

Adult Social Care and Health – Quarter 3 2012-13

1.1 SERVICE DASHBOARD

Revenue budget actual variance £000 ^[1]	Capital actual variance £000	Corporate Plan Performance	Managing the Business	People Performance management	Key projects
(237)	(1,026)	5	1	-2.5	n/a

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top 3 Achievements	Top three challenges	Actions required
<p>The Directorate achieved its Right to Control (RtC) target of 75 multiple funding stream support plans, agreed with the Office for Disability Issues (ODI) for the current national trailblazer year. In addition, the ODI has agreed a 1-year extension to the trailblazer for Barnet – this provides the opportunity to establish a sustainable model for delivering RtC in Barnet beyond the trailblazer period. Our customer outcomes show that RtC has made a real difference, giving disabled people more choice and control over their support, resulting in better outcomes and increased independence. As an organisation we have also benefited from the opportunity to trial a new way of working, joining up services with partners to create a 'one public sector' approach and further embedding the personalisation agenda within Barnet.</p>	<p>Identifying an additional £10.5m of savings in 2014/15-16 whilst ensuring the continued delivery of high-quality outcomes for residents. Nationally Adult Social Care will need to start planning for implications arising from the White Paper Caring for our future: reforming care and support (July 2012), particularly the long-term funding of care.</p>	<p>The required level of savings is challenging and will need to be delivered in the context of One Barnet Wave 2 Projects such as: Health and Social Care Integration; Early Intervention & Prevention; Community Safety; and Sport & Physical Activity.</p>
<p>Good progress has been made by the Directorate on its mobilisation plan for transitioning to Adults & Communities Delivery Unit. This has been</p>	<p>Ensuring a smooth transition to the new Adult & Community Services Delivery Unit whilst delivering Business As Usual.</p>	<p>Joint Children's and Adults SMT to work in partnership with Human Resources to produce and implement a transition plan and to</p>

acknowledged by the Corporate Transition Board.

Following a Cabinet decision in October 2012 a new neighbourhood model for older people's services is currently being established by the Barnet Provider Group – which is a partnership of Barnet's existing voluntary sector providers of older people's service. They are working under a lead provider framework, with the new service commencing April 2013. The new service will be based on a neighbourhood approach; a wider choice of provision to be provided in more localised areas, which is responsive to the needs and aspirations of older people to support health and wellbeing. The combined provider group have a resource of up to 2000 volunteers, who form the backbone of the services provided to older people. Neighbourhood services aim to broaden the range of support available to older people. They will focus on prevention and aim to reduce loneliness, helping people remain connected to their communities, helping people to stay independent at home, and preventing a need to go to hospital.

Maintaining proactive intervention to reduce the incidence of sickness in Adult Social Care and Health at least comparable with the Council average.

communicate this to / engage all staff in the Directorate.

Continued compliance with the refreshed Sickness Absence Plan, involving accountability by line-managers, overseen by SMT members and supported by HR to ensure timely actions when thresholds are triggered (e.g. employee interviews, referrals to Occupational Health / Employee Support).

1.3 SUMMARY OF THE SERVICES PERFORMANCE

Adult Social Care & Health (ASCH) continues to perform strongly across the range of Performance Indicators during the transition into the new Adults & Communities Delivery Unit. We place a high importance on customer satisfaction: in addition to the quarterly surveys of customers (CPI Number 1003 and 1006) – which result in specific actions aimed at improving the customer journey – we have now started to analyse our end-to-end performance to ensure that customers are dealt with efficiently and effectively from the point of first contact through to the resolution of their care and support needs. The Directorate continues to be vigilant about managers applying the Council's policy on absence management via the Sickness Absence Improvement Group Action Plan agreed with the Lead Member for Adults (see section 4.2 below).

2. DELIVERING THE CORPORATE PLAN

2.1 How the service is performing against its Corporate Plan indicators

CPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
1001	% of people aged 65+ who are still at home 91 days after discharge into rehabilitation services	Apr 12 - Jul 12	88.7%	87%	535/613	87.3%	0.3%	▼ 1.6%	2012/13 Quarter 1 London Average = 87.8% (Source: LAPS)
1002	Increase the number of smoking quitters in people aged 18 years and over to 2,200 (NHS four-week smoking quitter target)	Apr 12 - Sept 12	626	1130	N/A	1087	3.8%	▲ 73.6%	The latest benchmarking information is available for Q1 2012/13. Barnet rate per 100000 population aged 16+ = 225.70. London rate per 100000 population aged 16+ = 176.13
1003	The proportion of service users who feel they have choice and control influencing decisions that affects them	Apr 12 - Dec 12	51.4%	56%	96/176	54.5%	2.6%	▲ 6%	Local indicator - no benchmarking available.
1004	Service users taking their personal budget as a direct payment	Apr 12 - Dec 12	20.2%	18%	768/3698	20.8%	15.4%	▲ 2.6%	Local indicator - no benchmarking available.
1005	Decrease in younger adults of working age in residential care.	Oct 12 - Dec 12	317	328	N/A	327	0.3%	▼ 3.2%	Local indicator - no benchmarking available.
1006	The proportion of carers who report that they are supported to sustain their caring role.	Apr 12 - Dec 12	57.5%	56%	74/129	57.4%	2.4%	▼ 0.3%	Local indicator - no benchmarking available.
1007	% of safeguarding adult cases where service users who are able and willing, report that they feel safer	Oct 12 - Dec 12	83.3%	No Target Set	10/12	83.3%	N/A	↔	Local indicator - no benchmarking available.

*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.

Commentary added by ASCH cross-referenced to Table in section 2.1

- CPIs 1001 / 1006 – the negative direction of travel is not significant especially as Q3 performance exceeds the target.
- CPI 1005 – 8 of the 10 increase in placements were the result of clean-up work carried out by our Transformation Project Team which identified 8 cases which were incorrectly shown as temporary placements when they should have been permanent.
- CPI 1003 – this measure has moved from a red in Q2 to red amber in Q3. We are continuing to build on improvements in service user and carer experience taking into account feedback from customers. This measure is calculated by carrying out a survey each quarter and then following up a sample of negative responses. The quarterly results are cumulative; the aim is to build up a picture over the year. We would expect variations in results from quarter to quarter because of the sample size involved. As in Q2, ASCH will be following up sample negative responses.

3. RESOURCES AND VALUE FOR MONEY

3.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q3 Forecast 2012/13	Variation		
	£000	£000	£000	£000		
Care Services - Learning Disabilities	34,081	34,940	35,210	270	Overspend from increase in demand and services in addition to the YCB block contract.	0.8%
Care Services - Mental Health	7,114	6,451	6,471	20	Overspend is due to an increase in residential clients placements due to an increase in high cost cases on autistic spectrum	0.3%
Care Services - Older Adults - Physical Disabilities	42,085	44,032	44,186	154	Main overspend relates to an increase in Direct Pay	0.3%
Transformation & Resources	3,855	3,551	3,450	(101)	Underspend is due to saving on interim joint Director with Children's Service and other staff vacancies.	-2.8%
Strategic Commissioning & Supply Management	8,741	8,190	7,610	(580)	Savings on Housing related support which will be re-directed towards lower level preventative services.	-7.1%
Government Grant Income	(61)	(61)	(61)	-		0.0%
Total	95,815	97,103	96,866	(237)		-0.2%

3.2 Capital

	2012/13 Latest Approved Budget	Additions/ Deletions recommended to Feb CRC	Slippage / Accelerated Spend recommended to Feb CRC	2012/13 Budget (including Feb CRC)	Forecast to year end	Variance from Approved Budget	% slippage of 2012/13 Approved Budget
	£000	£000	£000	£000	£000	£000	%
Mental Health and Adults Personal Social Services Allocations	2,143	(1,026)	-	1,117	1,117	(1,026)	0%
Adult Social Care & Health	2,143	(1,026)	-	1,117	1,117	(1,026)	0%

4. MANAGING THE BUSINESS

4.1 How the service is managing its business

	Indicator description	Period Covered	Previous relevant outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance
Finance indicators	Percentage of savings achieved	Oct 12 – Dec 12	100%	100%	4657/4657	100%	0%	↔ 0%
	Percentage of the capital programme slipped	Oct 12 – Dec 12	0%	20%	0/2143	0%	n/a	↔ 0%
HR indicators	Reducing sickness absences to 6 days per employee (rolling 12 months)	Jan 12 – Dec 12	9.8	6	2668/255	10.5	74.4%	▼ 7.3%
	Qualitative assessment of Workforce stability	Oct 12 – Dec 12	Green	No Target set	n/a	3.05%	n/a	↔ n/a
	Completion of mid year performance reviews	Apr 12 – Mar 13	n/a	100%	231/244	94.7%	5.3%	n/a
Complaints	Percentage of complaints responded to within policy guidelines (Policy)	Oct 12 – Dec 12	n/a	80%	0/1	0%	100%	n/a
	Percentage of complaints responded to within policy guidelines (Statutory)	Oct 12 – Dec 12	58.1%	80%	14/19	73.7%	7.9%	▲ 26.9%

	Indicator description	Period Covered	Previous relevant outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance
FOI	Percentage of FOI requests responded to within 20 working days	Oct 12 – Dec 12	100%	90%	29/30	96.7%	7.4%	3.3% 

Commentary added by ASCH cross-referenced to Table in section 4.1

- Sickness – the ASCH Sickness Absence Improvement Group has produced an Action Plan agreed with the Lead Member for Adult Social Care. As a result of the action being taken, the risk rating for sickness has been reduced to (impact 2 x likelihood 5 =) 10 Refer to commentary in section 4.4 below. The latest updates to the Action Plan are:
 - Mandatory absence management training rolled out in January/February 13
 - Managers required to complete return to work interview for every episode of sickness
 - Attendance management flow chart made available to all managers
 - 100% nil absence recording in Q3
- Mid-year performance reviews - there are 4 performance reviews that have been completed but cannot be loaded on the system (i.e. no manager shown on SAP due to organisation changes). There is also one case where the 18-week induction ended mid December; and one case on long term sick, only returned in Jan 2013. The result of the above is to increase the numerator by 4 and decrease the denominator by 2 producing a revised performance on this measure of 97% (235/242).
- Qualitative assessment of Workforce stability: The turnover rate for Q3 = 3.05% (8 leavers); the turnover rate has decreased from 4.71% in Q2 (July – Sept). We can expect the turnover rate to be around 9-10% over the year. This is based on our recent NMDS-SC submission on workforce data.
- Complaints (Policy) and (Statutory) – there were respectively 1 and 5 cases where ASCH’s performance was below par. Customer satisfaction is core to the business and individual cases will be taken up with the relevant officers concerned to ensure there is no recurrence.

4.2 Managing the business: People Performance management

Performance Indicator	Period covered	Target	Amber criteria	Q3 Actual (No.)	Q3 Actual % of total	Q3 (numerator/denominator)	Target Variance	Q3 DoT	Council Average	Benchmarking
Attendance										
Average number of sickness absence days per employee (Rolling year)	Jan 12 - Dec 12	6	6 - 6.5	10.5	N/A	2668/255	-74.4%	▼ 7.3%	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)	Oct 12 - Dec 12	1.71	1.72 - 1.84	2.5	N/A	657/258	-48.5%	▲ 12.4%	2.2	2.25 days (CIPFA, All Members & other Unitary Authorities 2011)
% managers submitting a monthly absence return	Oct 12 - Dec 12	100%	>90%	52	100.0%	52/52	0.0%	▲ 2.0%	92.7%	N/A : measure applicable to LBB only
Performance Review										
% performance reviews completed and agreed for eligible staff only	Apr 12 - Mar 13	100%	>90%	Next reported in Quarter 1 2013/2014						
% mid year reviews completed for eligible staff only	Apr 12 - Mar 13	100%	>90%	231	94.7%	231/244	5.3%	Not Previously reported	95.3%	N/A : measure applicable to LBB only
Cost										
Variance of total payroll to budget	Oct 12 - Dec 12	£3,516,510	+/-5%	£3,150,947	-10.4%	3150947/3516510	-10.4%	▼ 14.3%	-11.3%	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
Diversity Data										
Percentage of top 5% earners that are female	As at 31 Dec 2012			10	55.6%	10/18	▼ 11.1%		49.6%	Women in leadership posts 49.9% (CIPFA, All Members & other Unitary Authorities 2011)

Number of BME employees as % of total employees	As at 31 Dec 2012	112	39.7%	112/282	— 0.0%	31.9%	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 Dec 2012	17	5.9%	17/287	▲ 2.1%	2.9%	2.33% (CIPFA, All Members & other Unitary Authorities 2011)

Employee Relations

High Risk - Employee Relations cases as % of total cases	As at 31 Dec 2012	2	13.3%	2/15	▲ 20.1%	7.7%	N/A : measure applicable to LBB only
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As at 31 Dec 2012	ESTABLISHED POSITIONS AS FTE		EMPLOYEES COVERING ESTABLISHED POSITIONS AS FTE			MSP RESOURCE AS HEADCOUNT	NON MSP RESOURCE AS Headcount			AVAILABLE CASUAL RESOURCE AS FTE
	Total Established Positions (FTE)	Occupied (FTE)	Permanent	Fixed Term, Temporary, Seasonal	TOTAL	TOTAL	Resource paid in the quarter	Consultants paid in the quarter	TOTAL	Total
Adult Social Services	315.99	267.51	236.02	21.04	257.06	84	0	9	9	12.00

Commentary added by ASCH cross-referenced to FTE Table above

- The MSP resource as headcount figure relates to agency staff in ASCH. The figure of 84 contains 5 agency staff incorrectly shown against ASCH (reported to Chris Collier – HR Comensura contract link). Furthermore, a further 10 agency staff were no longer found to be employed as at 9th January. Therefore, the ASCH agency count should be 69.
- All other workforce figures have been agreed between HR and ASCH.

4.3 Key projects

There are no key projects in Adult Social Care and Health

4.4. 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
PROBABILITY	SCORE					
	5 Almost Certain	0	1	0	0	0
	4 Likely	0	0	0	0	0
	3 Possible	0	2	12	2	1
	2 Unlikely	0	0	3	3	1
1 Rare	0	0	0	0	0	

Risk commentary for Adult Social Care and Health (ASCH):
 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 the monthly ASCH Leadership Team meetings. The risk ratings of the Directorate's business continuity risk, recommended for escalated to the corporate risk register (ref: AS0055) has remained static from quarter 2. The risk ratings for both information governance (ref: AS0044) and the risk of an adverse judicial review finding relating to Brent residents placed into Barnet care homes (ref: AS0067) also both remain the same since the December 2012 report; both are rated 12. Leadership Team reviewed and refined the sickness absence risk (ref: AS0061) impact rating, at the December meeting. The Directorate's improved income recovery performance has been maintained as a result of the completion of risk mitigating actions. Consequently, the likelihood of the risk of failing to recover the budgeted expected income (ref: AS0038) has been reduced. Both the sickness absence and income recovery risks are now rated less than 12, and hence are no longer separately highlighted in this report.

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

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Target Date (Priority)	Target Assessment 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	New (client case management system) support contract for Swift This is a repair and fix contract as the Swift version is not supported by Northgate. The responsibility for this contract is with IS, IS are chasing legal dept. for comments, delays caused by LBB legal team transferring to Harrow <i>In Progress</i> (80% complete) SWIFT disaster recovery resilience Disaster recovery is only possible via the	Treat	Ongoing 27/12/12 (High) Ongoing	Moderate 3	Unlikely 2	Medium Low 6

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Target Date (Priority)	Target Assessment Impact Probability Rating		
				<p>new NSCSO IS provision, the route is to procure and deploy and new system. Capita awarded new NSCSO (IS) provision dialogued issues with Swift, to discuss as part of mobilisation. <i>In Progress (50% complete)</i></p> <p>Wisdom disaster recovery resilience Possible integration with the SWIFT replacement exercise if an integrated case management and Electronic Document Record Management System (EDRMS) route is selected. Alternatively the capital might be included within the NSCSO contract to provide disaster recovery. <i>In Progress (50% complete)</i></p> <p>NLBP access denied resilience <i>Proposed (2% complete)</i></p> <p>Business continuity review Royal Free To review the adequacy of the current business continuity arrangements to ensure LBB staff located within the hospital can continue to meet the needs of patients during a service disruption. <i>In Progress (6% complete)</i></p>		Ongoing			
<p>AS0044 - ICC Information governance - risk that the Directorate may not be appropriately safeguarding personal information or responding to queries from members of the public.</p>	Major 4	Possible 3	Medium High 12	<p>Data sharing protocol audit Audit to be undertaken of key partners to ensure the data sharing arrangements are covered by data sharing protocols. <i>Proposed (5% complete)</i></p> <p>Data protection compliance action plan An action plan addressing the 11 recommendations cited in the October 2011 internal audit report is being progressed to enhance the Directorates arrangements. <i>In Progress (31% complete)</i></p> <p>Review data security procedures in systems including DOLS process. <i>Under Review (0% complete)</i></p>	Treat	Proposed	Moderate 3	Unlikely 2	Medium Low 6

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Target Date (Priority)	Target Assessment Impact Probability Rating		
				<p>New protocols to be created in line with IS strategy. Protocols to be produced in relation to who has access to our systems, what governance needs to be in place for this to be DP compliant and a formal decision about the level of CRB check necessary before access can be granted (if any). Access to secure email facilities is to be set up for appropriate staff and protocols developed. <i>In Progress (50% complete)</i></p> <p>Secure communications channel needed that meets both ASCH and legal colleagues' requirements. Once a secure means of communicating with our colleagues now based at Harrow has been established this needs to be communicated with ASCH staff. <i>In Progress (90% complete)</i></p> <p>LD s75 data sharing enhancements Data sharing Agreement developed and signed off by CLCH Trust, and BEH MH Trust. Both partner organisations signed off the agreement in October 2012. Currently with the ASCH Caldicott Guardian for sign-off. It is also currently being reviewed for N3 compliance. Agreement then to be communicated to staff to put into practice new ways of working e.g. Encrypt and Send for the sharing data with non-public bodies. <i>In Progress (90% complete)</i></p> <p>N3 connection <i>In Progress (0% complete)</i></p> <p>Mental Health s75 data sharing enhancements Old ISA in existence which needs reviewing.</p>		<p>30/06/2012 (Normal)</p> <p>Ongoing</p>			

Risk	Current Assessment Impact Probability Rating			Control Actions	Risk Status	Target Date (Priority)	Target Assessment Impact Probability Rating		
				<i>In Progress (0% complete)</i>					
AS0067 - Financial Risk that Judicial Review claim brought by Brent PCT on 23 March 2009 will be in favour of Brent PCT, resulting in a financial liability of £460k; there may also be ongoing costs of £67k per annum.	Major 4	Possible 3	Medium High 12	Ongoing legal preparation for the legal hearing in due course. <i>In Progress (75% complete)</i>	Tolerate	31/03/12 (Normal)	Moderate 3	Unlikely 2	Medium Low 6