

Adults & Communities – Q2 2015/16

1. SUMMARY

1.1 DELIVERY UNIT DASHBOARD

| Financial | |
|--|-------------------------|
| Projected year-end revenue budget variance | Capital actual variance |
| 2,487 | 937 |

| | Performance | Commissioning Intentions |
|-------------------|-----------------|--------------------------|
| Green rated | 31% (9) | 100% (6) |
| Green Amber rated | 17% (5) | 0% (0) |
| Red Amber rated | 10% (3) | 0% (0) |
| Red rated | 41% (12) | 0% (0) |

1.2 TOP ACHIEVEMENTS AND ACTIONS

Top Achievements

The Delivery Unit has reduced the forecast overspend position significantly and made good progress on delivery of savings for 15/16 and 16/17.

Successful programme of work to improve the range of accommodation options available to users of mental health services and support them in taking these up where appropriate, supporting a reduction in the number of admissions to residential care.

The Community Offer Team was shortlisted for the Social Work Team of the Year award. The work of the team has since been further embedded and developed in the new integrated social care direct service. The clinical excellence of the learning disabilities team has been recognised through publication of a journal article on best practice in learning disabilities care.

| Key Challenges | Actions required |
|---|--|
| 1. Recovering the budget position. | Continue to deliver the recovery plan to build on the reduction in overspend seen at M6. |
| 2. Maintaining statutory duty to process Deprivation of Liberty Safeguarding assessments (DoLS) in the face of continuing high demand. | Continuing recruitment and training of Best Interest Assessors to build in-house capacity. Reviewing approaches identified as being taken by other local authorities. |
| 3. Impact of continued staffing vacancies on activity levels and ability to effectively work with health to reduce / avoid delayed discharges. There are also significant recruitment problems for providers (especially in the home care market) which are making the arrangement of new packages of care difficult. | Implementation of plans to support staff to improve productivity. Emergency measures may be needed to put in place additional home care capacity. |

1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

There are still significant challenges to delivering within budget in 2015/16, although Q2 has achieved a reduction in the forecast overspend by £600K across the care purchasing budgets between M5 and M6. Demand pressures continue; the service is continuing to monitor the impact of the Care Act and is investigating the causes of a significant increase in the numbers of contacts made through Social Care Direct.

The new model for mental health service delivery was agreed by Adults & Safeguarding Committee. The mental health teams are performing strongly across other indicators including service users in stable accommodation. This is linked to work undertaken to signpost service users towards supported living rather than residential care and to develop a broader range of housing options including private rented accommodation. The reduction in the overall number of admissions to residential care for working age adults is already approaching target for the year.

The number of new telecare packages installed has increased substantially with the employment of an additional advisor and increased signposting to telecare through Social Care Direct.

The Delivery Unit's productivity is improving despite the fact that vacancy levels are being maintained as far as possible and agency use is declining – staffing budgets are now forecast to underspend by c. £0.75m. The projected percentage of clients reviewed for the year is moving back towards target. Efficiencies have been achieved across the care purchasing budgets. However, the Delivery Unit has had to prioritise activity; levels of carer assessments remain low and waiting lists are up. Heads of Service and managers are continuing to work to increase activity levels.

Performance on delayed transfers of care is improving, through work to improve the DU's ability to commission complex placements – although capacity in the local provider market remains a challenge to quick discharges.

The proportion of DoLS applications completed within the statutory timeframe continues to be low in the face of ongoing high demand, despite efforts to boost in-house capacity.

A significant number of red indicators relate to the annual / biannual surveys of service users and carers. The indicator outturns have remained broadly the same as last year but are not in the upper quartile range as per target.

Performance has remained relatively consistent on MH and LD employment, where improvements will take some time to show an effect. There has been good progress on developing the Shared Lives scheme with LB Harrow and on developing links with existing employment programmes such as the Public Health Future Paths scheme and the Twinings employment pathway.

2. Performance

2.1 How the Delivery Unit is performing against its performance indicators

| | RAG | | | | | | Direction of Travel | | | No. of indicators expected to report this quarter |
|----------------|--------------------|--------------------|--------------------|---------------------|----------------------|---------------------|-----------------------|---------------------|---------------------|---|
| | Green | Green Amber | Red Amber | Red | Total RAG ratings | Monitor | Improving or the same | Worsening | No previous outturn | |
| Strategic | 6 | 5 | 1 | 8 | 20 | 4 | 11 | 13 | 0 | 24 |
| Critical | 3 | 0 | 2 | 4 | 9 | 6 | 4 | 11 | 0 | 15 |
| Overall | 31% (9) | 17% (5) | 10% (3) | 41% (12) | 100% (29) | 26% (10) | 38% (15) | 62% (24) | 0% (0) | 39 |

2.2a Performance Indicators that did not meet their target

Appendix A outlines the indicators which have met their target.

| Ref | Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i> | Type of indicator | Period Covered <i>Timeframe data has been measured</i> | Previous Result <i>Previous result from the most relevant period</i> | Target <i>Achievement level expected</i> | Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i> | Result <i>Most recent result of the indicator measurement</i> | Target Variance <i>A calculation of how far the outturn is from the target</i> | Direction of Travel <i>An assessment of whether performance has improved since the previous results</i> | Benchmarking <i>How performance compared to other councils</i> |
|-------|--|-------------------|---|---|---|--|--|---|--|---|
| AC/S1 | Percentage of people who use adult social care services satisfied with their care and support | Strategic | 2014-2015 | 88.3% | 90.0% | 332/545 | 88.2% | 2.0% | Worsening | Comparator group average 60.2% |

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|------------|---|--------------------------|--|--|--|---|---|--|---|--|
| AC/S2 | Service users who find it easy to get information | Strategic | 2014-2015 | 72.5% | 75.0% | 303/425 | 71.3% | 4.9% | Worsening | Comparator group average 74.4% |
| AC/S3 | Percentage of adults with learning disabilities who live in stable accommodation | Strategic | Apr-Sept 2015 | 59.52% | 60.00% | 424/716 | 59.22% | 1.3% | Worsening | |
| AC/S4 | Percentage of adults with learning disabilities in paid employment | Strategic | Apr-Sept 2015 | 9.3% | 10.6% | 64/716 | 8.9% | 15.7% | Worsening | |
| AC/S5 | Percentage of adults with mental health needs in paid employment | Strategic | As at 30 Sept 2015 | 4.8% | 7.0% | 45/773 | 5.8% | 16.8% | Improving | |
| AC/S7 | Percentage of people who use services, who reported that they had as much social contact as they would like | Strategic | 2014-2015 | 41.1% | 45.2% | 245/545 | 44.9% | 0.7% | Improving | Comparator group average 43.1% (LBB in top 50%) |
| AC/S10 | Percentage of people who feel in control of their own lives | Strategic | | 73.3% | 75.5% | 373/545 | 68.5% | 9.3% | Worsening | Comparator group average 71.8% (LBB in bottom |

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|------------|---|--------------------------|--|--|--|---|---|--|---|--|
| | | | | | | | | | | 25%) |
| AC/S12 | Percentage of carers satisfied with social services | Strategic | 2014-2015 | 34.6% | 35.7% | 92/275 | 33.3% | 6.7% | Worsening | Comparator group average 35.4% |
| AC/S13 | Carers' reported quality of life | Strategic | 2014-2015 | 7.7 | 7.8 | N/A | 7.3 | 6.4% | Worsening | |
| AC/S14 | Percentage of adult carers who have as much social contact as they would like | Strategic | 2014-2015 | 35.8% | 36.5% | 102/315 | 32.5% | 11.0% | Worsening | Comparator group average 35.2% |
| AC/S15 | Percentage of people who use services who feel safe | Strategic | 2014-2015 | 65.2% | 68.0% | 371/550 | 67.4% | 0.9% | Improving | Comparator group average 65.8% (LBB in top 50%) |
| AC/S16 | Proportion of people with a Direct Payment | Strategic | As at 30 Sept 2015 | 39.2% | 40.3% | 1050/2677 | 39.2% | 2.7% | Improving | |
| AC/S18 | Percentage of Service users receiving on-going services with telecare | Strategic | Apr-Sept 2015 | 11.9% | 13.0% | 525/4197 | 12.5% | 3.8% | Improving | |

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|------------|---|--------------------------|--|--|--|---|---|--|---|--|
| AC/S21 | Carer assessments resulting in information, advice and services (end of year projection) | Strategic | Apr-Sept 2015 | 960 | 1948 | N/A | 946 | 51.4% | Worsening | |
| AC/C7 | Percentage of DoLS applications completed within statutory timeframes | Critical | Apr-Sept 2015 | 18.2% | 100.0% | 69/535 | 12.9% | 87.1% | Worsening | Not due to be reported this quarter |
| AC/C10 | Percentage of clients receiving an on-going package of care reviewed (end of year projection) | Critical | Apr-Sept 2015 | 66.3% | 75.0% | N/A | 68.5% | 8.6% | Improving | |
| AC/C11 | Average Number of days from contact to end of assessment | Critical | Apr-Sept 2015 | 23.0 | 18.0 | N/A | 26.9 | 49.2% | Worsening | |
| AC/C12 | Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to | | Aug 2014 - July 2015 | 5.8 | 5.8 | N/A | 6.5 | 12.1% | Worsening | |

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|------------|---|--------------------------|--|--|--|---|---|--|---|--|
| | both NHS and Adult Social Care | | | | | | | | | |
| AC/C13 | Number of delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population | | Aug 2014 - July 2015 | 2.8 | 2.5 | N/A | 2.7 | 8.0% | Improving | |
| AC/C15 | The proportion of carers who use services who find it easy to find information about support. | | 2014-2015 | 63% | 70% | 132/215 | 62% | 12.0% | Worsening | Comparator group average 63.4% (LBB below comparator group average) |

2.2b Comments and proposed interventions for indicators which did not meet target

| Ref and title | Comments and Proposed Intervention |
|--|--|
| AC/S1 Percentage of people who use adult social care services satisfied with their care and support | This measure - along with a number of Q2's indicators - is based on the results of the annual social care surveys and the period it covers is the last financial year. Performance has not declined significantly between 2013/14 and 2014/15 despite increased pressures on the service and remains above the average for our comparator group, if below target. |
| AC/S2 Service users who find it easy to get information | Again, this is an annual measure for 2014/15. In 2015/16 the DU has improved the quality and accessibility of its information and advice offer through implementation of the enhanced Social Care Direct offer at its front door, as well as launching a new information, advice and advocacy contract with CAB. |
| AC/S3 Percentage of adults with learning disabilities who live in stable accommodation | This indicator is only just below target for the quarter. The DU's reviews programme is proactively identifying instances where LD service users for whom it is appropriate, are given opportunities to step down from residential care to supported living. |
| AC/S4 Percentage of adults with learning disabilities in paid employment | The Commissioning Group are currently scoping a project to increase employment opportunities for LD service users. The Bright Futures contract with Mencap to get LD service users work ready is performing well and Adults & Communities is proactively identifying opportunities for LD service users to gain work experience within the DU itself. Work is also being undertaken to identify clients eligible for support under existing employment schemes and to strengthen links with the Public Health Future Path project. |
| AC/S5 Percentage of adults with mental health needs in paid employment | The Twinings employment placement support team has been co-located with the mental health teams to maximise opportunities for service users to benefit from its employment pathway. Work has also been undertaken to identify service users living in the catchment area for the WLA trailblazer in Burnt Oak and potentially eligible for support. |
| AC/S10 Percentage of people who feel in control of their own lives | This is another annual indicator, which shows only a marginal reduction on the previous outturn. New service delivery models being implemented this year in, for example, mental health, will focus on building and promoting community capacity, social and family resilience, and active citizenship. |
| AC/S12 Percentage of carers satisfied with social services | Again, this is an annual measure for 2014/15. In 2015/16 the DU is continuing to develop the Carers' Strategy, planned for implementation from January 2016, and is also working with carers to develop a new lead provider service specification for implementation in 2016. |
| AC/S13 Carers' reported quality of life | As AC/S12 |
| AC/S14 Percentage of adult carers who have as much social contact as they would like | As AC/S12 |
| AC/S15 Percentage of people who use services who feel safe | Again, this is an annual measure for 2014/15. It shows that Barnet is in the top 50% of benchmarked local authorities and improved on 2013/14 performance. This year, the number of safeguarding concerns raised so far is high, indicating that the service is trusted with concerns. |

| Ref and title | Comments and Proposed Intervention |
|--|--|
| <p>AC/S16 Proportion of people with a Direct Payment</p> | <p>Barnet has a strong record for having high numbers of people who receive their care through a Direct Payment and is one of the top performers nationally. All cases coming to panel need to demonstrate that a DP option has been considered. Review activity has resulted in some individuals on low level DPs no longer receiving a payment but also in a significant number of new DPs being agreed.</p> |
| <p>AC/S18 Percentage of Service users receiving on-going services with telecare</p> | <p>The number of telecare packages installed has increased significantly on Q1 and reflects standalone and self-funded packages as well as those requiring ongoing maintenance by Barnet. This year an additional telecare adviser has been employed to work across health and social care in Barnet, and opportunities to access telecare are being emphasised at the first point of contact with Adult Social Care.</p> |
| <p>AC/S21 Carer assessments resulting in information, advice and services (end of year projection)</p> | <p>Investigating whether the drop in activity is mirrored across other carer services such as Barnet Carers' Centre. Low staffing levels in Adults & Communities have an impact on productivity in carrying out carers assessments and prioritising these against service user assessments for new clients, and reviews.</p> |
| <p>AC/C7 Percentage of DoLS applications completed within statutory timeframes</p> | <p>The number of DoLS applications has remained very high throughout Q2 and continues to be a challenge to manage within existing resources. We have investigated approaches taken by other comparable local authorities to manage this unprecedented level of demand and are reviewing options which could be implemented in Barnet.</p> |
| <p>AC/C10 Percentage of clients receiving an on-going package of care reviewed (end of year projection)</p> | <p>The Delivery Unit has undertaken a sustained programme of work to increase review activity throughout Q2 and an increase in productivity can now be seen. Data-led work has been undertaken to further prioritise eligible clients and plan activity to maximise benefits to the DU.</p> |
| <p>AC/C11 Average Number of days from contact to end of assessment</p> | <p>Clients who have spent a long time on waiting lists are now being assessed and while this group of people moves through the system it is likely we will see waiting times increase. Weekly performance meetings are ongoing, led by the relevant Heads of Service. Regular support is in place for staff to record activity and to address any reporting errors. However, the current low staffing levels will also impact on productivity and the DU continues to have to prioritise its activities.</p> |
| <p>AC/C12 Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+) This should be the no. of delays not days - TBC</p> | <p>There are continuing challenges in relation to discharge of complex cases from hospital - work has been undertaken to increase the speed at which complex placements can be commissioned to address this. We are also seeing an ongoing challenge in placing people due to the local provider market being close to capacity.</p> |
| <p>AC/C13 Number of delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population</p> | <p>Performance is improving on the previous quarter. There are ongoing challenges in relation to discharge of complex cases - work being undertaken to increase the speed at which complex placements can be commissioned to address this. We are also seeing an ongoing challenge in placing people due to the local provider market being close to capacity.</p> |

| Ref and title | Comments and Proposed Intervention |
|---|------------------------------------|
| AC/C15 The proportion of carers who use services who find it easy to find information about support. | See AC/S2 and AC/S12 |

3. Commissioning Intentions

Theme committees have agreed the commissioning intentions for the council up to 2020; the tables below provide an update on the progress.

3.1 Overview of progress against Commissioning Intentions

| RAG ratings | | | | | No. of Commissioning Intentions |
|-------------|-----------------------------------|------------------------------------|---|----------------------------|---------------------------------|
| Green - Met | Green Amber - delayed, Low Impact | Red Amber - delayed, Medium Impact | Red - Risk of Not Delivering Or High Impact | Not Rated (Not due or N/A) | |
| 100% (6) | 0% 0 | 0% 0 | 0% 0 | 0% 0 | |

Section 3.2, below, outlines the Commitments which were due to be completed this quarter.

3.2 Commissioning Intentions

| RAG | Description |
|-------------|---------------------------------------|
| Green | Commitment Met |
| Green Amber | Commitment delayed, Low Impact |
| Red Amber | Commitment delayed, Medium Impact |
| Red | Risk of Not Delivering Or High Impact |

| Commissioning Intentions | Status | Comments |
|--|-------------|---|
| Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the Borough | Green - Met | Completed Identification of the potential to increase the proportion of adults with learning disabilities in employment is ongoing . This will continue to be developed through the review programme as it is not yet clear from the information which is currently available. |

| Commissioning Intentions | Status | Comments |
|--|-------------|------------------|
| Ensure the voice of people who use adult social care and carers contributes to the design and delivery of services | Green - Met | <u>Completed</u> |
| Establish a new 0-25 disabilities service (learning, physical disabilities; sensory impairments, mental health needs; complex needs) model to improve service quality and to promote increased independence of young adults and reduced costs to adult social | Green - Met | <u>Completed</u> |
| To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process by better supporting carer's own physical and mental health needs to ensure carers feel able to continue to support an individual for a | Green - Met | <u>Completed</u> |
| To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia. | Green - Met | <u>Completed</u> |

| Commissioning Intentions | Status | Comments |
|---|--------------------|-------------------------|
| <p>To test and implement an Integrated Locality Team model across health & social care; targeted at older adults and focusing on the those identified through risk stratification (and other mechanisms) as at risk of hospital admission and/or escalating socia</p> | <p>Green - Met</p> | <p><u>Completed</u></p> |

4. Financial

4.1 Revenue

| Description | Variations | | | | Comments | % Variation of revised budget |
|-----------------------------|-----------------|---------------|---------------|--------------|--|-------------------------------|
| | Original Budget | Budget V1 | Q2 Forecast | Variation | | |
| | £000 | £000 | £000 | £000 | | |
| Performance & Improvement | 1,024 | 767 | 707 | (60) | Underspend to part year vacant posts | -7.8% |
| Safeguarding | 731 | 733 | 1,183 | 450 | The overspend is due to an increase in activity in the Deprivation of Liberty Safeguards (DOLS) service as a result of Supreme Court judgements in 14/15. The demand for this service is unpredictable and the LA has a legal duty to support clients who come forward for support. In Q1 15/16 there were 284 DOLS assessments. The full year forecast is 1,136 assessments compared to 630 for 14/15 full year. £555k additional funding was agreed for 15/16 and £154k central government funding was received. The forecast overspend is over and above the use of the two funding streams as it is currently likely that the level of demand experienced in Q1 will be sustained for the remainder of the year. | 61.4% |
| Care Quality | 1,062 | 1,075 | 1,058 | (16) | Underspend mainly due to contract savings | -1.5% |
| Community Well-being | (1,744) | 393 | 375 | (18) | Underspend in relation to supplies and services | -4.6% |
| Customer Care | 748 | 349 | 314 | (35) | Underspend to part year vacant posts | -10.1% |
| Customer Finance | 786 | 827 | 792 | (35) | Over-achievement of income for receivership and Apointeeship services | -4.2% |
| Dir Adult Soc Serv & Health | 185 | 186 | 160 | (26) | Underspend in relation to staffing | -14.1% |
| Integrated care - LD & MH | 38,534 | 40,527 | 40,878 | 351 | The care budgets overspent in 14/15 as a result of rising demand for services. This meant that the budgets started off the year in an overspent position, with a full-year impact of increased demand heightening the problem. This year, demand continues to grow. The main pressure for learning disabilities continues to be in relation to clients transitioning from children's services with increasingly complex needs and correspondingly expensive packages of care. Mental health saw significant growth in client numbers requiring residential placements in 14/15 but in the first quarter of 15/16 there has been a significant diversion to supported living placements that offer better outcomes and better value for money. There is also additional pressure resulting from 14 new ordinary residence clients. The projections include £573k for new OR clients in 15/16 but again this is likely to be insufficient to meet demand. | 0.9% |
| Integrated care - OP & DP | 35,610 | 35,665 | 37,763 | 2,098 | The care budgets overspent in 14/15 as a result of rising demand for services. This meant that the budgets started off the year in an overspent position, with a full-year impact of increased demand heightening the problem. This year, demand continues to grow for older adults placements with a particular growth in clients with dementia. In the first quarter of the year, older adult client numbers have increased by 65 with 22 of these being placed in residential and nursing care. There is also pressure on this budget due to clients who were self-funders whose funds have depleted and are now the responsibility of the LA. | 5.9% |
| Prevention & Well Being | 4,283 | 5,444 | 5,290 | (153) | Underspend to part year vacant posts | -2.8% |
| Social Care Management | 596 | 412 | 344 | (68) | Underspend in relation to staffing | -16.5% |
| Total | 81,816 | 86,378 | 88,865 | 2,487 | | 2.9% |

The forecast overspend has been reduced from £3,428,000 at Q1 to £2,487,000 at Q2. Progress has been strong to achieve 15/16 MTFS savings, and the DU is not only maintaining an underspend across staffing budgets of c£0.75m but also forecasting a reduction in care costs at M6 leading to a full year effect of £600,000.

A range of recovery actions are being pursued which could bring this overspend down to £2m.

The ongoing pressure from DoLS is forecast as over £1,000,000 for the year.

4.2 Capital

| | 2015/16 Latest Approved Budget | BF Variance at Outturn | Addition/Deletion at Outturn | Additions/ (Deletions) at Quarter 1 | (Slippage) / Accelerated Spend at Quarter 1 | 2015/16 Budget & all adjustments at Outturn and Quarter 1 | Additions/ (Deletions) - Quarter 2 | (Slippage) / Accelerated Spend - Quarter 2 | Proposed 2015/16 Budget | Forecast to year-end | Variance from Approved Budget | % slippage of 2015/16 Approved Budget |
|-------------------------------|--------------------------------|------------------------|------------------------------|-------------------------------------|---|---|------------------------------------|--|-------------------------|----------------------|-------------------------------|---------------------------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | % |
| Adults and Communities | 2,321 | 1,614 | 21 | (699) | - | 3,258 | - | - | 3,258 | 3,258 | 937 | 0.0% |
| Adults and Communities | 2,321 | 1,614 | 21 | (699) | - | 3,258 | - | - | 3,258 | 3,258 | 937 | 0.0% |

5. Risk

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 | 1 | 0 |
| | 4 Likely | 0 | 0 | 2 | | 0 |
| | 3 Possible | 0 | 0 | 0 | 2 | 0 |
| | 2 Unlikely | 0 | 0 | 0 | 0 | 0 |
| | 1 Rare | 0 | 0 | 0 | 0 | 0 |

Risk Commentary for Delivery Unit:

- Structures are in place to monitor service risks, including Transformation Board and project risk management frameworks.
- The DU's highly rated risks are the result of ongoing statutory provisions and/or medium term financial pressures; the overall risk profile is unlikely to alter significantly in the near future.
- Internal controls remain adequate and financial and productivity management are both showing improvements in Q2. There is, however, an ongoing challenge in managing the risk associated with DoLS within current resources.
- There has been one period of staff industrial action and business continuity plans were enacted successfully.
- Contingency planning is underway to address winter pressures including hospital discharge pathways.
- Other specific financial and risk management plans are described elsewhere in this report.

The risk register lists those risks rated as 12 and above.

| Risk | Current Assessment | | | Control Actions | Risk Status | Board Assurance (timing) | Target Assessment | | |
|---|--------------------|---------------------|------------|--|-------------|--------------------------|-------------------|-------------|-----------------|
| | Impact | Probability | Rating | | | | Impact | Probability | Rating |
| AS0007- Financial Financial management – the risk of increased demand and the inability to deliver all planned savings projects leading to overspends and erosion of the Council's minimum reserve position. Cause – lack of timely monitoring by senior management. Consequence – breach of financial regulations and overspend of budget. | Major 4 | Almost Certain 5 | High 20 | <ul style="list-style-type: none"> • SMT monitoring • Monthly leadership budget review. • Finance training for Managers • All savings targets have a saving owner, progress reported through Leadership team • Regular meeting of Financial Sustainability Group • Integra controls and complementary staff training | Treat | Quarterly | Moderate 3 | Likely 2 | Medium/Low 6 |

| Risk | Current Assessment Impact Probability Rating | | | Control Actions | Risk Status | Board Assurance (timing) | Target Assessment Impact Probability Rating | | |
|--|---|---------------|-------------------|--|----------------|--------------------------------|--|---------------|-------------------|
| | | | | | | | | | |
| | | | | <ul style="list-style-type: none"> Development of turnaround plan Recovery plans have been drawn up Links to Transformation Board | | | | | |
| AS0044 – Compliance Information governance - risk 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 | <ul style="list-style-type: none"> Delivery Unit Information Management and Governance Group addressing key issues as it progresses with its work programme. It has representation from Corporate Information governance group has been refreshed and meets once a month. Statutory Officers Group (Governance responsibilities) Caldicott Guardian | Transfer | Quarterly | Moderate 3 | Unlikely 2 | Medium/Low 6 |
| AS0089 – Business Continuity Provider failure. The Care Act increases the current scope of the DU as it requires the Council to be the lead agency to make customers safe and enable the provision of care to be continued. Cause/consequence: The legislative requirement of the oversight of all care providers. This requires a change of approach and increasing demand upon the DU to monitor the risk across suppliers who are not contracted to the Council; this could lead to additional demands being placed on staff resources and increase budget pressure. It could increase the administration and use of A & C DU staff resources; plus increase the cost of care. | Moderate 3 | Likely 4 | Medium/High 12 | Restructured Care Quality Team went live in April 2015 to ensure the DU is resourced appropriately. The Care Act is part of the A&C Transformation Programme. The DU is developing a strategic approach with care providers to ensure their BCP is robust and to mitigate the risk to the Council. | Treat | Quarterly | Moderate 3 | Likely 4 | Medium/High 12 |

| Risk | Current Assessment Impact Probability Rating | | | Control Actions | Risk Status | Board Assurance (timing) | Target Assessment Impact Probability Rating | | |
|---|---|------------------------|-------------------|---|----------------|--------------------------------|--|------------------------|-------------------|
| | Moderate 3 | Likely 4 | Medium/High 12 | | | | Moderate 3 | Likely 4 | Medium/High 12 |
| <p>AS0090 – Business Continuity The Care Act empowers self-funders to request the Council purchases care on their behalf due to the greater purchasing power of the Council. If many individuals wish to buy their care in this way then it is likely care providers will increase their care costs, be unable to provide care safely or cease to trade.</p> <p>Cause/consequence: The Care Act enables self-funders to request the Council to procure care on their behalf. The care providers, who provide competitive rates to Councils, may be forced to review their discounts and price model, leading to an increase in care costs. If current price models are retained then there is a probability the care provider will have issues regarding the standard / quality of care provided and / or cease to trade.</p> | Moderate 3 | Likely 4 | Medium/High 12 | The Care Act is part of the A&C Transformation Programme. Consultation with providers regarding the potential implications of the Care Act will be monitored / evaluated. The financial modelling will provide indicative costs. | Treat | Quarterly | Moderate 3 | Likely 4 | Medium/High 12 |
| <p>AS0091 – Reputational Changes to the Mental Capacity Act arising from a recent Court ruling has led to an increase in the number of DoLS (Deprivation of Liberty Safeguards) assessments required to be undertaken by LAs.</p> <p>Cause/consequence: Inability to meet statutory time frame as required under the Mental Capacity Act. Unauthorised deprivation of liberty for LBB placed clients. Financial - Increased pressure on service budgets. Financial - Increased risk of claims against the LA (est. £1m).</p> | Moderate 3 | Almost Certain 5 | High 15 | <ul style="list-style-type: none"> • Daily and weekly performance monitoring. • Review of business process to ensure it is efficient but meets all the requirements identified within the Mental Capacity Act. • Identifying resources to provide a sufficient service. In addition increased resources to key areas to minimise the risk further. | Treat | Quarterly | Minor 2 | Almost Certain 5 | Medium/High 10 |

| Risk | Current Assessment Impact Probability Rating | | | Control Actions | Risk Status | Board Assurance (timing) | Target Assessment Impact Probability Rating | | |
|---|---|---------------|-------------------|--|-------------|-----------------------------|--|---------------|-----------------|
| | Major 4 | Possible 3 | Medium/High 12 | | | | Minor 2 | Unlikely 2 | Medium/Low 4 |
| <p>AS0094 – Staffing and Culture Quality of service provision cannot be guaranteed, agency usage has gone down but the delivery unit is operating significantly under establishment.</p> <p>Cause/consequence: Previous recruitment to front line social work and occupational therapy posts has not succeeded to the level desired and this means with the additional requirement to provide client and carer assessments with the introduction of the Care Act then the situation is likely to increase the service's risk.</p> | | | | Supervision and quality monitoring of agency workers. Prioritisation of assessment and review work. | Treat | Quarterly | | | |

6. Equalities

| Equalities description | Comments and Proposed Intervention |
|------------------------|---|
| Service developments | <p>Full EIAs are being completed for any savings proposals coming forward in the financial year 2015-16 and appropriate mitigation measures identified.</p> <p>Proposals for service changes – such as those to the home meals service – which have been put forward in the current year have also involved reviews of users to identify and mitigate any equality impacts and support the development of robust equality impact assessments.</p> |
| Representation | Review of the DU's Partnership Boards has involved work with the Corporate Equalities Officer to ensure needs of all groups have been taken into account. |
| Events | The DU has facilitated popular events aimed at particular equality groups such as the Silver Sunday week of activities aimed at supporting older people. |

7. Customer Experience

| Customer Experience description | Comments and Proposed Intervention |
|---------------------------------|---|
| Front Door | Reported customer experience of the telephone Front Door is positive – 98% of GovMetric feedback was positive. Positive feedback on the Adults web pages is lower (43%, a 16% fall on mid-Q1) and webform customer satisfaction has also fallen, from 59% 'Good' at end Q1 to 54% 'Good' at the Q2 midpoint. |
| Complaints | 11 'straightforward' (non-complex) complaints were received in Q2 and 73% of these were responded to within the statutory deadline. Some delays in response resulted from delays in receiving information from third parties. Complaints statistics are tracked monthly and lessons learned reported at the monthly Leadership Team meeting. |
| Compliments | The DU is currently piloting a service user feedback project to explore how this could motivate staff and support increased productivity. Feedback on the positive impact of an intervention is reported back to the caseworker each week. Compliments received through other routes are also shared more widely via the DU intranet pages. |
| FOIs/SARs | <p>100% of FOIs have been responded to within the statutory timeframe. The level of FOIs continues to increase and is higher than the number received over the same period last year. The DU is publishing, via the Council's Transparency Portal, a number of datasets which cover commonly received FOI queries to explore whether this diverts demand for information.</p> <p>4 SARs were closed in Q2. One exceeded the statutory timeframe due to safeguarding concerns.</p> |
| Member Enquiries | 100% of Member Enquiries were responded to within the SLA timeframe. |

Appendix A

Performance indicators which have met or exceeded their target.

| Ref | Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i> | Type of indicator | Period Covered <i>Timeframe data has been measured</i> | Previous Result <i>Previous result from the most relevant period</i> | Target <i>Achievement level expected</i> | Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i> | Result <i>Most recent result of the indicator measurement</i> | Target Variance <i>A calculation of how far the outturn is from the target</i> | Direction of Travel <i>An assessment of whether performance has improved since the previous results</i> |
|--------|--|-------------------|---|---|---|--|--|---|--|
| AC/S6 | Percentage of adults with mental health needs who live in stable accommodation | Strategic | As at 30 Sept 2015 | 80.4% | 75.0% | 629/773 | 81.4% | 8.5% | Improving |
| AC/S9 | Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ | Strategic | Apr-Sept 2015 | 91.13 | 200 | 80/51576 | 155.11 | 22.4% | Worsening |
| AC/S17 | Number of new telecare packages installed | Strategic | Apr-Aug 2015 | 119 | 324 | N/A | 471 | 45.4% | Improving |
| AC/S19 | Proportion of people who leave enablement with no care package | Strategic | Apr-Sept 2015 | 70.0% | 63.0% | 422/592 | 71.3% | 13.1% | Improving |
| AC/S23 | Number of people meeting their outcomes at support plan review | Strategic | Apr-Sept 2015 | 98.6% | 90.0% | 117/128 | 91.4% | 1.6% | Worsening |
| AC/S25 | Percentage of social care Direct customers who are satisfied or very satisfied with the Service they have received post resolution | Strategic | Sept 2015 | 99.0% | 85.0% | N/A | 95.0% | 11.8% | Worsening |
| AC/C1 | Total non-elective admission in to hospital (general & acute) all-age, | Critical | | 1539.0 | 3666.00 | N/A | 2346.34 | 36.0% | Worsening |

| Ref | Indicator description <i>Measure of how successful the Council is towards meeting the strategic objectives as set out in the Corporate Plan</i> | Type of indicator | Period Covered <i>Timeframe data has been measured</i> | Previous Result <i>Previous result from the most relevant period</i> | Target <i>Achievement level expected</i> | Numerator and Denominator <i>Relevant number that achieved the level required by the indicator out of total for indicator</i> | Result <i>Most recent result of the indicator measurement</i> | Target Variance <i>A calculation of how far the outturn is from the target</i> | Direction of Travel <i>An assessment of whether performance has improved since the previous results</i> |
|------------|---|--------------------------|--|--|--|---|---|--|---|
| | per 100,000 population | | | | | | | | |
| AC/C2 | Proportion of people using social care who receive self-directed support | Critical | As at 30 Sept 2015 | 99.4% | 99.5% | 2670/2675 | 99.8% | 0.3% | Improving |
| AC/C14 | Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 | Critical | Apr-Sept 2015 | 0.9 | 6.7 | N/A | 3.4 | 49.3% | Worsening |