

Appendix A

Adult Social Services – 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 |
|--|------------------------------|-----------------------------------|-----------|--------------------|
| - | 425 | -1 | -3 | 3 |

1.2 Top achievements, issues and actions

| Top 3 achievements | Top 3 issues | Top 3 actions needed |
|---|---|--|
| Overall strong performance across Key Performance Indicators including achieving the 30% national target for Self Directed Support (section 4, "CPI 1", refers). Linked to this the Directorate has commissioned Barnet Centre for Independent Living (CIL) to deliver a peer support service, helping to embed the personalisation agenda particularly amongst disabled service users. The CIL is in the process of reconstituting | Continued development and promotion of the Personalisation agenda ensuring changes are embedded across the Council and partners to deliver increased choice and control for service users and carers. Linking with the Vision of Adult Social Care ' <i>Capable Communities and Active Citizens</i> ' and ' <i>Think Local, Act Personal</i> '. | <ul style="list-style-type: none"> • Ensure the Resource Allocation System (RAS) reflects the Medium Term Financial Strategy • Ensure that the social care offer via in house services and local provider market reflects the needs of Barnet's population • Build on commitment of staff in relation to promotion and development of personalisation |

| | | |
|--|---|--|
| <p>as a Community Interest Company and the partnership arrangement is innovative, reflecting the Council's vision of a new relationship with its citizens.</p> | | |
| <p>Appointment to the post of Associate Director for Joint Commissioning. The post remit includes ensuring that joint commissioning across health and social care meets the needs of the local population.</p> | <p>Ensure that health and adult social care services work more consistently together to achieve better outcomes for our residents.</p> | <ul style="list-style-type: none"> • Implementing a joint investment plan to strengthen enablement, rehabilitation and early intervention utilising £3.9m Government funding for social care made available via the NHS identified through a refreshed Joint Strategic Needs Assessment • Going forward the Directorate will be establishing and embedding a shadow Health & Wellbeing Board as part of integrated governance arrangements • Preparing for GP-led commissioning from April 2013 |
| <p>Provisional revenue budget outturn for the year of £131k on a net budget of £96.2m, equivalent to a variance of 0.13%. In addition, three interactive budget road shows were delivered with the aim of informing all Directorate staff of the budget targets agreed for 2011/12-13/14 and engaging them in the delivery of the required savings. Positive feedback was received from attendees.</p> | <p>Achieving a balanced budget in 2011/12 whilst commissioning / delivering high-quality, safer services within the context of a whole-systems approach and the wider social care market.</p> | <ul style="list-style-type: none"> • Collaborative working amongst the Adult Social Care & Health Leadership team to deliver both cashable and non cashable efficiencies using "Lean" methodology, including action based upon the advice and action plan drawn up by <i>Ad Esse Consulting</i> |

1.3 Key correlations & interdependencies

Delivering successful outcomes for service users is challenging within the context of reduced budgets. In addition to the usual suite of quantitative performance metrics and setting realistic "stretch" targets for these, the Directorate will attempting to measure the impact or difference its actions have made on service users and carers over the year. We will therefore be developing qualitative indicators, for example, the proportion of carers who feel engaged and supported in their caring role (relating to National Indicator 135, Carer Reviews); and the proportion of service users who feel they have choice and control influencing decisions that affect them (relating to National Indicator 130, Self Directed Support). Development work on these indicators is underway and the first results will be reported in quarter 4.

2. Budget

2.1 Revenue

| Description | Variations | | | | Comments | % Variation of Revised Budget |
|--|-----------------|---------------|---------------------|-----------|---|-------------------------------|
| | Original Budget | Budget V1 | Final Outturn 10/11 | Variation | | |
| | £000 | £000 | £000 | £000 | | |
| Care Services - Learning Disabilities | 25,639 | 36,252 | 36,253 | 1 | Significant purchasing budget pressures offset by Section 256 resources. Work programme undertaken with providers to reduce costs to bring spend in line with budget | 0.0% |
| Care Services - Mental Health | 7,742 | 7,283 | 7,440 | 157 | Pressures from Continuing Care and Forensic Services transfers some offset by holding vacant posts. Work being undertaken with Health on improved commissioning and move on from Residential Care to Supported Living | 2.2% |
| Care Services - Older Adults - Physical Disabilities | 48,389 | 47,489 | 48,192 | 703 | Greater demand in line with demography, and in particular from the PCT around Continuing Care have caused pressures within the budget some offset by Homecare contract savings. Net increase of 28 older people requiring care home placements. | 1.5% |
| Performance & Supply Management | 5,465 | 4,203 | 4,144 | (59) | Reduced spend on training events and vacancies held reducing spend in preparation for restructure and reduced agency use. | -1.4% |
| Strategic Commissioning & Transformation | 11,107 | 12,899 | 12,166 | (733) | Preparation for implementation of 2011/12 savings plan achieved in year and Voluntary Sector spend reduced. | -5.7% |
| Government Grant Income | (2,110) | (12,307) | (12,376) | (69) | Increase in government Grant | 0.6% |
| Total | 96,232 | 95,819 | 95,819 | - | | 0.0% |

2.2 Capital

| Service Area | Original Budget (including prior years slippage) | In-year Slippage | In-year Additions/Deletions | Current Budget | Final Outturn | Outturn Slippage | Total Slippage (In- year plus Outturn) |
|-----------------------|--|---------------------|--------------------------------|-------------------|------------------|---------------------|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Adult Social Services | 1,367 | (844) | 104 | 627 | 1,052 | 425 | (419) |

3. Key projects

There are no Adult Social Services key projects reporting status red this quarter

4. Performance

| CPI no | Performance Indicator | Period Covered | Numerator/ denominator | Relevant previous outturn | Target | Outturn | Target Variance | DoT | Benchmark data |
|--------|--|------------------------------|---------------------------|---------------------------------|--------|---------|--------------------|------------|---|
| 1 | Number of social care clients and carers receiving Self Directed Support (service users receiving direct payments and personal budgets) | April 2010 – March 2011 | N/A | 1649 | 2140 | 2185* | 2.1% | ▲ 32.5% | 18% London Average |
| 2 | % Achieving independence for older people through rehabilitation/intermediate care | October 2010 – December 2010 | 616/725 | 86% | 87.0% | 85%* | 2.3% | ▼ 1.2% | 85% London Average |
| 3 | % of volunteers referred to voluntary sector organisations supporting AdSS objectives (out of the total number of CommUNITY Barnet volunteering referrals in the period) | January 2011 – March 2011 | 50/153 | 73% | 85.0% | 32.7% | 61.5% | ▼ 55.3% | No benchmarking data available (unique to Barnet) |

* This data is provisional until the statutory returns are submitted in May.

Comments cross referenced to CPI above

1. This is a key driver for the transformation agenda within Adult Social Care. The equivalent benchmark target for L.B. Barnet is 30% (of clients and carers to receive self directed support). *The outturn is equivalent to 30.63% compared to the 18% for London average.* For 2011/12 there is an internally set target of 4,250 clients and carers receiving self directed support. This is a high target but one that is consistent with our ambition and vision of choice and independence for service users.
2. This indicator is sourced from Health and the achievement is a shared responsibility between the NHS and Adult Social Care. The indicator has a 91-day lag as it seeks to measure the number of people aged 65+ on discharge and who were discharged and benefited from intermediate care / rehabilitation still living at home (or in a residential / nursing / extra care home) 91 days after hospital discharge. The slight dip in performance from 86% to 85% is related to problems tracking some clients at home i.e. not related to underlying systemic issues. Barnet's provisional outturn of 85% is comparable to the London average. The target of 87% will be rolled forward to 2011/12 and remains a priority area for Health and Social Care working together. We will be using winter pressures funding and joint investment funding (section 1.2 refers) to help the delivery of this target in 2011/12.
3. The indicator and target are new and also local to Barnet. It will not be repeated for 2011/12. The indicator has a narrow definition and only seeks to represent volunteers matched / referred by CommUNITY Barnet to voluntary sector organisations providing services intended to serve ASC&H Business Plan objectives as a % of total volunteering opportunities i.e. it does not measure volunteering across all services in the Council. The 32.7% outturn refers to quarter 4. Overall performance for the year is 58.7% compared to a target of 85% With hindsight the target was ambitious As noted in section 7, voluntary sector contracts will be streamlined and re-procured for 2011/12 (subject to CRC approval) including the specification of volunteering targets where appropriate.

5. Human Resources

| Performance Indicator | Period covered | Target | Amber criteria | Q4 outturn (No.) | Q4 outturn % of total | Q4 (numerator/denominator) | Target Variance | Q4 DoT | Council average | Benchmarking |
|--|---------------------|--------|----------------|-----------------------------------|-------------------------------------|----------------------------|------------------|-----------------|-----------------------------------|--|
| Attendance | | | | | | | | | | |
| Average number of absence days per employee (Rolling year) | April 10 - March 11 | 6 | 6 - 6.5 | 7.5 | N/A | 3219.98/431.17 | 24.5% | ▲ 1.7% | 7.8 | 9 days (CIPFA, All Members & other Unitary Authorities 2010) |
| Average number of absence days per employee this quarter (target is seasonally adjusted) | Jan 11 - March 11 | 1.51 | 1.5 - 1.7 | 2.1 | N/A | 896.91/432.71 | 37.1% | ▼ 15% | 1.9 | 2.25 days (CIPFA, All Members & other Unitary Authorities 2010) |
| % managers submitting a monthly absence return | Jan 11 - March 11 | 100% | >94% | 25 | 48.1% | 25/52 | 51.9% | ▲ 1.5% | 59.3% | N/A : measure applicable to LBB only |
| Performance Review | | | | | | | | | | |
| % performance reviews undertaken for eligible staff only | Apr 09 - March 10 | 100% | >94% | N/A for Quarter 4 | | | | | | 84% (CIPFA, All Members & other Unitary Authorities 2010) |
| Cost | | | | | | | | | | |
| Variance of total paybill to budget | Jan 11 - March 11 | 0 | +/-5% | Available for Quarter 1 2011/2012 | | | | | | 84% (CIPFA, All Members & other Unitary Authorities 2010) |
| Management Indicator | Period covered | | | Q4 outturn (No.) | Q4 outturn % of total establishment | Q4 (numerator/denominator) | DoT Q3 outturn % | Council average | Benchmarking | |
| Establishment/staffing | | | | | | | | | | |
| Number of FTE established posts | As at 31 March 2011 | | | 480.2 | 14.1% | 480.2/3406.58 | ▼ 1.2% | N/A | No relevant information available | |

| | | | | | | | | |
|--|---------------------|-----------------------------------|--------------|-------------|-------------------------|-------|--------------------------------------|--|
| Number of FTE employees in permanent posts | As at 31 March 2011 | 408.2 | 85.0% | 408.2/480.2 | ▼ 1.0% | 78.1% | 88.3%(Capital Ambition, 2010) | |
| Number of Hays temps covering established posts (non Hays temps and Interims available for Q1, 2011/2012) | As at 31 March 2011 | 38 | 7.9% | 38/480.2 | ▼ 17.4% | 9% | 11.7%(Capital Ambition, 2010) | |
| Number of Fixed Term Contract staff covering established posts as % of total establishment | As at 31 March 2011 | 26.2 | 5.5% | 26.2/480.2 | Not previously reported | 8.3% | No relevant information available | |
| Number of consultants not covering established posts | As at 31 March 2011 | Available for Quarter 1 2011/2012 | | | | | No relevant information available | |
| Employee Relations | | | | | | | | |
| Number of active employee relations cases | As at 31 March 2011 | 5 | N/A | N/A | Not previously reported | N/A | No relevant information available | |
| High Risk - Disciplinary | As at 31 March 2011 | 1 | 20.0% | 0.2 | Not previously reported | 3.2% | N/A : measure applicable to LBB only | |
| High Risk - Grievance | As at 31 March 2011 | 0 | 0.0% | 0/5 | Not previously reported | 1.1% | N/A : measure applicable to LBB only | |
| High Risk - Capability | As at 31 March 2011 | 0 | 0.0% | 0/5 | Not previously reported | 0.0% | N/A : measure applicable to LBB only | |
| High Risk - Ill health capability | As at 31 March 2011 | 0 | 0.0% | 0/5 | Not previously reported | 0.0% | N/A : measure applicable to LBB only | |
| High Risk - Employment Tribunals | As at 31 March 2011 | 2 | 40.0% | 2/5 | Not previously reported | 6.5% | N/A : measure applicable to LBB only | |

Footnotes added by ASC&H:

- a. For 2010/11 the Directorate averaged 7.70 sick days per employee. The equivalent figure for 2009/10 was 13.87 sick days per employee. Significant progress has therefore been made reflecting proactive work by managers with HR Business Partner. The Directorate will closely monitor this indicator in 2011/12 as it forms an important component of the Council's vision of a new relationship with citizens.
- b. A refreshed print of the data run at 21 April shows an improvement to this indicator reflecting reminders to managers about timely inputting of (nil) absences on SAP. The revised figure is 57.7% (respective numerator and denominator is 30 and 52). The Directorate will continue to work with its HR Business Partner to proactively ensure managers complete SAP in relation to (nil) absence returns.

c. Subsequent to the 38 figure for Agency, the validated SAP figure is now 30 and this has been agreed with our HR Business Partner.

6. Risk Overview and Top three risks

Comment added by ASC&H: The risks in the Table below were discussed and agreed at the monthly meeting of the Leadership Team. Subsequent to the comments input on JCAD an additional “Control Action” has been added re Safeguarding: “Review in-house policy for visits and outings”.

| Risk | Initial Assessment | | | Control Actions | Target Date (Priority) | Current Assessment | | |
|--|--------------------|-----------|-----------|--|------------------------|--------------------|----------|----------|
| | Impact | Prob. | rating | | | Impact | Prob. | Rating |
| JCAD Ref TBC – Financial / Reputational Harperbury Campus Re-provision – Implications for ongoing care of clients in the light of recent Court of Protection decision on Hertfordshire and Ealing clients – there is a risk of needing to repay capital grant to Department of Health. | High 3 | High 3 | High 9 | <ul style="list-style-type: none"> Clarification actively being sought from the Department of Health (outcome of this will determine the revised risk assessment). Progress: Ongoing. | Ongoing | Med 2 | Med 2 | Med 4 |
| JCAD Ref TBC – Reputational Failure to meet statutory duties and safeguard the vulnerable / providing a duty of care in a context of resource constraints. | High 3 | Low 1 | Med 3 | <ul style="list-style-type: none"> Overseen by Safeguarding Adults Board. Prioritisation of frontline practices in Medium Term Financial Plan. Scheme of delegation. Close working with Legal. Monthly performance monitoring at Leadership Team. Progress: 100% (and ongoing). | In place and ongoing | High 3 | Low 1 | Med 3 |

| Risk | Initial Assessment | | | Control Actions | Target Date (Priority) | Current Assessment | | |
|---|--------------------|----------|----------|---|---------------------------|--------------------|----------|----------|
| | Impact | Prob. | rating | | | Impact | Prob. | Rating |
| JCAD Ref TBC – Financial Cost Shunting from NHS Barnet as sector wide reorganisation is undertaken, compounded by Health financial deficit. | Med 2 | Med 2 | Med 4 | <ul style="list-style-type: none"> Finance to undertake review of income from Health in order to quantify risk factor, following which “current assessment” risk-rating will be updated. Ongoing monitoring to guard against cost shunting. Progress: Review 100% completed, with ongoing monitoring. | Mid Feb 2011 | Med 2 | Low 1 | Low 2 |

7. Corporate Plan improvement initiatives

| Corporate Priority & Strategic Objective | Top Project/ Top improvement initiative | Quarter 4 milestone/s | Status | Commentary |
|--|--|--|---|---|
| <p>A Successful London Suburb</p> <p><i>Work with NHS Barnet to make sure residents can access good quality healthcare provision</i></p> | <p>Promote volunteering as a means to empower individuals, contributing to strong communities, adding value in the delivery of public services.</p> | <p>*AdSS SMT / Grants Unit agreement of procurement plan to implement commissioning strategy</p> <p>*AdSS specification of volunteering targets within 2011/12 SLAs with voluntary organisations</p> | <p>Work initiated/partially achieved</p> | <p>Voluntary sector contracts will be streamlined and re-procured for the 2011/12 year (subject to CRC approval), including the specification of volunteering targets where appropriate. This is on track. Over the year there has been 216 volunteers matched out of 368 volunteering opportunities, relating to just adult social care.</p> |