

# Adult & Communities – Q1 2014/15

## 1.1 DELIVERY UNIT DASHBOARD

Revenue budget projected year end variance £000	Capital actual variance £000	Corporate Plan Performance	Management Agreement Performance
723	(300)	2	3.5

## 1.2 TOP ACHIEVEMENTS AND ACTIONS

### Top 3 Achievements

Work took place to implement the 7 day social work service at the Royal Free Hospital building on the earlier successful launch and implementation of this at Barnet General Hospital.

Annual Summit took place in June for Partnership Boards and Health and Wellbeing Board members to meet and review achievements over the past year, and priorities ahead. This was well attended and included a workshop highlighting social isolation and loneliness. This key challenge will be reviewed across Partnership Boards in their work plans.

We have successfully submitted the Better Care Fund plan on behalf of Barnet Council and Barnet CCG on time and fully completed and successfully passed the regional assurance process. We are now waiting from NHS England next steps for completion.

Key Challenges	Actions required
Improving Access to leisure and healthy lifestyles	<ul style="list-style-type: none"> <li>Improving satisfaction with Greenwich Leisure Ltd contract</li> <li>Extension of leisure pass schemes to carers and wider range of service users. However we note that there are increases in the Inclusive membership (targeting disabled people).</li> </ul>
To improve the customer journey for direct payments and increase take up.	<ul style="list-style-type: none"> <li>To complete a review of the process, identify gaps and propose an improved delivery model</li> <li>To consider alternative methods of paying and monitoring direct payments which result in improved service users experience</li> <li>Consider communication and promotion of direct payment to service users, demonstrating the benefits and choices.</li> </ul>

### 1.3 SUMMARY OF THE DELIVERY UNIT'S PERFORMANCE

There have been a lot of changes and activity in this first quarter, building on our achievements and challenges from last year. We have a new Improvement Programme bringing together our key change projects, and our Business Plan 2014-15 for staff outlines our key priorities ahead. We are taking steps to enhance our performance frameworks across the Delivery Unit across all areas including monitoring and tracking our budgets and savings, contracts and social care activity, and performance continues to improve across the majority of areas within A&C.

Our enablement model is continuing to over achieve against target by showing the number of people not requiring on-going homecare support after they have received this service, 24+% above target. We are working with health about how this service can be targeted in the future.

We are now working with the new definitions of Self Directed Support and we have good performance with an outturn presenting at 99.4%, against a target of 75% .

We are working to further develop targeted improvements for services to carers, to ensure they have better information and advice about what services are available to support them in their roles.

Direct Payments uptake remains slower than we would like, and a project to examine root causes has determined some immediate potential to address reducing complexity and bureaucracy in the delivery and monitoring of Direct Payments, which may reduce barriers to uptake. Work has also commenced to further explore how we can expand the appeal and accessibility of Direct Payments, particularly for Older People. Overall performance masks some high levels of usage in some teams, with some teams reporting lower levels of uptake.

2014/15 savings plans have been identified to meet our medium term financial reduction targets and both agreed plans and systematic monitoring is in place to ensure services remain on track. This includes a new system-wide Benefits Card, a monitoring form which ensures all saving plans are robustly reviewed, monitored and escalated swiftly where saving are not being realised. We have processes in place for escalation. Over 50% of savings for this year are planned to come from a review of care packages and these therefore are challenging savings to deliver.

We have submitted our Better Care Fund proposals to NHS England in Q4 2013-14 working closely with the CCG and other health partners, with a plan in place to implement our integrated service model.

## 2. DELIVERING THE CORPORATE PLAN

### 2.1 How the Delivery Unit 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	Increase the percentage of eligible adult social care customers receiving self-directed support**	June 2014	N/A	75%**	$\frac{2,683}{2,698}$	99.4%	32.6%	▲ 56.1%	73.7% LAPS Q4 2013/14 group average.
1002	Increase the percentage (and number) of eligible adult social care customers receiving direct payments to 30%	Apr 14 - Jun 14	30.1%	35%	$\frac{1,110}{3,427}$	32.4%	7.5%	▲ 7.6%	London average (Mar 13 to Feb 14): 16.261
1003	Increase the number of carers who receive support services	Apr 14 - Jun 14	31%	30%	$\frac{1,128}{3,719}$	30.3%	1.1%	▼ 2.2%	No benchmarking available - local Indicator
1004	Reduce the number of younger adults in residential and nursing care	01 June 2014	315	300	N/A	303	1%	▲ 3.8%	London average Apr 2013 - Mar 2014 is 22%
1005	Increase the % of older people (65 and over) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services	Not due to be reported this quarter							
1006	Increase the overall satisfaction of people who use adult social care services with care and support								
1007	Increase % of adult social care service users who say their services have made them feel safe and secure								

CPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
1008	Increase in community confidence in police and the local authority dealing with crime and anti-social behaviour	Spring 2014	67%	78%	N/A	68%	12.8%	▲ 1.5%	No benchmarking available - local Indicator
1009	Reduce adult reoffending for those under probation supervision per 1000 caseload	Not due to be reported this quarter							
1010	Reduce level of domestic burglary to 24.8 per 1,000 households	Jun 13 - May 14	20.27	22.00	N/A	19.81	10%	▲ 2.3%	London average (Mar 13 to Feb 14): 16.261

\*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.

\*\*Note amendments to the definition have been implemented for Q1, see below.

We have done a comprehensive review of all those who did not get Self Directed Support as defined by the old indicator and we reviewed with other Local Authorities how they addressed and reported this Indicator.

Key highlights of this were that we had more successful enablement plus several hundred service users accessing The Network (mental health enablement service) and most of other boroughs do not have this. Barnet counts self-directed support equipment according to the indicator definition whereas other boroughs were excluding such instances from their reporting. The new Indicator gives a fairer reflection of our performance.

## 2.2 Interventions & Escalations

CPI NO and title	Comments and Proposed Intervention
1002 Increase the percentage (and number) of eligible adult social care customers receiving direct payments to 30%	<u>Level 1 intervention</u> Progress against this indicator has been adequate to date. Senior Management Team continues to regularly monitor progress and the improvement project for Direct Payments is developing an approach to supporting reduced complexity and bureaucracy to make the Direct Payments offer more attractive to clients. A PID to develop the Direct Payments uptake project is awaiting confirmation.

<p>1004 Reduce the number of younger adults in residential and nursing care</p>	<p><u>Level 1 intervention</u> Placements are lower than the 307 reported last quarter. The green amber traffic light is due to 3 placements over a challenging target. The target for this indicator of 300 is for the full year. Further to the commentary provided for last quarter (shown below), admissions between April to June 14 were all in mental health. We have witnessed an increase in mental health admissions which may be one contributory factor in the increase in younger adult’s placements. There has been a National increase in the number of people being detained under the Mental Health Act. This increase is being mirrored locally. There is a significant pressure on local NHS Mental Health beds and the throughput is reflected in an increased number of people whose needs require a greater level of support than can be offered in existing community based services. This has resulted in an increase in the number of people being placed in residential care. Plans are in place to develop a more structured approach to providing community based options to enable people’s needs to be met in the least restrictive setting and based on the key principles of recovery as set out in the National Strategy “No Health without Mental Health</p>
<p>1008 Increase in community confidence in police and the local authority dealing with crime and anti-social behaviour</p>	<p><u>Level 1 intervention</u> Actual crime figures suggest that there is a continuing decline in the level of crime and anti-social behaviour. Public perceptions are influenced by local and national media coverage and it is intended to respond to a relatively small increase in confidence levels through communications and campaigns aimed at improving awareness of actual figures in Barnet and the profile of Barnet as a safe place to live. The Resident Perception Survey reports 59% of residents had a good to excellent opinion of ‘policing’, 2% up from autumn 2013 and 6% above the London average.</p>

### 3. BUSINESS PLANNING

#### 3.1 Overview of performance against Management Agreement

Total No. of KPIs	RAG ratings				Positive/neutral DoT	Negative DoT	No. of indicators expected to report this quarter
	Green	Green Amber	Red Amber	Red			
14	4	0	0	2	3	3	6

### 3.2.1 How is the Delivery Unit achieving against Commissioning Priorities

Commissioning Priority	Subjective RAG	Commentary
Implementation of the Care Act	Green	Care Act Project underway with all work streams reporting to the Project Board chaired by the Director. Project Board meeting of 8 July reviewed membership and governance of the Board, and work stream resources are mainly in place. Weekly highlight reports are in place for all work streams, and tracking/monitoring arrangements now in place.
Delivery of health and social care integration including through the Better Care Fund	Amber	<p>Better Care Fund progress is green.</p> <p>The amber rating relates to the production of detailed specifications for the business case due to go to committee in October 2014 and the level of agreed confidence between Strategic Commissioning Board and Adults and Communities.</p> <p>The following mitigations are in place:</p> <ul style="list-style-type: none"> <li>a) Agreement to use a common template for the 5-tier model service specifications (Capita to supply), focussing on completing the specifications for Tiers 3 and 4 initially.</li> <li>b) Tier Leads to also scope out data requirements (ideal and currently available) that will be used to exemplify the business case.</li> <li>c) Meeting arranged for Tier Leads on Thursday 24/7 to review draft specification (as per a and b).</li> <li>d) Tiers 1, 2, 5 specifications (as per a and b) subsequently, date TBC.</li> <li>e) Draft business case for completion by end August.</li> <li>f) Draft report to Adults &amp; Safeguarding Committee by end September.</li> </ul>
Ensuring the sufficiency and quality of the social care delivery workforce	Amber	The new project for this area will be mobilised in quarter 3 2014/15.

Commissioning Priority	Subjective RAG	Commentary
Delivery of the new vision for adult social care (including changes to the model for OP,LD,MH and carers)	<b>Amber</b>	Our 0-26 year old series is being led by James Mass (Lead Commissioners for Family & Community Well-being). It is intended that a Mental Health project will be modelled upon receipt of final report from Ernst and Young.
Ensure that there is clarity of responsibilities across the Safer Communities Partnership and Safeguarding Boards for a co-ordinated approach to address violence against women and girls.	<b>Green</b>	A series of planning meetings have taken place between children's services, Domestic Violence Team, Community Safety and adult social care to agree priorities and safeguarding initiatives. A detailed plan is being presented to the next Children and Adults Safeguarding Board.

### 3.2.2 Commissioning Priority Indicators (CPs): Escalated CPs only

CP NO and title	Comments
1103 Effectiveness of Telecare	Telecare is a means by which people can be supported to live in their own homes using assistive technology.

### 3.2.3 Commissioning Priority Escalations and Interventions

CP NO and title	Comments and Proposed Intervention
1103 Effectiveness of Telecare	<p><u>Level 1 Intervention</u></p> <p>Telecare is now considered routinely as part of panel assessments. All instances where Telecare is recommended in place of other packages of care are recorded on notes from panel. Until the launch of the mandatory recording of Telecare assessments, records have been variable in their level of completion.</p> <p>Overall number of recommendations are low at panel stage, largely because such options are considered at all points prior to referral to panel, and this is consistent with good professional practice.</p>

CP NO and title	Comments and Proposed Intervention
	Data is extremely difficult to analyse due to the manual nature of recording. An analysis of a sample of paper suggests that recommendations of Telecare without any other package from panel is under 5% of total panel awards. The new form, including the mandatory recording of Telecare, has been piloted and is intending for rollout across all areas before the end of July 2014.

### 3.3 How is the Delivery Unit achieving against its Key Performance Indicators (KPIs): Escalated KPIs only

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
TC015	Reduction in violence against the person crimes per 1000 population	Jun 13 - May 14	10.17	8.92	N/A	10.86	21.8%	▼ 6.8%	London average Jun13 - May14: 15.971 (Barnet 5th lowest rate of violence out of 32 boroughs)
AC005	Improve customer satisfaction levels (leisure facilities)	Apr 14 - May 14	95.9%	95%	$\frac{91}{103}$	88.3%	7%	▼ 7.9%	No benchmarking available - local Indicator

### 3.4 Interventions & Escalations

KPI NO and title	Comments and Proposed Intervention
TC015 Reduction in violence against the person crimes per 1000 population	<u>Level 1 Intervention</u> The increase in Violence against the person is due to an increase in reported Domestic Violence offences. Barnet's rate of violence is below the London average (2nd lowest in London). The reporting aspect of this indicator is viewed in a positive light as this shows individuals feel safe to report these types of crimes to the Police and other support services.



AC005  
Improve customer satisfaction  
levels (leisure facilities)

Level 1 Intervention

The performance measures for leisure have been reviewed in the light of a new Contract Management and Performance Monitoring framework now in place. Monthly reports from Greenwich Leisure Ltd include information about number of attendances and memberships and a breakdown by age, gender and disability of those people using leisure centres. It is proposed that this data is reported and shared as a more accurate reflection of how we improve peoples' wellbeing. We also propose that the annual survey which is conducted through their leisure centres will be used. The survey results will be due at the end of the year. Through monthly contract meetings with Greenwich Leisure Ltd, complaints are reviewed.

## 4. RESOURCES AND VALUE FOR MONEY

### 4.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q1 Forecast	Variation		
	£000	£000	£000	£000		
Births Deaths & Marriages	(161)	(161)	(161)	0		0.0%
Community Well-Being Trans & Res Team	458	(289)	(287)	2		-0.7%
Community Safety	1,265	1,965	1,965	(0)		0.0%
Prevention & Well Being	7,086	6,597	6,589	(8)		-0.1%
Social Care Commissioning	1,629	934	934	0		0.0%
Social Care Management (Adults)	1,396	(204)	(204)	0		0.0%
Care Quality	1,188	1,173	1,173	(0)		0.0%
Integrated care - Learning Disabilities & Mental Health	39,099	40,827	40,994	167	The overspend is due to an increase in activity in the Deprivation of Liberty Safeguards (DOLS) service as a result of recent Supreme Court judgements. There is a risk that the year to date activity may continue thought the year.	0.4%
Care Services - Older Adults - Physical Disabilities	37,525	38,568	39,144	576	The overspend is due to clients who were self-funders whose funds have depleted and are now the responsibility of the LA. There are also additional Ordinary Residence cases and an increase in demand specifically around EMI clients.	1.5%
Dir Adult Soc Serv & Health	185	185	171	(14)		-7.5%
<b>Total</b>	<b>89,669</b>	<b>89,594</b>	<b>90,318</b>	<b>723</b>		<b>0.8%</b>

## 4.2 Capital

	2014/15 Latest Approved Budget	Additions/ (Deletions) - Quarter 1	(Slippage) / Accelerated Spend - Quarter 1	2014/15 Budget (including Quarter 1)	Forecast to year-end	Variance from Approved Budget	% slippage of 2014/15 Approved Budget
	£000	£000	£000	£000	£000	£000	%
Adults and Communities	3,060	36	(300)	2,796	2,796	(264)	-9.8%
<b>Adults and Communities</b>	<b>3,060</b>	<b>36</b>	<b>(300)</b>	<b>2,796</b>	<b>2,796</b>	<b>(264)</b>	<b>-9.8%</b>

## 5. OVERVIEW OF DELIVERY UNIT

### 5.1 Managing the business

During quarter 1 there were no issues to escalate.

### 5.2 Change Programme

Project	Outturn	Direction of Travel	Commentary
Transformational Change Programme	Amber	n/a	Adults & Communities Transformation Programme continues to move forward (Care Act, HSCI) but has challenges with third party engagement and delivery. The programme has a clear plan outlining key milestones and decision points and it's meetings are well attended by colleagues from Commissioning Group, Customer Support Group as well as Delivery Unit members. The risks to the business have been reviewed as information regarding the scale of change is identified.

### 5.3. 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:

Probability	SCORE	Impact				
		1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic
5	Almost Certain	0	0	0	2	0
4	Likely	0	0	2	1	0
3	Possible	0	3	8	2	1
2	Unlikely	1	1	1	4	0
1	Rare	0	0	0	0	0

#### Risk Commentary for Delivery Unit:

Risks have been reviewed on a regular basis. In addition to the initial risks identified; which revolve around how we continue to provide sustainable services in a period of austerity, the Delivery Unit has identified further risks which relate to the legal requirements imposed by the Care Act. In summary these increase cost pressures, increase the draw on staff resources. The mitigation of these risks are managed within the Adults & Community Delivery Unit Transformation Programme to provide new ways of working and delivering services to bridge the gap between service demand and resources.

The following 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 management – the risk of inappropriate control of finances leading to overspends and erosion of the Council's minimum reserve position.	Major 4	Possible 3	Medium High 12	SMT monitoring Budget challenge (divisional monthly budget meetings, regular budget holder meetings and AD oversight and scrutiny) All savings targets have a saving owner, progress reported through Leadership team Regular meeting of Financial Sustainability Project Board SAP/Integra controls and complementary staff training	Treat	Quarterly	Moderate 3	Unlikely 2	Medium Low 6

Risk	Current Assessment			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
AS0074 MTFS Targets/Budget Pressures - LBB is required to pay Greenwich Leisure Ltd a contract management fee for the operation of the leisure facilities. The management fee is subject to annual inflation but the budgets are not.	Major 4	Likely 4	High 16	Budgets are monitored and controlled closely to reduce pressures where possible. Inflation bids are submitted to Finance annually to combat pressures	Tolerate	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0044 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	Delivery Unit Governance Group addressing key issues as it progresses with its work programme. Statutory Officers Group (Governance responsibilities)	Treat	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0055 Business continuity – risk that care services do not continue as normal / required minimal acceptable levels, in the event of an incident or a disaster.	Catastrophic 5	Possible 3	High 15	Business continuity plans have been produced. An exercise to identify the Directorate’s critical tasks has been completed. Disaster Recovery (DR) SAP (finance and procurement) DR arrangements in place Website DR arrangements in place Back ups are undertaken.	Transfer	Quarterly	Moderate 3	Unlikely 2	Medium Low 6
AS0087 The Care Act Universal Deferred Payment (UDP) Scheme could have significant impact on the Council's cash flow with increased expenditure and reduced income collection from 2015/16 until 2018/19. While under the Act the care costs can be re-couped the risk remains that this will not be possible (i.e. dependants remain within the property).	Major 4	Almost Certain 5	High 20	The Care Act is part of A&C DU Transformation Programme. Corporate Insight Reports and financial modelling has taken place to predict demand; these reports will be reviewed on a regular basis. The UDP Policy is being revised and will be placed before the Adults and Safeguarding Committee in Dec. 2014.	Treat	Quarterly	Negligible 1	Almost Certain 5	Medium Low 5

Risk	Current Assessment			Control Actions	Risk Status	Board Assurance (timing)	Target Assessment		
	Impact	Probability	Rating				Impact	Probability	Rating
<p>AS0088</p> <p>The Care Act increases the number of clients and carers who are entitled to either be assessed and / or receive a care package. This may increase the demand pressure on budgets; both to administer and provide care.</p>	Major 4	Almost Certain 5	High 20	<p>The Care Act is part of the A&amp;C DU Transformation Programme. Corporate Insight reports and financial modelling have identified demand and financial pressures relating to care, but further reports will include the potential administration cost pressure. The modelling will be revised on a regular basis. Working with CSG to improve the A&amp;C Front door to ensure the first response is to divert and ensure universal services are offered. The Programme is focusing on Information and Advice Services, Prevention Services, increasing the Community Offer and working with the IS investment to provide self - assessment capability.</p>	Treat	Quarterly	Moderate 3	Almost Certain 5	High 15
<p>AS0089</p> <p>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. It could increase the administration and use of A&amp;C DU staff resources; plus increase the cost of care.</p>	Moderate 3	Likely 4	Medium High 12	<p>The Care Act is part of the A&amp;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. Potential number of clients impacted and costs to be modelled.</p>	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
AS0090 – 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.	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

## 5.4. Equalities

Equalities description	Comments and Proposed Intervention
Equalities Action Plan	<p>The Equalities Action Plan is currently subject to revision. The revised plan, which will be monitored by the Equalities Network Meeting, will ensure that the equalities indicator and data on protected characteristics are regularly reviewed and that actions to reduce any identified inequality issues are addressed. The revised plan will also include the full range of actions necessary to comply with our statutory duties under the Equalities Act 2010 and the commitments of the Council's Strategic Equalities Objective.</p> <p>Further discussion with the corporate performance team and the equalities lead it has been confirmed that this is a local measure which is continuing to be monitored through the equalities network meeting.</p>

## 5.5. Customer Experience

Customer Experience description	Comments and Proposed Intervention
End of Year Report	The Quarter 1 customer report was scheduled for discussion on 14th of this month however anomalies have been discovered within the report therefore the report have been withdrawn.



## Appendix

### Commissioning Priorities

CP NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
1106	Exit enablement without any home care services	Apr 14 - Jun 14	66%	52%	$\frac{495}{762}$	65%	24.9%	▼ 1%	No benchmarking available - local Indicator
1110	Reduction in per cent of repeat incidents of DV	Apr 14 - Jun 14	8.9%	To be confirmed	$\frac{11}{97}$	11.3%	N/A	▼ 27.4%	No benchmarking available - local Indicator
1111	DV sanction detection rates	Jul 13 - Jun 14	55%	To be confirmed	N/A	53%	N/A	▼ 3.6%	IPF Barnet Comparator group = 32% (2013/14)

### Management Agreement KPIs

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
CP012	Community based packages have support plans that are fully person-centred and reviews indicate that outcomes are achieved	Apr 14 - Jun 14	86%	90%	$\frac{122}{130}$	93.8%	4.3%	▲ 9.1%	No benchmarking available - local Indicator
RN023	Increase percentage of satisfied customers with registrars and nationality service	Jan 14 - April 14	98%	95%	$\frac{297}{300}$	99%	4.2%	▲ 1%	No benchmarking available - local Indicator
RN024	Nationality ceremony to be offered within 90 days of receipt of letter from Home Office	Apr 14 - Jun 14	100%	100%	$\frac{522}{522}$	100%	0%	↔ 0%	No benchmarking available.

KPI NO	Indicator description	Period Covered	Previous outturn	Target	Numerator and Denominator	Outturn	Target Variance	DoT Variance	Benchmarking
AC004	Reduction in percentage of people reporting the extent to which they are very/fairly worried about ASB in their area	Apr 13 - Mar 14	26%	26%	N/A	26%	0%	↔ 0%	London average Apr 2013 - Mar 2014 is 22%