performance will need reconsidering in the light of higher children in our care numbers and a more nationally typical proportion of young people in residential provision. Using the national and regional average as a range, one would expect Blackburn with Darwen to have between 35 and 45 children and young people in residential provision. Including those in in-house residential provision, we currently have 34 children and young people in children's homes or residential schools. Therefore this pressure reflects a reversion to the norm and a movement away from previously exceptional performance.</p> <p>The wider context around commissioned placements, especially in the region, is that there is insufficient capacity to meet growing need in agency placements, which means that this situation is likely to worsen over the next few years, especially in the light of growing complexity and demand and the long term impact of austerity now being felt by the 'people' departments. In children's social care the impact is being felt in both rising demand and in more damaged children, with a higher complexity of need. It is the latter group of children and young people that are the key drivers for this rise in the number of children in external residential placements. The second key challenge for the department and the council over the coming year (in addition to the capacity of the service to meet the presenting demand from the local community for social care services) is how well we can contain this ongoing pressure in the face of extremely difficult circumstances both within the market for care placements and the needs and risk present in the local community.</p> | | |
| <p>What is the likely impact of continued performance? When reported last in September the average weekly cost of each commissioned residential placement was £3,750, with a potential annualised cost for the placements of nearly £5.5 million. This represented a rise of £750 per child in placement since the start of the financial year. Over the latter half of the year, we have been able to reverse this situation so that, while the number of placements remains the same, the average weekly cost has reduced somewhat (currently £3,050) - with a potential annualised commitment of £4.5m, but this still represents a major budget pressure going into the next financial year. Should savings need to be found from elsewhere within the portfolio or council to offset this pressure, this would pose a considerable challenge.</p> | | |
| <p>What activities have been or are being put in place to address these issues? Very tight monitoring of external residential placements has been in place for the past decade and this continues - a weekly panel to discuss any placement changes, chaired by a Head of Service, with a quarterly review of all children in</p> | | |

commissioned placements - chaired by the Director of Children's Services. One of our strategic commitments is to try to keep all of our children in local placements and this has driven our exceptional performance over the past decade. Children and young people are only ever placed in residential placements outside the borough where there are no appropriate alternatives and where it is clearly the only means of meeting that child or young person's needs.

Are there any decisions likely to be required of Executive Members in the future, in relation to this issue? The Executive Member for Children's Services is regularly briefed on the number of commissioned placements. The activities to manage the issue, as outlined above, is discussed at Senior Policy Team meetings via quarterly performance reporting and budget monitoring items.