

Adult Social Care and Health – performance overview

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
-	-	1	-5.5	2.5

1.2 Top achievements, issues and actions

Top 3 achievements	Top 3 issues	Top 3 actions needed
Refresh of Barnet's Joint Strategic Needs Assessment (JSNA); and shadow Health and Wellbeing Board meetings up and running – The JSNA has highlighted several opportunities for better working across health and social care, covering adults and young people (see also section 1.3 below).	<ul style="list-style-type: none"> Achieving the overall target of 4,250 clients and carers receiving Self Directed Support by promotion of good assessment and review practice. Improving performance on HR indicators (e.g. sickness, absence recording, performance reviews). 	<ul style="list-style-type: none"> Renewed effort to mainstream personalisation and to move to a position where everyone who is in need of ongoing support is given a Personal Budget. Linked to this is the need to increase productivity in the Case Management Process through embracing lean principles and methods across the service. This work stream is being progressed via a detailed action plan, monitored monthly by the Leadership Team. ASC&H is working with its HR Business Partner, on an HR metrics improvement plan in order to turnaround performance.
Right to Control (RtC) Decision Accelerator (June 2011) resulting in the following key decisions:	Improvement of contract monitoring and management within Adult Social Care and Health	Implement the ASC&H contract and procurement plan in line with the corporate framework.

<ul style="list-style-type: none"> • Retain a Multidisciplinary Team until December 2012. • Skilling up other staff in Care Services Delivery, Centre for Independent Living and Job Centre Plus in order to boost the delivery of RtC to customers. 	<p>(ASC&H), including changing our contracting model to reflect the drive towards personalisation.</p>	
<p>Social Capital – Following a series of workshops with both internal and external stakeholders, a Project Board has been established to look at ways that individuals’ links with the community can decrease their reliance on paid support, thereby achieving the financial savings targeted for Adult Social Care and Health for the next three years. The action plan includes:</p> <ul style="list-style-type: none"> • Encouraging the use of free and community resources in support planning. • Extending the list of partners to the educational and private sector along with existing voluntary and community groups. • Improving information sharing mechanisms on Social Care Connect for both staff and users. • Developing a monitoring mechanism for how savings are being delivered. 	<p>Continued focus on achieving a balanced budget in 2011/12 whilst commissioning and delivering high-quality, safer services within the context of a whole-systems approach and the wider social care market.</p>	<p>Continued collaborative working amongst ASC&H Leadership Team to deliver both cashable and non cashable efficiencies using “Lean” methodology.</p>

1.3 Key correlations & interdependencies

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

- JSNA – cross-cutting work led by ASC&H and involving services including Childrens, Environment & Operations, to produce a refreshed JSNA (see “Top 3 achievements” above). The JSNA has identified a number of opportunities for better working across partners including: reducing admissions and re-admissions to hospital among older people; and developing integrated health and social care packages, including sexual health, for key vulnerable groups of young people.
- One Barnet Project (More Choices) – this is designed to change the delivery model for in-house Learning Disability services via a local authority trading company*. The main reason for making this change is to support personalisation. People cannot buy a directly run council service with a direct payment (personal budget). As more and more people have direct payments then not changing puts the in-house services at risk of not being able to respond to people’s needs.

- Customer Services Transformation – the initial phase saw ASC&H's Assisted Travel team transfer to Customer Services. An assessment of further potential services to transfer will be undertaken in due course*.

* Note – staff are being consulted on proposals.

2. Budget

2.1 Revenue

Description	Variations				Comments	% Variation of Revised Budget
	Original Budget	Budget V1	Forecast 2011/12	Variation		
	£000	£000	£000	£000		
Care Services - Learning Disabilities	34,596	34,203	34,243	40	Significant savings required (£2m) and demographic pressure for transitions currently £300k, work is on going with providers to reduce spend and continuing to move people from Residential Care to Supported Living and other Community support	0.1%
Care Services - Mental Health	6,766	6,840	6,732	(108)	Work is ongoing to move clients on from Residential Care to Supported Living and other Community support. Currently able to contain Continuing Care pressure from Health.	-1.6%
Care Services - Older Adults - Physical Disabilities	43,733	44,051	44,147	96	Greater demand in line with demography, and in particular cost from the PCT around Continuing Care have caused pressures within the budget, some offset by s256 and pressures money, no allowance made for increase in demand from seasonal variations. Oversp	0.2%
Performance & Supply Management	2,937	3,340	3,418	78	Ongoing work to manage implemented savings. (Budget £3,340)	2.3%
Strategic Commissioning & Transformation	11,069	10,651	10,545	(106)	Delays in filling staff vacancies (budget £10,651)	-1.0%
Government Grant Income	(61)	(61)	(61)	-		-0.3%
Total	99,039	99,024	99,024	-		0.0%

2.2 Capital

	2011/12 Latest Approved Budget	Additions/ Deletions recommended to March CRC	Slippage / Accelerated Spend recommended to March CRC	2011/12 Budget (including March CRC)	Forecast to year end	Variance from Approved Budget	% slippage of 2011/12 Approved Budget
	£000	£000	£000	£000	£000	£000	%
Mental Health and Adults Personal Social Services Allocations	1,137	-	-	1,137	1,137	-	0%
Adult Social Services	1,137	-	-	1,137	1,137	-	0%

3. Key projects

There are no key projects in Adults and Health reporting status red this quarter

1. Performance

Comments added by ASC&H, cross-referenced to the relevant CPI No:

- CPI 358 – The 2,038 outturn on clients receiving self-directed support at the end of June equates to 22 service users per week. 58 per week are needed to achieve the overall year end target of 4,250. Progress is being monitored by Leadership Team and Activity is expected to pick up (and overall target to be met) during the year.
- CPI 6009 – ASC&H expect to achieve the overall target reduction of 30 clients in residential and nursing care by 31 March 2012.
- CPI 6001 –9 pledges in total for the period January to June 2011 across the Council. Breakdown is E&O = 5, Chief Executive's (Libraries) = 1, Childrens = 1, E&O/CEs (Insurance) = 2. In some cases pledges supported by the Council have yet to be fulfilled e.g. pledges in place amongst residents to clear snow off local pavements, but this is unlikely to be implemented until the onset of winter. The 2 pledges (fulfilled) shared between E&O/Insurance relates to the Council arranging free public liability insurance and facilitation for 54 Royal Wedding street parties and 8 Big Lunch street parties.
- 6014/6012 – The data is not yet cleaned (available at year-end). Whilst figures may go up and down on a quarterly or even yearly basis, it is the trend that is crucial. The trend line in both cardiovascular disease and in cancer in Barnet has been downwards for several years.
- 6004 – Progress is being monitored by Leadership Team and activity is expected to pick up (and overall target to be met) during the year.

CPI no	Performance Indicator	Period Covered	Numerator/denominator	Relevant previous outturn	Target	Outturn	Target Variance	DoT	Benchmark data
6015	Number of social care clients receiving Self Directed Support	Apr 11-Jun 11	N/A	2194	2338	2038	12.8%	7.1% ▼	2038 equates to 41.26% of community based service users on self - directed support. London average is 29%
6013	25% reduction in avoidable re-admissions within 28 days of discharge (to 2116 by Q4 11/12)	Apr 09-Mar 11	N/A	2297	1723 (end of year target)	2688 (rated from Q2)	N/A	N/A	No benchmarking available
6016	% of people aged 65+ who are still at home 91 days after discharge into rehabilitation services	Reporting in Q2 2011/12 because the data by definition involves a 91-day lag, sourced via NHS providers and jointly owned with the Council. The end of year target is 87% and the baseline for 2010/11 is 84.3%							
6018	Reduction of 5% of budget spent on residential and nursing care (to £38.8m by Q4 11/12)	Apr 11-Jun 11	N/A	£40.8m	£40.8m	£39.5m	3.2%	3.2% ▲	Local measure

CPI no	Performance Indicator	Period Covered	Numerator/denominator	Relevant previous outturn	Target	Outturn	Target Variance	DoT	Benchmark data
6009	Reduction in the total number of people in residential and nursing care	Apr 11-Jun 11	N/A	1196	1189	1205.0	1.3%	0.7% ▼	Local measure
6017	% of Adult Protection Plans to be developed for those who need them with people identified as responsible for delivery	Apr 11-Jun 11	23/23	85.1%	100.0%	100.0%	0.0%	17.5% ▲	No benchmarking available
6010	% of Adult Protection Plans reviewed by team manager within the timescales set at the case conference	Apr 11-Jun 11	16/16	58.5%	100.0%	100.0%	0.0%	70.9% ▲	No benchmarking available
6001	At least three Pledgebank pledges supported per year per directorate	Jan11-Jun 11	N/A	N/A (new indicator)	3 per Directorate pa	2 out of 7	N/A	N/A	No benchmarking available
6011	No of people who have received a Right to Control support plan (to 100 by Q4 11/12)	Apr 11-Jun 11	N/A	N/A (new indicator)	10	13	30.0%	N/A	No benchmarking available
6014	Reducing the mortality rate from all cardiovascular disease (including heart disease and stroke) per 100 000 people aged under 75 years	Jan 11-Apr 11	N/A	40.2	37	39.2	5.9%	2.5% ▲	70.09 London Average (2009 data)
6002	Reducing the mortality rate from cancer of all types per 100 000 people aged under 75 years	Jan 11-Apr 11	N/A	86.4	85	87.6	3.1%	1.4% ▼	107.62 London Average (2009 data)
6003	Number of smoking quitters in people aged 18 years and over (NHS four-week smoking quitter target)	Jan 11-Mar 11	N/A	N/A	558	556	0.4%	N/A	Data awaited
6004	Number of carers' assessments/re-assessments completed (2400 by Q4 11/12)	Apr 11-Jun 11	N/A	N/A	400	964	141%	N/A	964 equates to 20% of community based service who have received a carer assessment. London average is 28%



CPI no	Performance Indicator	Period Covered	Numerator/denominator	Relevant previous outturn	Target	Outturn	Target Variance	DoT	Benchmark data
6005	Proportion of carers who feel engaged and supported in their caring role	This is a new indicator reporting in quarter 4 2011/12							
6012	The % (proportion) of service users who feel they have choice and control influencing decisions that affect them	This is a new indicator reporting in quarter 4 2011/12							

2. Human Resources

Comments added by ASC&H, cross-referenced to the relevant indicator:

- ASC&H is working with its HR Business Partner to drill down to the staff affected and produce a targeted response with local managers to improve rates.
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- There is some evidence that SAP data does not fully reflect recent restructuring and also that managers in Mental Health are counted as erroneously counted "eligible" on SAP. ASC&H is working with its HR Business Partner to clean up the data.
- ASC&H is working with its HR Business Partner to identify outstanding managers and also those cases where Objectives have been set but are not reflected on SAP for one reason or another.
- See comment on (d).

Performance Indicator	Period covered	Target	Amber criteria	Q1 Actual (No.)	Q1 Actual % of total	Q1 (numerator/denominator)	Target Variance	Q4 DoT	Council average	Benchmarking
Attendance										
a) Average number of absence days per employee (Rolling year)	July 10 - June 11	6	6 - 6.5	8.0	N/A	3424.0/428.4	-33.3%	▼ 6.7%	8.0	9 days (CIPFA, All Members & other Unitary Authorities 2010)
b) Average number of absence days per employee this quarter (target is seasonally adjusted)	April 11 - June 11	1.34	1.3 - 1.5	2.1	N/A	895.9/419	-59.4%	▬ < 0.01%	1.7	2.25 days (CIPFA, All Members & other Unitary Authorities 2010)

c) % managers submitting a monthly absence return	April 11 - June 11	100%	>94%	43	63.2%	43/68	36.8%	 31.4%	72.7%	N/A : measure applicable to LBB only
d) % objectives set for eligible staff only	April 11 - June 11	100%	>94%	291	70.5%	291/413	29.5%	Not previously reported	80.8%	N/A : measure applicable to LBB only
e) % appraisals completed for eligible staff only	Apr 10 - March 11	100%	>94%	153	37%	153/413	63%	Not previously reported	63.6%	84% (CIPFA, All Members & other Unitary Authorities 2010)
Cost										
Variance of total paybill to budget	April 11 - June 11	£4,801,851.0	+/-5%	£4,741,913.8	-1.2%	g	-1.2%	not previously reported	-1.9%	N/A : measure applicable to LBB only
Management Indicator	Period covered			Q1 Actual (No.)	Q1 Actual % of total establishment	Q1 (numerator/denominator)	DoT Q4 outturn %		Council average	Benchmarking
Diversity data										
Percentage of top 5% earners that are female	As at 30 June 2011			2	50.00%	2/4	Not previously reported		53.19%	Women in leadership posts 37% (CIPFA, All Members & other Unitary Authorities 2010)
Number of BME employees as % of total employees	As at 30 June 2011			172	41.5%	172/414.7	Not previously reported		29.73%	8.5% (CIPFA, All Members & other Unitary Authorities 2010)
Number of declared disabled staff as % of total employees	As at 30 June 2011			12	2.9%	12/414.7	Not previously reported		1.35%	5.1% (CIPFA, All Members & other Unitary Authorities 2010)
Establishment/staffing										
Number of FTE established posts	As at 30 June 2011			465.4	14.7%	465.4/3178.7	 4.1%		N/A	No relevant information available
Number of FTE occupied posts as % of total establishment	As at 30 June 2011			454.7	97.7%	454.7/465.4	Not previously reported		100.4%	No relevant information available

Number of FTE employees in permanent posts	As at 30 June 2011	392.8	84.4%	392.8/465.4	▼ 0.7%	80.2%	88.3%(Capital Ambition, 2010)
Number of Fixed Term Contract staff as % of total establishment	As at 30 June 2011	21.9	4.7%	21.9/465.4	▼ 14.5%	8.4%	No relevant information available
Number of Hays temps covering established posts as % of total establishment	As at 30 June 2011	38	8.2%	38/465.4	▲ 3.4%	11.4%	All agency staff 11.7%(Capital Ambition, 2010)
Number of non Hays temps covering established posts as % of total establishment	As at 30 June 2011	2	0.4%	2/465.4	Not previously reported	0.3%	All agency staff 11.7%(Capital Ambition, 2010)
Number of consultants Not covering established posts as % of total establishment	As at 30 June 2011	4	0.9%	4/465.4	Not previously reported	0.5%	No relevant information available
Employee Relations							
Number of active employee relations cases	As at 30 June 2011	5	N/A	N/A	— < 0.01%	N/A	N/A : measure applicable to LBB only
High Risk - Employee Relations cases as % of total cases	As at 30 June 2011	1	20.0%	1/5	▲ 66.7%	12.6%	N/A : measure applicable to LBB only

f) Risk Overview and Top four risks

	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	7	2	0
	2 Unlikely	0	0	0	5	0
	1 Rare	0	0	0	0	0

AS0015 – Close monitoring is in place assisted by the Associate Director – Joint Commissioning who reports jointly to Health and the Council.
 AS0044 – Information Governance Council set up in Service within corporate IG framework.
 AS0045 – Progress Report from the Social Capital Project Board does not foresee any problems at this stage.

Those risks as rated as 12 and above are listed below:

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 In Progress (75% complete)	Treat	31/03/2011 (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		
	Major 4	Possible 3	Medium High 12				Major 4	Possible 3	Medium High 12
AS0044 – Reputational Failure to have robust data security built into our systems and ways of working.	Major 4	Possible 3	Medium High 12	Review data security procedures in systems including DOLS process. Under Review New protocols to be created in line with IS strategy. Under Review Set up ASCH Information Governance Council. In Progress (0% complete)	Treat	21/03/2011 (normal) 29/04/2011 (normal) 15/07/2011 (normal)	Major 4	Possible 3	Medium High 12
AS0045 – Financial That Adult Social Care and Health's work on social capital will not deliver expected savings.	Major 4	Possible 3	Medium High 12	Work with Social Capital project board to deliver action plan and monitor savings. In progress (2% complete)	Treat	30/03/2010 (normal)	Major 4	Unlikely 2	Medium High 8

8. Corporate Plan Improvement Initiatives (CPIIs)

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