

Adult Social Care and Health – Quarter 4 2011/12

1. OVERVIEW

1.1 Summary rating for this service

Revenue budget actual variance £000 ⁽¹⁾	Capital actual variance £000	Corporate Plan Performance rating	HR rating	Key project rating
-	(352)	3.5	-1.5	-1

1.2 Top achievements, issues and actions

Top 3 Achievements	Top three issues	Actions required
Published our first annual Local Account of Adult Social Care Services in Barnet in February. Entitled 'Your Local Account' it covered successes, challenges, plans for the future and launched the Adult Social Care Commitments.	The number of sick days remains higher than the Council average.	Continued work with Human Resources Business Partner to bring down absence rates via adherence to HR "trigger points" and capability procedures.
Positive feedback from the Office for Disabilities Issues at the 12 month review on the difference Right to Control is making to individuals in relation to helping them exercise choice and control and achieve their outcomes.	In Q4, 2 local surveys were completed for the first time for carers and those in receipt of personal budgets. Further work/analysis required to ascertain what these surveys are telling us in terms of user/carer experience.	The Q4 results will be used to benchmark improvement in 2012/13 for choice and control for service users and to support and engage carers. Results will inform change programmes and action plans.
Exceeded target in relation to carers assessment carried out in 2011/12.	Adequacy of Barnet Council's expected funding allocation to meet statutory public health obligations and deliver local priorities.	Prepare and submit updated local transition plans to NHS North Central London for Public Health. Define and agree Barnet Council vision for Public Health and service proposition statement.

1.3 Summary of the Service

Delivering successful outcomes for service users within the context of reduced budgets is challenging and puts a premium on innovation and corporate working. Recent examples of this include:

- Your Choice (Barnet) Ltd went live on Wednesday 1 February 2012. Your Choice Barnet incorporates the previously in-house adult social care services for people with disabilities. Your Choice Barnet will ensure that people can use their Personal Budgets from Barnet Council to pay for these services. For legal reasons, this would not be possible if the services had remained in-house.
- Progression on the final phase of the Home and Community Support Transitions Project which involves transferring all home care users to 3 lead providers, allowing the development of strategic partnerships.
- 2012/13 business plan summary published setting out priorities for the next year.
- Voluntary Sector Carers Support Services are currently being re-commissioned. Aim to commission quality services that meet carers' needs, help sustain the caring role, and promote carer's health and well being. The contribution of informal care to the sustainability of the health and social care system is more vital than ever, as reductions in budgets are implemented over the next three years.

2. DELIVERING EFFECTIVE SERVICES

2.1 Corporate Plan indicators (CPIs)

CPI NO	Indicator description	Period Covered	Numerator and Denominator	Previous relevant outturn	Target	Outturn	Target Variance	DoT Variance	Benchmarking
6015	Number of social care clients receiving Self Directed Support	Apr 11-Mar 12	N/A	3262	4250	4115	3.3%	▲ 26.1%	London average is 42% for Q2 2011/12 (LAPS Q2). ASC&H = 66%
6013	% reduction in avoidable re-admissions within 28 days of discharge	Apr 11-Feb 12	N/A	1326	1723	1882	9.2%	▲ n/a	No benchmarking available
6016	% of people aged 65+ who are still at home 91 days after discharge into rehabilitation services	Oct 11-Nov 11	243/272	89.2%	87.0%	89.3%	2.6%	▲ 0.1%	London average is 81.6% (LAPS Q2)
6018	Reduction of 5% of budget spent on residential and nursing care	Apr 11-Feb 12	N/A	£39.9	£39	£39.1	0.3%	▲ 2.1%	Local Measure
9001	Reduction in the total number of people in residential and nursing care	Apr 11-Mar 12	N/A	1207	1168	1179	0.9%	▲ 2.3%	Local Measure
6017	% of Adult Protection Plans to be developed for those who need them with people identified as responsible for delivery	Apr 11-Mar 12	166/166	100.0%	100.0%	100.0%	0.0%	↔ 0%	No benchmarking available

CPI NO	Indicator description	Period Covered	Numerator and Denominator	Previous relevant outturn	Target	Outturn	Target Variance	DoT Variance	Benchmarking
9002	% of Adult Protection Plans reviewed by team manager within the timescales set at the case conference	Apr 11-Mar 12	127/127	100.0%	100.0%	100.0%	0.0%	↔ 0%	No benchmarking available
6001	At least three Pledgebank pledges supported per year per directorate	Apr 11-Mar 12	N/A	8	21	11	47.6%	▲ 37.5%	Local Measure
6011	No of people who have received a Right to Control support plan	Dec 10 – Dec 12	N/A	28	100	105	27.0%	▲ 160.7%	No benchmarking available
6012	The % (proportion) of service users who feel they have choice and control influencing decisions that affect them	Mar 12-Mar 12	39/70	N/A	N/A	55.7%	N/A	N/A	Local Measure
6014	Reducing the mortality rate from all cardiovascular disease (including heart disease and stroke) per 100 000 people aged under 75 years	Jan 11-Oct 11	N/A	39.2	37	47.2	27.6%	▼ 20.4%	45.96 NHS Information centre 2010
6002	Reducing the mortality rate from cancer of all types per 100 000 people aged under 75 years	Jan 11-Oct 11	N/A	90.3	85	94.6	11.3%	▼ 4.8%	95.18 NHS Information centre 2010

CPI NO	Indicator description	Period Covered	Numerator and Denominator	Previous relevant outturn	Target	Outturn	Target Variance	DoT Variance	Benchmarking
6003	Number of smoking quitters in people aged 18 years and over (NHS four-week smoking quitter target)	Apr 11-Dec 11	N/A	1042	1506	1554	3.2%	▲ 49.1%	No benchmarking available
6004	Number of carers' assessments/re-assessments completed	Apr 11-Mar 12	N/A	1597	2400	2424	1.0%	▲ 51.8%	2424 equates to 39% of those receiving a community based service. London average is 17.4% for Q2 2011/12.
6005	Proportion of carers who feel engaged and supported in their caring role	Mar 12-Mar 12	56/100	N/A	N/A	56%	N/A	N/A	Local Measure

*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.

Overall ASCH's performance against the corporate plan indicators is strong. Specific commentary on certain indicators includes:

- CPI 6013 – This was a new indicator in 2011/12. Some of the programmes related to this indicator have not progressed as planned. The Council and NHS North Central London Barnet have been working together to particularly focus on readmissions in the frail elderly. This has included working with the two main Acute Trusts to change how they manage frail elderly people that attend Accident & Emergency so that they are not readmitted; expanding capacity (rapidity of response and time frames for acceptance of referrals) in intermediate care and the Council commissioned enablement service to provide an alternative to acute admission or referral and rapid response palliative care service for those at the end of their lives to reduce admissions and readmissions in the last year of life. These service changes all commenced in mid-January. The next phase of work will develop an integrated frail elderly service that includes urgent response (as above); complex case management and rehabilitation / assessment. This will further reduce readmissions in this cohort of people. Future streams of work will also need to include readmissions to acute care because of mental ill health and discharge planning.
- CPI 6001 - The inter-departmental targets were 3 per directorate. Adult Social Care & Health achieved its 3 Pledgebank pledges. Breakdown by Directorate is ; ASCH = 3, Chief Exec's Office = 3, Deputy Chief Exec's Office = 1, E&O = 4.
- CPI 6011 - The Trail Blazer programme is scheduled to run from Dec 10 to Dec 12. Between Dec 10 to Mar 12, 105 people via the multi-disciplinary team have received a Right to Control support plan.

- CPI 6014 & 6002 – Death rates from both CVD and cancers continue to drop in Barnet. Barnet data for 2011 is provisional (“uncleaned”) and comparative data is not yet available for London and for England for 2010 and 2011.

2.2. Corporate Plan Improvement Initiatives (CPIIs)

There are no CPIIs for Adult Social Care and Health in 2011/12

3. RESOURCES AND VALUE FOR MONEY

3.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Final Outturn 2011/12	Variation		
	£000	£000	£000	£000		
Care Services - Learning Disabilities	34,596	34,769	35,485	716	Identified savings of £280k not agreed with a single provider and therefore not achieved. Negotiations are continuing. Continuing pressure on purchasing budgets linked to people with very complex levels of need.	2.1%
Care Services - Mental Health	6,766	6,726	6,478	(248)	Work is ongoing to move clients on from Residential Care to Supported Living and other Community support. Risks in this area include increase in Autism diagnosis and continuing health care placements.	-3.7%
Care Services - Older Adults - Physical Disabilities	43,513	44,209	44,504	295	Outturn represents an overall improvement on the PSI overall overspend on purchasing. Cost pressures directly stem from a result of lack of appropriate wheelchair accessible housing.	0.7%
Transformation & Resources	2,984	3,492	3,355	(137)	Savings for 2012/13 being achieved early. Underspend created by staff vacancies being held this year to offset overspend in Care Services	-3.9%
Strategic Commissioning & Supply Management	11,069	9,762	9,158	(604)	Non recurrent underspend against supporting people budgets whilst service is remodelled.	-6.2%
Government Grant Income	(61)	(61)	(84)	(23)		37.7%
Total	98,867	98,897	98,896	(1)		0.0%

3.2 Capital

Capital Programme Description	Current 2011/12 Budget (incl. Slippage and Substitutions)	2011/12 Actual Expenditure(incl. Accruals)	Variance from Current 2011/12 Budget	% Variance from Current 2011/12 Budget
	£000	£000	£000	
Mental Health and Adults Personal Social Services Allocations	846	838	(8)	-0.9%
Total - Adult Social Care & Health	846	838	(8)	-0.9%

4. MANAGING THE ORGANISATION

4.1 Key projects

The following project has been updated for Quarter 4.

Project Name	Total allocated Budget	Capital funded?	Projected end date	Stage project is in	Spend to date	Planned stage progression next period	Current status Quarter 4	Direction of travel in Quarter 4	Forecast Quarter 1 Status	Comments / Risks / Finance
Invest in Adults IT Infrastructure	£1.5 Million	Yes	17 May 2013	Assessment	£48620	Tender process to be under way.	Amber	Up	Amber	Further work completed on outline specification. Work ongoing on finalising the procurement process. Taking forward these two elements has delayed the project based on the original plan.

4.2. Human Resources

Performance Indicator	Period covered	Target	Amber criteria	Q4 Actual (No.)	Q4 Actual % of total	Q4 (numerator/ denominator)	Target Variance	Q4 DoT	Council average	Benchmarking
Attendance										
Average number of absence days per employee (Rolling year)	April 11 - March 12	6	6 - 6.5	9.7	N/A	3595/371.2	-61.7%	0.0%	7.7	10.1 days (CIPFA, All Members & other Unitary Authorities 2011)
Average number of absence days per employee this quarter (target is seasonally adjusted)	Jan 12 - March 12	1.51	1.5 - 1.7	2.3	N/A	750.7/331.6	-52.3%	▲ 5.7%	1.9	2.25 days (CIPFA, All Members & other Unitary Authorities 2011)
% managers submitting a monthly absence return	Jan 12 - March 12	100%	>90%	48	100.0%	48/48	0.0%	▲ 19.2%	91.9%	N/A : measure applicable to LBB only
Performance Review										
% objectives set for eligible staff only	Jan 12 - March 12	100%	>90%	Next reported in Quarter 1 2012/2013						N/A
% mid year performance reviews undertaken for eligible staff only	Jan 12 - March 12	100%	>90%	Next reported in Quarter 3 2012/2013						N/A
Cost										
Variance of total paybill to budget	Jan 12 - March 12	£4,825,703	+/-5%	£4,651,795	-3.6%	4651795/4825703	-3.6%	▼ 250%	0.3%	N/A : measure applicable to LBB only

Management Indicator	Period covered	Q4 Actual (No.)	Q4 Actual % of total	Q4 (numerator/denominator)	DoT Q4 %	Council average	Benchmarking
Diversity data							
Percentage of top 5% earners that are female	As at 31 March 2012	11	64.7%	11/17	6.5%	51.3%	Women in leadership posts 49.9% (CIPFA, All Members & other Unitary Authorities 2011)

Number of BME employees as % of total employees	As at 31 March 2012	117	38.2%	117/306	▼ 2.5%	32.7%	Black and Minority Ethnic local population 33.1% (State of the Borough June 2011)
Number of declared disabled staff as % of total employees	As at 31 March 2012	18	5.8%	18/318	▲ 9.7%	2.7%	2.33% (CIPFA, All Members & other Unitary Authorities 2011)

Employee Relations

High Risk - Employee Relations cases as % of total cases	As at 31 March 2012	0	0.0%	0/1%	0.0%	6.9%	N/A : measure applicable to LBB only
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	ESTABLISHMENT				OCCUPANCY				Variance	OTHER	
	Permanent	Fixed Term	Vacant	TOTAL	Permanent	Fixed Term	Agency / Interim	TOTAL		Consultants	Casual
Adult Social Care	259.38	20.79	116.21	396.38	264.90	21.59	70	356.49	-39.89	5	10

- ASCH continues to work with our HR Business Partner to bring down absence rates via adherence to HR “trigger points” and capability procedures.
- A more accurate reflection of sickness will be available in Q1 2012/13. This will take into account the departure of the in-house services. At the moment an average count of employees is used to calculate the denominator.
- There has been a significant improvement amongst ASCH managers in complying with submitting monthly absence returns due to work lead by the Performance Team. For Q4, ASC&H achieved 100% compliance.

4.3. 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	1	0	0
	4	Likely	0	0	0	3	0
	3	Possible	0	1	9	3	1
	2	Unlikely	0	0	3	5	0
	1	Rare	0	0	0	0	0

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

Risk Commentary for Adult Social Care and Health cross-referenced to the Risks:

Unless otherwise stated these risks have not been escalated for monitoring at the corporate level. Risks rated 12 or above are managed by the oversight provided by monthly Leadership Team meetings.

AS0015 - This is a long-term risk. It is being closely monitored. This is assisted by joint commissioning posts, the holders of which enable the risk to be clearly understood and managed by both Health and the Council.

AS0038 – A joint action plan is being progressed to secure improvements in income recovery performance.

AS0054 – Detailed analysis is needed to ensure the changes within the NHS do not have detrimental impacts on the Directorate's services.

AS0047 – This is a long-term risk reflecting the demographics of the borough.

AS0055 – Work in underway to enhance the Directorate's business continuity arrangements.

AS0044 – The Delivery Unit Governance Group oversees the completion of the work programme to improve data protection arrangements.

AS0048 – This is a medium term risk. New procedures and documentation are being produced to aid the more efficient and accurate capture of data to aid service planning.

AS0053 – A compliance action plan is being progressed to enhance procurement practices.

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
AS0015 – Financial Increases in the number of transfers from health - as they reduce continuing care payments by reviewing them and transferring to social care. 108 packages and the potential to transfer £1.1m	Major 4	Likely 4	High 16	Discussions with NHS Barnet are taking place to ensure there is a consistent approach <i>In Progress</i> A rigorous approach to the transfer of resources to ensure that Barnet doesn't transfer more than it should. Funding has been transferred from Health under section 256 to mitigate against the risk. <i>Under Review</i>	Treat	31/03/2013 (Normal) 31/03/2013 (normal)	Major 4	Unlikely 2	Medium High 8
AS0038 - Financial Underachievement on income budget Causes: Possible increases in the level of outstanding unsecured debt Consequences: Increased risk of Adult Social Care & Health budget coming in overspend.	Major 4	Likely 4	High 16	Debt recovery process instigated. Cases are referred through Income Section for recovery of fairer contributions debt. Progress is being made to address the 7 actions detailed in the joint (Financial Assessment & Income Recovery) action plan. The work underway includes improving the monitoring of the work and queries that arise and the more timely provision of the information required by the income recovery team to initiate recovery action. In addition, work is underway with Heads of Service within Care Service Delivery to ensure residents are supported at the point care starts to be provided when they are unable, for example, to manage their own financial affairs. <i>In Progress</i>	Treat	02/07/2012 (High)	Moderate 3	Possible 3	Medium High 9
AS0054 - ICC Partnerships – risks that partnership objectives will not be met due to lack of buy-in and commitment from respective partners.	Major 4	Likely 4	High 16	Undertake a full review of all re-charges between North Central London (NCL) cluster and London Borough of Barnet to facilitate a smooth transition. In addition undertake a review of the existing partnership boards, citizen involvement and co-production is	Treat	31/10/2012 (Normal) 29/06/2012 (Normal)	Major 4	Unlikely 2	Medium High 8

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Target Date (Priority)	Target Assessment Impact Probability Rating		
				underway. <i>In Progress</i>					
AS0047 - Compliance Failure to provide timely adaptations to residents' homes resulting in adverse health effects to residents and possibly their carers.	Moderate 3	Almost certain 5	High 15	Actions include the following: a. Consider the transfer of DFG to ASCH as it supports the closer working of Social Care, Health and Housing. All three are important elements to enable independence. The Board should note a position statement is to be made to SMT regarding the progress of the Development and Regulatory Services (DRS) Project (outsourcing). b. As part of developing an integrated strategy for the future; this includes building more accessible homes. An ASCH representative is working with Regeneration areas to ensure future housing development includes homes for life. It is contained within the DFG good practice guidance that regeneration funds are used to support the demand on the DFG, as this is a use of funds to increase suitable housing in the longer term. c. Continue the development of Housing Pathways, Admissions Avoidance and Telecare / Health strategies with ASCH / Health Joint Commissioning and Housing. d. Develop closer links with landlords (including Barnet Homes) and care providers wishing to change service provision, to ensure suitable accommodation is made available, including accessing non-Council funding. <i>In Progress</i>	Treat	29/03/2013 (High)	Minor 2	Possible 3	Medium Low 6

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
AS0055 - ICC Business continuity – risk that business will not continue to appropriate as normal in the event of an incident or a disaster.	Catastrophic 5	Possible 3	High 15	Work to enhance the Directorate's business continuity resilience includes the following actions: a) an Internet Protocol Telephony project. This project will provide resilience to support our telephony infrastructure. <i>In Progress</i> b) reviews of disaster recovery arrangements going forward for key systems such as SWIFT and Wisdom <i>In Progress</i>	Treat	Ongoing	Moderate 3	Unlikely 2	Medium Low 6
AS0044 - ICC Failure to have robust data security built into our systems and ways of working. Information governance (data protection, responding to FOIs and SARs, records retention) – risks 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	Review data security procedures in systems including DOLS process. <i>Under Review</i> New protocols to be created in line with IS strategy. <i>Under Review</i>	Treat	Ongoing 30/06/2012 (Normal)	Moderate 3	Unlikely 2	Medium Low 6
AS0048 - Compliance Poor decision making resulting from weaknesses in SWIFT and Wisdom recording practices.	Major 4	Possible 3	Medium High 12	The Embedding Personalisation Task and Finish Group is the first in a series of activities under the overarching Transformation Business and Systems Governance Group. In recognition of the fact some forms have not been ratified and some are not fully fit for purpose, work is underway to delivering fit for purpose key forms. An action underway includes the assessment of each form to determine if they are sufficiently customer friendly as well as aiding successful achievement of the Directorate's objectives. <i>In Progress</i> Quick reference procedures are on hold pending restructure discussion in the light	Treat	30/03/2012 (High) 31/03/2012	Minor 2	Possible 3	Medium Low 6

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
				of changes with Social Care Direct. <i>Under Review</i>		(High)			
AS0053 - ICC Procurement and contract management – risk of a fragmented approach to procurement which may result in non achievement of value for money or appropriate safeguards being built into contracts	Major 4	Possible 3	Medium High 12	A compliance action plan is being progressed. As at 5th April 2012, the Directorate's total contract value was £114,559,013. The number of compliant contracts stood at 183, the value of compliant contracts being £86,449,948 and the number of non compliant contracts stood at 166. The value of the non compliant contracts at this date was £28,109,064. <i>In Progress</i> A new provision protocol is in development to ensure due diligence is undertaken before entering into contractual arrangements with a new provider and for the suspension and termination of contractual arrangements where there is persistent performance failure or safeguarding issues. <i>In Progress</i>	Treat	31/05/2012 (High)	Moderate 3	Unlikely 2	Medium Low 6