

## Adult Social Care and Health (ASCH) – Quarter 3 2011/12

### 1. OVERVIEW

#### 1.1 Summary rating for this service

Revenue budget actual variance £000 <sup>[1]</sup>	Capital actual variance £000	Corporate Plan Performance rating	HR rating	Key project rating
0	0	2	-4.5	0

#### 1.2 Top achievements, issues and actions

Top 3 Achievements	Top three issues	Actions required
1. ASCH was short listed alongside Housing 21 for Local Government Chronicle Social Services Partnership Board award for Enablement work.	1. Achieving the overall target of 4,250 clients and carers receiving Self Directed Support by promotion of good assessment and review practice.	Continued focus of Teams to deliver on the Self Directed Support action plan that is in place.
2. Successful co-location of ASCH colleagues from Barnet House and Public Health at the North London Business Park.	2. A stretching target of 2,400 carers' assessments was set for 2011/12. Whilst the Q3 outturn is above target the projected outturn for the year is at risk of not meeting the overall target.	Deputy Director of ASCH and the Carers Lead to develop a revised action plan to deliver on target set.
3. Barnet was awarded £85k from the Department of Health to establish the 'Winter Well' programme to reduce avoidable winter deaths. ASCH will be working with providers to provide information, advice and guidance on what they can be doing to support people to stay well.	3. Whilst significant progress has been made in Q3, there is still some work to do ensuring compliance on recording Performance Reviews and Sickness / Monthly Absence Returns on SAP. Higher than Council average for sick days per employee.	Pockets of non compliance identified; relevant managers need to record SAP data in a timely manner. Continued work with Human Resources Business Partner to bring down absence rates via adherence to HR "trigger points" and capability procedures.

## 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:

- Health Partnerships – continued collaborative working with Health is helping to deliver whole-systems improvements in performance on enablement and hospital readmissions (refer to CPI 6013/16 in section 2).
- We have embedded home care enablement across health and social care services and have seen really positive outcomes being achieved for individuals. The NHS is now investing in this service as part of the development of integrated rehabilitation services and we have been highly commended by the Local Government Chronicle for our enablement partnership with Housing 21.
- We have re-entered into a section 75 partnership agreement with Barnet Enfield and Haringey Mental Health Trust following a whole service review of the progress that has been made in integrating health and social care services for people with mental health needs in Barnet.
- We have bought together our health and social care learning disability teams under the leadership of a single Head of Service. This provides real opportunities during 2012 to improve how we work to join up services around the individual and promote choice and independence.

## 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-Dec 11	n/a	2441	3528	3262	7.5%	▲ 33.6%	London Avg 42% (Barnet's performance is equivalent to 54.37%)
6013	25% reduction in avoidable re-admissions within 28 days of discharge	Apr 11-Oct 11	n/a	898	1412	1326	6.1%	▲ 47.7%	No benchmarking available

CPI NO	Indicator description	Period Covered	Numerator and Denominator	Previous relevant outturn	Target	Outturn	Target Variance	DoT Variance	Benchmarking
6016	% of people aged 65+ who are still at home 91 days after discharge into rehabilitation services	Apr 11-Jul 11	529/593	90.2%	87.0%	89.2%	2.5%	1.1% ▼	London Avg-82%
6018	Reduction of 5% of budget spent on residential and nursing care	Apr 11-Dec 11	n/a	£39.8	£39.0	£39.9	2.3%	0.3% ▼	Local Measure
6009	Reduction in the total number of people in residential and nursing care	Apr 11-Dec 11	n/a	1191	1176	1207	2.6%	1.3% ▼	Local Measure
6017	% of Adult Protection Plans to be developed for those who need them with people identified as responsible for delivery	Apr 11-Dec 11	121/121	100.0%	100.0%	100.0%	0.0%	↔ 0%	No benchmarking available
6010	% of Adult Protection Plans reviewed by team manager within the timescales set at the case conference	Apr 11-Dec 11	98/98	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-Dec 11	n/a	3	10	8	20.0%	166.7% ▲	Local Measure
6011	No of people who have received a Right to Control support plan	Apr 11-Dec 11	n/a	19	65	28	56.9%	47.4% ▲	No benchmarking available (Note from Dec 10 to Dec 11 number of people with RtC support plan is 49)

CPI NO	Indicator description	Period Covered	Numerator and Denominator	Previous relevant outturn	Target	Outturn	Target Variance	DoT Variance	Benchmarking
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							
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	42.10	37	39.2	5.9%	▲ 6.9%	2010 - 45.96 per 100,000 (NHS Information Centre)
6002	Reducing the mortality rate from cancer of all types per 100 000 people aged under 75 years	Jan 11-Oct 11	n/a	94.10	85	90.3	6.2%	▲ 4.0%	2010 - 95.18 per 100,00 (NHS Information Centre)
6003	Number of smoking quitters in people aged 18 years and over (NHS four-week smoking quitter target)	Apr 11-Sep 11	n/a	563	1034	1042	0.8%	▲ 85.1%	No benchmarking available
6004	Number of carers' assessments/re-assessments completed	Apr 11-Sep 11	n/a	1524	1034	1597	54.4%	▲ 4.8%	London Avg 1740
6005	Proportion of carers who feel engaged and supported in their caring role	This is a new indicator reporting in quarter 4 2011/12							

\*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 comments on certain indicators includes:

- CPI 6015 – Including Personal Budgets (PBs) processed after the Q3 cut-off would result in an outturn of 3,305 clients for w/e 13 January, equivalent to 54.37% of community based clients, compared to a London average of 42%. Clear, robust weekly team targets for converting eligible clients to PBs have been issued to managers in Care Services Delivery.
- CPI 6018 – There is increased demand from demographic growth in both Older Adults and transitioning LD clients from Children's to Adults and at the same time we are focusing on keeping people supported in the community and moving people on from Residential to be supported in the community. We have recently seen a shortage in housing stock which is affecting our ability to move clients on and we wait to see if this is an ongoing problem or the situation improves.
- CPI 6019 – We expect to achieve the year end target.
- CPI 6001 – The outturn of 8 out of 10 pledges supported per year/Directorate is for the period April to December 2011 across the Council. Breakdown by Directorate is Chief Exec's Office = 2, Deputy Chief Exec's Office = 1, E&O = 4; ASCH = 1.
- CPI 6011 - The figure of 28 relates to the period April to December 2011. For the period December 2010 to December 2011, 49 people have received a Right to Control support plan. Revised monitoring and an action plan for achieving the overall target of 100 people has been put in place by the Head of Transformation.
- 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.
- CPI 6004 – Although Q3 performance exceed the target for the year as a whole there is a risk of not achieving the stretching target set for 2011/12. A revised action plan is being developed by the Deputy Director and Carers' Lead to bring performance back on track.

## **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	Forecast 2011/12	Variation		
	£000	£000	£000	£000		
Care Services - Learning Disabilities	34,596	34,936	34,980	44		0.1%
Care Services - Mental Health	6,766	7,013	6,986	(27)		-0.4%
Care Services - Older Adults - Physical Disabilities	43,513	43,718	43,871	153	Demand pressure on Physical Disabilities budget throughout year, work is ongoing to reduce this overspend. No allowance is made for seasonal variation.	0.3%
Transformation & Resources	2,984	4,162	4,041	(121)	Savings from holding vacant posts to offset overspend in Care Services	-2.9%
Strategic Commissioning & Supply Management	11,069	9,824	9,775	(49)		-0.5%
Government Grant Income	(61)	(61)	(61)	-		0.0%
<b>Total</b>	<b>98,867</b>	<b>99,592</b>	<b>99,592</b>	<b>-</b>		<b>0.0%</b>

#### 3.2 Capital

	2011/12 Latest Approved Budget	Additions/ Deletions recommended to February CRC	Slippage / Accelerated Spend recommended to February CRC	2011/12 Budget (including February 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	1,198	-	-	1,198	1,198	-	0%
<b>Adult Social Care &amp; Health</b>	<b>1,198</b>	<b>-</b>	<b>-</b>	<b>1,198</b>	<b>1,198</b>	<b>-</b>	<b>0%</b>

## 4. MANAGING THE ORGANISATION

### 4.1 Key projects

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 3	Direction of travel in Quarter 2	Forecast Quarter 4 Status	Comments / Risks / Finance
Invest in Adults IT Infrastructure	£1.5 Million		17 May 2015	Assessment	£0	Same	Red	Down	Amber	Delay due to a request from IAB for further financial information. IAB approval received on 19.12.2011.

The reason for the Q3 Amber is a delay going to the Investment Approvals Board (IAB) related to a review of the financial information required in Outline Business Cases. The review outcome required more financial information needed to be provided to IAB for all business cases. This was provided by ASCH who were commended by IAB for the quality of their business case. IAB agreed that the project could move to the delivery stage.

The amber status results from the impact on the project of the assessment stage delay noted above. The latest position is:

- Project is now in delivery stage.
- Outline specification for providers to be drawn up by beginning of February.
- Recruitment of project team has commenced.

## 4.2. Human Resources

Performance Indicator	Period covered	Target	Amber criteria	Q3 Actual (No.)	Q3 Actual % of total	Q3 (numerator/denominator)	Target Variance	Q3 DoT	Council average	Benchmarking
<b>Attendance</b>										
Average number of absence days per employee (Rolling year) <sup>A</sup>	Jan 11 - Dec 11	6	6 - 6.5	9.7	N/A	3720.9/383.14	-61.8%	▼ 3.3%	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) <sup>B</sup>	Oct 11 - Dec 11	1.71	1.72 -2%	2.4	N/A	976.4/400.19	-42.7%	▲ 12.9%	2.0	2.25 days (CIPFA, All Members & other Unitary Authorities 2011)
% managers submitting a monthly absence return <sup>C</sup>	Oct 11 - Dec 11	100%	>90%	52	83.9%	52/62	16.1%	▲ 38.2%	74.1%	N/A : measure applicable to LBB only
<b>Performance Review</b>										
% objectives set for eligible staff only	Oct 11 - Dec 11	100%	>90%	Next reported in Quarter 1 2012/2013						N/A
% mid year performance reviews undertaken for eligible staff only <sup>D</sup>	Oct 11 - Dec 11	100%	>90%	354	83.7%	354/423	16.3%	not previously reported	90.8%	N/A : measure applicable to LBB only
<b>Cost</b>										
Variance of total payroll to budget	Oct 11 - Dec 11	£4,796,199	+/-5%	£4,681,951	2.4%	4681951/4796199	2.4%	▲ 52.9%	5.1%	N/A : measure applicable to LBB only
Management Indicator	Period covered			Q3 Actual (No.)	Q3 Actual % of total	Q3 (numerator/denominator)	DoT Q3 %		Council average	Benchmarking
<b>Diversity data</b>										
Percentage of top 5% earners that are female	As at 31 December 2011			18	69.2%	18/26	▲ 8.2%		50.6%	Women in leadership posts 49.9% (CIPFA, All Members & other Unitary Authorities 2011)

<b>Number of BME employees as % of total employees</b>	As at 31 December 2011	179	39.2%	179/457	0%	0.327	Black and Minority Ethnic local population 33.1% (State of the Borough June 2011)
<b>Number of declared disabled staff as % of total employees</b>	As at 31 December 2011	25	5.3%	25/475	▲ 18.2%	2.7%	2.33% (CIPFA, All Members & other Unitary Authorities 2011)

#### Employee Relations

<b>High Risk - Employee Relations cases as % of total cases</b>	As at 31 December 2011	0	0.0%	0/12	0%	8.9%	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
392.21	26.08	37.08	455.36	393.07	27.07	53	473.14	17.77	4	91

Comments added by ASCH cross-referenced to indicators:

- Actual of 9.7 compared to target of 6. Previous figure for Jan 10 – Dec 10 was 7.46. ASCH continues to work with our HR Business Partner to bring down absence rates via adherence to HR “trigger points” and capability procedures.
- Actual is 2.4 compared to target of 1.71. Previous figure for Oct 10 – Dec 10 was 1.87. ASCH continues to work with our HR Business Partner to bring down absence rates via adherence to HR “trigger points” and capability procedures.
- There has been a significant improvement amongst ASCH managers in complying with submitting monthly absence returns due to work put in by back office Performance staff. Non compliers are being specifically targeted to submit returns.
- There has been a significant improvement amongst ASCH managers in complying with mid year performance reviews due to work put in by back office Performance and HR staff. Non compliers are being specifically targeted to submit returns.

### 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:

		IMPACT				
		1	2	3	4	5
SCORE		Negligible	Minor	Moderate	Major	Catastrophic
PROBABILITY	5 Almost Certain	0	0	1	0	0
	4 Likely	0	0	0	2	0
	3 Possible	0	0	6	3	0
	2 Unlikely	0	0	0	5	0
	1 Rare	0	0	0	0	0

Comments added by ASC&H 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 has been developed to secure improvements in income recovery performance.

AS0047 – This is a long-term risk reflecting the demographics of the borough. Short and long-term actions to mitigate this risk are being implemented.

AS0044 – The Information Governance Council is overseeing the on-going work required to improve data security arrangements.

AS0045 – A restructuring of this project has been proposed to ensure the objectives of this project can be achieved and more efficient arrangements established.

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.

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

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
<b>AS0015 – Financial</b> Increases in the number of transfers from health - as they reduce continuing care payments by reviewing them and transferring to social care.	Major 4	Likely 4	High 16	Discussions with NHS Barnet are taking place to ensure there is a consistent approach <i>In Progress</i> Funding has been transferred from Health under section 256 to mitigate against the risk.	Treat	31/03/2012 (normal)  31/03/2012 (normal)	Major 4	Unlikely 2	Medium High 8

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
108 packages and the potential to transfer £1.1m				<i>Under review</i>					
<b>AS0038 - Financial</b> Underachievement on income budget  Causes: Possible increases in the level of outstanding unsecured debt Consequences: Increased risk of Adult Social Care & Health budgetary overspend.	Major 4	Likely 4	High 16	Debt recovery process instigated, cases referred through Income Section for recovery of fairer contributions debt. A draft joint (Financial Assessment and Income Recovery) action plan is being refined to aid the work to improve the recovery performance.  <i>In Progress</i>	Treat	30/03/2012 (High)	Moderate 3	Possible 3	Medium High 9
<b>AS0047 - Compliance</b> 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	Short-term: A draft paper has been produced that sets out the case for additional funding to be made available. A final version is to be submitted seeking additional funding.  <i>In Progress</i>  Long-term: The focus will be on identifying demand management good practice approaches that might reduce the demand for this form of support, elements of which would need to be included in the specification for the outsourced Development and Regulatory Services bundle.  <i>In Progress</i>	Treat	31/01/2012 (High)  31/01/2012 (High)	Minor 2	Possible 3	Medium Low 6
<b>AS0044 – Reputational</b> 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.  <i>Under Review</i>  New protocols to be created in line with IS strategy.  <i>Under Review</i>  Set up ASCH Information Governance Council	Treat	30/11/2011 (Normal)  30/11/2011 (Normal)  30/11/2011 (Normal)	Major 4	Possible 3	Medium High 12

Risk	Current Assessment			Control Actions	Risk Status	Target Date (Priority)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
				<i>Implemented</i>					
<b>AS0045 – Financial</b> 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. <i>In progress</i>	Treat	30/03/2012 (normal)	Major 4	Unlikely 2	Medium High 8
<b>AS0048 - Compliance</b> Poor quality data Cause: poor recording practices on SWIFT and WISDOM Consequence: inaccurate information used in planning service provision.	Major 4	Possible 3	Medium High 12	Further management direction and training. Staff are encouraged to undertake all relevant training and keep updated with new legislation. The supervision process is used to help staff development <i>Implemented</i> 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 of changes with Social Care Direct. <i>Under Review</i>	Treat	30/12/2010 (High)  30/03/2012 (High)  07/02/2012 (Normal)	Minor 2	Possible 3	Medium Low 6