

Adult & Communities – Q2 2016/17

1. SUMMARY

1.1 SERVICE DASHBOARD

Finance	Revenue Budget Variance		Capital Actual Variance			
		4,767		5,754		

Performance	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
		63% (15)	17% (4)	8% (2)	13% (3)	58% (11)

Key Actions	Green	Green Amber	Red Amber	Red	Improved/Same	Worsened
		56% (9)	38% (6)	6% (1)	0% (0)	

Risks	Low	Medium Low	Medium High	High	Reduced/Same	Increased
		0% (0)	21% (3)	36% (5)	43% (6)	

1.2 TOP ACHIEVEMENTS AND ACTIONS

Key Successes

Strengths-based working - a training programme and delivery approach which aims to improve quality of practice, promote resilience for service users and reduce the reliance on funded packages of care, core to the new operating model for adult social care – has been rolled out across the operational teams following a successful pilot in Q1. The programme has been shortlisted for the Creative and Innovative Social Work Practice award at the Social Worker of the Year awards.

Other enablers for Adults & Communities' new operating model have been successfully delivered. Mobile working technology is now in use across the Delivery Unit and the second wave of assessment hubs have been rolled out across the borough, enabling operational teams to make stronger links with local communities and service users to have better access to community resources.

The rate of admissions to residential care remains low for both older and working age adults despite system-wide challenges, and the proportion of people with learning disabilities and mental health needs living in stable accommodation is also consistently performing more effectively than target.

Key Challenges	Actions Required
<p>Resolving the current issues with enablement provision. These issues are exacerbating current shortages in capacity elsewhere in the provider market in key areas such as homecare and residential care.</p>	<p>Delivery of action plan to resolve enablement provider issues</p> <p>Creative short-term resourcing to meet immediate needs</p> <p>Bringing remaining new homecare providers online as quickly and smoothly as possible</p> <p>Longer-term market stimulation to increase flexible capacity in key areas</p>
<p>Controlling the Delivery Unit's financial position in the face of ongoing pressures in relation to market capacity and demand on both social care and partner organisations such as the NHS.</p>	<p>Strengths-based improvements to assessment, review and support planning approach are exploring different approaches to supporting people, including community resources and non-funded care</p>

Key Challenges	Actions Required
Mitigating the knock-on effects of pressures on the NHS – hospital discharges are being exacerbated by shortages in provider capacity and the volumes are becoming resource-intensive simply to manage.	Development of better management information to refine our understanding of the root causes of high spend Introducing more intensive management of discharge logistics – rationalising discharge lists and establishing quicker escalation routes to reduce delays

1.3 OVERVIEW – FINANCE, PERFORMANCE AND RISK

Adults & Communities has continued to experience financial challenges in Q2, with a forecast overspend of £4.767m at the end of the quarter, £4.725m of which is on care placements (including pressures). This is driven by a number of factors: the full year commitment for 2015/16's new service users who are still in receipt of services (a pressure of £4.8m); new service users in 2016/17 (880 new service users with a total annual commitment of £3.54m); a net increase of £0.392m in supported living placements for people with learning disabilities, and a net increase of £0.51m in the cost of specialist nursing care for people with dementia.

Performance in Q2 has largely exceeded target despite these difficult circumstances with 62% of indicators rated green and 80% either green or green/amber. For many indicators where stretch targets have been set – for example, the percentage of mental health service users in stable accommodation or the percentage of service users receiving telecare – the Delivery Unit has, as in Q1, made progress which puts it on track to achieve the target at year end. Only three indicators are red (two measures of delayed transfers of care, and the proportion of people who remain at home 91 days after hospital discharge).

The Delivery Unit has continued successful implementation of the new operating model for social care. These include the rollout of Barnet's strengths-based working approach, which aims to improve quality of practice, promote resilience for service users and reduce the reliance on funded packages of care, as well as major enablers such as mobile technology and the second phase of assessment hubs.

The Delivery Unit is developing measures to track the impact of these measures on outcomes for service users and on the quality and productivity of work carried out by the operational teams. In the meantime the operational resources required to deliver the programme mean that productivity has fallen slightly short of the quarterly targets and is Green/Amber against the profiled targets for the quarter for both reviews and carers' assessments. The DU continues to access additional capacity from an external reviewing agency and this is keeping the measure close to target. The DU is in the process of identifying its priority cohorts for

review during the remainder of the financial year, taking a risk based approach. This involves identifying service users due a review and who have not yet been reviewed this year and ensuring that any potentially high risk clients are prioritised for review in Q3 and Q4.

Delayed transfers of care (DTOCs) have not achieved the target for both NHS and Social Care delays in Q2. Pressures on the health and social care system – particularly the numbers of A&E attendances and emergency admissions – have been particularly high during this period and this can lead to delayed discharges from hospital. The primary cause of social care delays is a shortage of capacity in both the homecare and residential care markets. Barnet does not cause delays through being slow to assess clients and the Borough performs favourably against its comparators in relation to delays to assessments. Barnet has also now received benchmarked data against this indicator for the 2015/16 financial year and while the internal target for 2015/16 was not met, Barnet's performance – 3.3 delays per 100,000 people in 2015/16 – outperformed the comparator group average of 3.6 delays per 100,000 people in 2015/16,

In Q2, we are reporting on a number of indicators which actually measure performance in the previous financial year (2015/16) but do not become available until Q2 of the current year. These are measures from the Adult Social Care Outcomes Framework (ASCOF) which allow us to benchmark our performance against other local authorities. The measures reported here from the Adult Social Care User Survey (which measures service users' qualitative satisfaction and experience of services) all reflect performance in 2015/16. All these achieved their targets, suggesting that the Delivery Unit maintained the quality of service user experience despite the level of change and challenge the service experienced last year.

Indicator AC/S11, which measures the proportion of people who have received enablement and who are still living at home 91 days after discharge from hospital, also refers to performance in 2015/16. This indicator has underachieved against the target at 69.3% against the 81.5% target. Social care does not have complete control over performance against this measure, as the indicator includes some people who are referred in from the NHS and receive health-related enablement services only, meaning that the local authority has limited or no control over outcomes for them. The indicator is collected via a survey which means it is also likely to be undercounting successful outcomes to some extent. Improvements to enablement provision in the Borough are ongoing and are being considered as part of the resolution of other issues with the main Barnet provider.

The performance of other preventative services has remained strong; the number of telecare installations is high (539 at the end of Q2 against a target of 400) and the percentage of people who receive ongoing services who also have telecare has exceeded both Q1 and Q2 targets (15% at the end of Q2). Work has been carried out to rationalise telecare processes and ensure recording is feeding through into reporting, while the Council has commenced procurement for a new telecare service.

There has been a slight increase in the proportion of people with learning disabilities in employment though this indicator has not achieved the target for the quarter; the commissioned supported employment programme is working to mitigate this through work

with employers including the Council itself. The proportion of people with mental health needs in employment had been much stronger than target in July and August but numbers fell dramatically in September, from 6.7% in August to 5.8% in September. This is linked to a period of continuous review of Care Programme Approach (CPA) clients which has resulted in services ending for some people with less complex needs– the remaining cohort, having more complex needs, is less likely to be in employment. This indicator is also one over which social care has limited control as it includes a cohort of people with health-related needs with whom social care has no direct contact.

The rate of new residential admissions for older adults and the rate of new residential admissions for working age adults both show strong performance against their respective targets. For older adults the actual number of new admissions has decreased as well as the rate and is almost 18% down on the same period last year (92 older adults had entered residential care as at the end of Q2; 112 had entered residential care in the first two quarters of 2015/16). The accommodation measures for learning disabilities and mental health are performing better than the Q2 targets at 65.9% (against a 63% target) and 83.2% (against an 82% target) respectively. Stable accommodation placements do not always translate into a reduction in financial pressure – as set out above, costs associated with new LD clients in supported living are a significant driver of new spend for adults this year.

The Delivery Unit has begun a regular programme of customer feedback calls to service users. Between 7 July and 30 September 88 calls were made, capturing both qualitative and quantitative data. 78% of respondents reported overall satisfaction with services and 60% reported that they were very satisfied; the feedback has also identified a number of process improvements which will be implemented in the coming months as part of the Delivery Unit's continuous improvement plan.

2. Financial

2.1 Revenue

Description	Variations				Comments	% Variation of revised budget
	Original Budget	Budget V1	Q2 Forecast	Variation		
	£000	£000	£000	£000		
Performance & Improvement	992	1,317	1,325	8		0.6%
Safeguarding	604	667	1,146	479	Deprivation of Liberty Safeguards (DOLS) service continues to have significant pressures in 2016/17, as a result of Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16.	71.8%
Care Quality	4,736	4,438	4,372	(66)	Contract underspends within Housing related support.	-1.5%
Community Well-being	733	535	293	(242)	The non-placements budget areas continue to be closely monitored and managed as savings reduced some of these areas significantly in 2016/17. These areas are projecting a slight underspend position which is offsetting placements pressures at this point.	-45.2%
Customer Care	334	254	259	5		2.0%
Customer Finance	719	845	861	16		1.9%
Dir Adult Soc Serv & Health	187	795	164	(631)	The non-placements budget areas continue to be closely monitored and managed as savings reduced some of these areas significantly in 2016/17. These areas are projecting a slight underspend position which is offsetting placements pressures at this point.	-79.4%
Integrated care - LD & MH	40,587	39,575	42,185	2,610	The care budgets within Adults have seen significant overspends since 2014/15 as a result of rising demand for services and increasing complexity in relation to those supported. The main pressure for learning disabilities also continues to be in relation to clients complex needs increasing and individuals transitioning from children's services into adult services.	6.6%
Integrated care - OP & DP	35,609	38,382	41,040	2,658	The care budgets within Adults have seen significant overspends since 2014/15 as a result of rising demand for services and increasing complexity in relation to those supported. In 2016/17, demand continues to grow for older adults placements with a particular growth in clients with dementia requiring complex packages of care.	6.9%
Prevention & Well Being	653	657	654	(3)		-0.5%
Social Care Management	412	1,442	1,375	(67)	Underspend on staffing offsetting other pressures.	-4.6%
Total	85,566	88,907	93,674	4,767		5.4%

2.2 Capital

	2016-17 Approved Budget	Additions/ Deletions Recommended	Slippage / Accelerated Spend Recommended	Proposed 2016/17 Budget	Spend to date	2016-17 Forecast to year-end	Variance from Approved Budget	% slippage of 2016/17
	£000	£000	£000	£000	£000	£000	£000	%
Adults and Communities	6,793	(7,170)	1,416	1,039	462	1,039	(5,754)	20.8%
Adults and Communities	6,793	(7,170)	1,416	1,039	462	1,039	(5,754)	20.8%

3. Key Actions and Performance Dashboards

3.1 How the Delivery Unit is performing against its Key Actions

RAG ratings					No. of Actions due this quarter
Green - Met	Green Amber - delayed, Low Impact	Red Amber - delayed, Medium Impact	Red - Risk of Not Delivering Or High Impact	Not Rated (Not due, N/A or TBC)	
56% (9)	38% (6)	6% (1)	0% (0)	2	16

Key

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

3.2 How the Delivery Unit is performing against its Performance Indicators

	RAG						Long Term 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 Direction of Travel	
CPI	7	2	1	0	10	0	6	1	3	10
Other Indicators	8	2	1	3	14	5	5	7	7	19
Total	63% (15)	17% (4)	8% (2)	13% (3)	100% (24)	17% (5)	58% (11)	42% (8)		29

Key

CPI	Corporate Plan Indicator
Other Indicators	Commissioning Plan Indicators, Management Agreement Indicators, Cross Cutting Indicators.

3.3 Performance: Key Actions and Indicators Reported this Quarter

The tables below provide an update on progress against delivering the Strategic and Commissioning priorities as set out in the revised Corporate Plan and Adults Commissioning Plan

Managing demand for services (Fairness)

PLANNING FOR LIFE - Working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.

This priority drives work to improve the range of accommodation options for vulnerable or potentially vulnerable people in the borough, and other initiatives to help people live and work independently in their homes. All indicators with a RAAG rating are green for this priority.

Commissioners continue to roll out work to improve the range of accommodation options in the Borough. Work continues to develop the Your Choice Barnet innovation offer. The Moreton Close project is on track to deliver further accessible accommodation in 2018. The Delivery Unit supports this through the Housing Oversight Panel which meets monthly and enables social care to identify people with immediate and potential future housing needs. These data inform commissioning decisions about future housing provision.

Creative assessment, review and support planning processes have allowed the Delivery Unit to avoid large increases in the residential and nursing caseload despite new admissions coming in – there are 271 residential and nursing care packages for over 65s at the end of Q2 compared to 268 at the end of Q1, and 330 residential and nursing packages for working age adults at the end of Q2 compared to 329 at the end of Q1. Alternative service models – the personal assistants (PAs) service and Shared Lives service – are both operational but there is further work to be done to boost referrals.

Commissioning Intention	RAG Status	Comments
Increase the supply and take-up of supported living and independent housing opportunities.	GREEN AMBER	YCB innovation offer developed further. Provider engagement (including market surveys) around Winterbourne cohort provision continues. Housing Oversight Panel now established and meets monthly Promotion of accessible housing scheme proceeding as planned.
Support more people to live in a home of their own with support.	GREEN	Pathway in place to boost DFG referrals high. More creative support planning means admissions to residential care remain low in Q2 for both working age and older adults.

Commissioning Intention	RAG Status	Comments
Commission high quality flexible specialist home support services including personal assistants (PAs) that enable people to remain independent.	GREEN AMBER	PA service is now operational and being promoted. Shared Lives service is running though referrals remain below target. Meetings with LB Harrow commissioners held to review takeup.

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking How performance compared to other councils
AC/S1 ASCOF3 A	Percentage of people who use adult social services satisfied with their care and support (includes Extremely Satisfied and Very Satisfied only)	Bigger is Better	61.0% (within CI)	61.0%	N/A	61.3%	N/A	N/A	N/A (Not comparable)	N/A	CIPFA comparator group average 60.5% ASCOF Comparators (2015/16)
AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	63.0%	63.0%	478/725	65.9%	64.2%	Improving	59.2%	Improving	68.8% (CIPFA) 70.1% (London) ASCOF Comparators (2015/16)
AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently,	Bigger is Better	83.2%	82%	549/660	83.2%	81.6%	Improving	81.4%	Improving	74.4% (CIPFA) 73.5% (London)

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking How performance compared to other councils
	with or without support										ASCOF Comparators (2015/16)
AC/S10 (ASCOF 1B)	Percentage of people who feel in control of their own lives	Bigger is Better	69.0% (within CI)	68.5%	N/A	69.4%	N/A	N/A	68.5%	Improving	CIPFA comparator group average 71.7% ASCOF Comparators (2015/16)
AC/S14	Percentage of people who use services who reported that they had as much social contact as they would like	Bigger is Better	32.5% (within CI)	32.5%	N/A	43.8%	N/A	N/A	32.5%	Improving	CIPFA comparator group average 42.2% (CIPFA) 41.1% (London) ASCOF comparators (2015/16)
AC/C8	Number of assessments completed	Monitor	Monitor	Monitor	N/A	987	426	N/A	1073	N/A	N/A
AC/S27	Percentage of customer contacts into	Monitor	Monitor	Monitor	N/A	50.0%	61.0%	N/A	43.0%	N/A	N/A

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking How performance compared to other councils
	Social Care Direct resolved at first point of contact										

EARLY INTERVENTION AND PREVENTION - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.

This priority covers employment, enablement and prevention, reducing social isolation, better information and advice, and the use of equipment and technology to promote independence. Of the five indicators with a RAAG rating, three are green, one green/amber and one red/amber.

The Delivery Unit has continued to implement its new operating model. This has involved continued rollout of the strengths-based working approach, which is now live across the operational teams with back office staff also receiving training. The success of this programme has been recognised through shortlisting for a major national award.

The second phase of social care assessment hubs are also live across the borough with an increased focus on join-up with preventative services. Procurement is underway for the new telecare service and improvement has been seen across the existing telecare performance indicators with both exceeding their interim targets.

Relationship-building has taken place with voluntary and community groups to develop a programme of social activities for the Borough's 'Silver Sunday' week.

Intensive work has been carried out with CSG to set out the vision and strategy to improve the online offer for adult social care. Adults and Communities are piloting the Customer Transformation Programme's approach to its online strategy and web refresh from early October onwards.

Commissioners have continued to develop the employment support offer in the Borough. The Council is supporting Your Choice Barnet to move an identified cohort at Barnet Independent Living Service and Community Space through its employment pathway. To develop the

market, a best-practice supported employment training course has been offered to local providers who identified that they are providing some level of employment support to their service users. There is a mixed picture in relation to the employment indicators, with slight improvement in the LD indicator from 9.3% at Q1 to 9.4% at Q2, but a substantial fall in performance for the mental health indicator from 7.2% to 5.8%.

Commissioning Intention	RAG Status	Comments
Develop the employment support offer for working aged adults with disabilities (including mental health and learning disabilities) and ensure there are sufficient employment opportunities available in the Borough.	GREEN AMBER	Project plan in place for LD and MH employment. Supported employment training delivered to providers LBB supporting Your Choice Barnet to progress identified individuals at BILS and Community Space through their employment pathway. MH employment workers being recruited to fill vacancies
Increase access to meaningful activities and reduce social isolation	GREEN	Silver Sunday programme planned for early October showing successful engagement with variety of organisations and providers over course of year. Ageing Well programme mapping local resources and activities.
Continue to improve the review and support planning process (including how equipment and technology can increase independence)	GREEN AMBER	New operating model continuing development following Committee decision on ADV business case. Strengths-based working now live across SW teams with back office being trained. Phase 2 of Delivery Unit Assessment Hubs now live across borough. New telecare model still in pilot stage; wider scheme is out to tender.
Stimulate the market to encourage providers to effectively focus on enablement and prevention	GREEN AMBER	Direct work with providers through contract management relationships continues, though this has not translated into a refreshed Market Position Statement in Q2. The Care Quality team continues to run regular provider forums focusing on enablement and prevention. The Delivery Unit is working to resolve the current issues with the main enablement contract.
Continue to embed improved information, advice and planning services	GREEN AMBER	A&C pilot department for Customer Transformation Programme online strategy and refresh; workshop held in August to define vision and programme approach agreed with first meeting to be held early October. Plan for information and advice offer has been agreed with DU communications lead developing external approach. Information and advice promoted through CSG SLA monitoring and being discussed through

Commissioning Intention	RAG Status	Comments
		SLA renewal process

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S4 (ASCOF 1E)	Percentage of adults with learning disabilities in paid employment	Bigger is Better	10.8%	9.9%	68/725	9.4%	9.3%	Improving	8.9%	Improving	9.9% (CIPFA) 7.5% (London) ASCOF Comparators (2015/16)
AC/S5 (ASCOF 1F)	Percentage of adults with mental health needs in paid employment	Bigger is Better	7.2%	6.2%	38/660	5.8%	7.2%	Worsening	5.8%	Same	6.5% (CIPFA) 5.0% (London) ASCOF Comparators (2015/16)
AC/S17	Number of new telecare packages installed*	Bigger is Better	800	400	N/A	539	216	Improving	471	Improving	N/A

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S18	Percentage of service users receiving ongoing services with telecare*	Bigger is Better	17%	14.9%	618/4126	15.0%	13.8%	Improving	12.5%	Improving	N/A
AC/S2 (ASCOF 3D)	Service users who find it easy to get information	Bigger is Better	71.3% (within CI)	71.3%	N/A	69.4%	N/A	N/A	71.3%	Worsening	CIPFA comparator group average 72.9% ASCOF Comparators (2015/16)
AC/C17	Percentage of contacts that result in a care package*	Monitor	Monitor	Monitor	698/3709	18.8%	15.1%	Monitor	N/A	N/A	N/A

PERSON-CENTRED INTEGRATED SUPPORT - Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.

This priority includes support to promote positive outcomes for service users and maximise the quality of care, as well as outcome measures which indicate the current state of the health and social care system, including admissions to residential care, non-elective admissions to hospital, and delayed transfers of care.

A number of specific commitments have been delivered within timescale in this quarter. Consultation with staff on structures for the new mental health pathway is currently being delivered, with strong engagement from staff. The Barnet Integrated Locality Team (BILT) is now working across the Borough, focusing on 1900 patients who have the most frequent GP visits and highest incidence of long term health conditions. North Central London's initial Sustainability and Transformation Plan has been submitted to NHS England and the Health and Wellbeing Board, and a Better Care Fund lead post has been recruited to review the current BCF plan and develop the future programme of work.

Of the eleven RAAG rated indicators under this priority, 3 are red (delayed transfers of care – both measures; percentage of older people remaining at home 91 days after discharge), 1 red/amber (direct payments), 2 green/amber (percentage of clients reviewed; access to enablement), and 5 green (including admissions to residential care, non-elective admissions to hospital, and customer satisfaction measures). One indicator (referrals to hospital social work teams) is monitor-only. There are positive messages here – particularly the improved performance in relation to case reviews, though this is in part dependent on additional capacity from an external provider which will not be in place for the full year. However, there are also indicators of the substantial pressures across the health and social care system in particular in relation to hospital discharges.

Current discharge pressures due to demand exceeding capacity in both health and social care organisations are very high across the UK and have grown substantially – the CQC recently highlighted a more than 70% increase in lost bed days due to a lack in social care provision in that time (from 108,482 in April 2012 to 184,199 in July 2016). Barnet does not have substantial delays due to a failure to assess people in a timely manner – delays are instead due to scarce capacity in the provider market.

Commissioning Intention	RAG Status	Comments
Re-focus mental health social care on recovery, maximising inclusion and reduce long term costs.	GREEN	<p>New mental health model confirmed by Committee</p> <p>Staff consultation on new model commenced early August and will close on 13 October</p> <p>Model on track to implement from December depending on outcome of staff consultation.</p>
Joining up services so that residents have a better experience and that services are delivered more effectively and efficiently	GREEN	<p>Barnet Integrated Locality Team (BILT) live across borough as of summer 2016; initial cohort identified in relation to health services used; change manager seconded into team to maintain momentum</p> <p>North Central London initial Sustainability and Transformation Plan submitted to NHS England and Health and Wellbeing Board.</p> <p>Better Care Fund lead post has been recruited to review and continue programme.</p>

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S8	Percentage of new clients, older people accessing enablement	Bigger is Better	63.0%	63.0%	194/365	53.2%	59.7%	Worsening	N/A	N/A	N/A
AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	530 (new method)	192.7	N/A	169.72	75.6	Worsening	155.11 or N/A as not comparable	N/A	445.2 (CIPFA) 516.5 (London) ASCOF Comparators (2015/16)
AC/S11 ASCOF 2B (1)	Percentage of older people remaining at home 91 days after discharge	Bigger is Better	81.5%	81.5%	N/A	69.3%	N/A		77.1%	Worsening	83.8% (CIPFA) 85.4% (London) ASCOF Comparators (2015/16)

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S16 (ASCOF 1C/2A)	Proportion of service users with a direct payment (ASCOF 1C/2A)	Bigger is Better	42.0%	41.1%	1007/2595	38.8%	39.2%	Worsening	39.2%	Worsening	29.5% (CIPFA) 27.6% (London) ASCOF Comparators (2015/16)
AC/S23	Percentage of people meeting their outcomes at support plan review	Bigger is Better	91%	91%	15/15	100%	100%	Same	91%	Improving	N/A
AC/C10	Percentage of clients receiving an ongoing package of care reviewed	Bigger is Better	75.0%	37.0%	2270/7192	31.6%	13.9%	Improving	Not comparable	N/A	N/A

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/C12 (ASCOF 2C/2)	Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to both NHS and Adult Social Care	Smaller is Better	7.25	7.42	N/A	8.3	7.5	Worsening	6.5	Worsening	8.8 (CIPFA) 7.8 (London) ASCOF Comparators (2015/16)
AC/C13 (ASCOF 2C/2)	Number of delayed transfers of care from hospital, and those which are attributable to adult social care, per 100,000	Smaller is Better	2.5	2.9	N/A	3.8	3.3	Worsening	2.7	Worsening	3.6 (CIPFA) 3.3 (London) ASCOF Comparators (2015/16)

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
	population										
AC/C14	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64*	Smaller is Better	16.6	5.4	N/A	5.1	1.3	Worsening	N/A	N/A	TBC
AC/C16	Number of referrals to hospital social work teams	Monitor	Monitor	Monitor	N/A	364	181	N/A	397	N/A	N/A
AC/S25	Percentage of Social Care Direct customers who are satisfied or very satisfied with the	Bigger is Better	85.0%	85.0%	N/A	91.0%	100.0%	Worsening	95.0%	Worsening	N/A

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 2016/17 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
	service they have received post resolution										
AC/C1	Total non-elective admission in to hospital (general & acute) all-age, per 100,000 population *	Smaller is Better	30098	7625	N/A	7302	7152	Worsening	7836	Improving	TBC

SAFEGUARDING - Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.

This priority covers measures to monitor the Council's safeguarding responsibilities and the way in which it processes Deprivation of Liberty Safeguards applications.

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S15 (ASCOF 4A)	Percentage of people who use services who say those services make them feel safe and secure	Bigger is Better	80.1%	80.1%	N/A	79.6%	N/A	N/A	67.4%	Improving	67.8% (CIPFA) 65.9% (London) ASCOF Comparators (2015/16)
AC/C7	Percentage of DoLS applications completed within statutory timeframes	Bigger is Better	Monitor	Monitor	2/40	5.0%	5.6%	N/A	12.9%	N/A	N/A

CARERS - Carers are valued as expert partners in supporting working age adults and older people to live independent lives.

Carers, and their role in supporting people to live independently, are a key strategic focus for the Council's commissioning plans but in 2015-16 in-house activity to identify and assess carers remained consistently below target. Carers' survey responses also indicate low satisfaction in many areas including satisfaction with care and support.

The Council's new carers' strategy was launched in 2015-16 and has initiated a programme of work to improve support for carers – more detail on this is set out below. Barnet provides some direct support, information, advice and guidance to carers but commissions a much broader range of advice, advocacy and support services from organisations including Barnet Carers' Centre (BCC), Barnet Citizens' Advice Bureau (BCAB) and Age UK, who are well placed to provide the specialist support carers need. The two performance indicators for this priority reflect internal carers' assessments and information, advice and guidance provided by BCC and BCAB respectively.

Commissioning Intention	RAG Status	Comments
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 as long as they can.	GREEN	The strategy is in delivery mode with steering group meeting regularly Training sessions run for social workers to increase awareness and drive up number of carers' assessments carried out by LBB.
To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia	GREEN	The specialist carers' dementia team is up and running, supporting 6 couples. First training cycle for the team is to complete at the beginning of October with lessons learned being used to develop further training and improve the support programme.
Reduce the number of carer breakdowns and improve family satisfaction from sustaining the family environment.	GREEN	Contract awarded; new provider goes live October 2016
To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce.	GREEN	HR submitted draft carers policy in August to Workforce Board which was agreed. Final amendments being made and policy due to be published in October. Employers For Carers scheme live and being promoted. BVCS Forum members briefed on the scheme. New Carers Contract will support promotion of the scheme with SMEs within the borough as part of their employment support offer.

Ref	Indicator description	Polarity	2016/17 Annual Target	Q2 Target	Numerator and Denominator	Q2 2016/17 Result	Q1 2016/17 Result	DOT Short Term (From previous Quarter)	Q2 2015/16 Result	DOT Long Term (From Q2 previous Year)	Benchmarking <i>How performance compared to other councils</i>
AC/S21	Number of carers' assessments	Bigger is Better	1045	418	N/A	390	194	Improving	946	Worsening	N/A
AC/S29	Number of instances of information, advice and guidance provided to carers	Bigger is Better	3,000	1500	N/A	1649	758	Improving	N/A	N/A	N/A

ADULTS – Cross Cutting

This priority covers commitments relating to cross-cutting, enabling activity such as workforce issues, engagement with service users, use of information technology and other resources.

Commissioning Intention	RAG Status	Comments
Ensure the voice of people who use adult social care and carers contributes to the design and delivery of services	GREEN	Engagement summit held in August and first Involvement Board 15 September. Regular customer feedback survey programme launched.
Develop effective and efficient management reporting tools.	RED AMBER	Delivery Unit is making good progress in designing and building a new reporting toolset but use

Commissioning Intention	RAG Status	Comments
		<p>of this is dependent on the implementation of the Mosaic case management system, which continues to be delayed from Q1.</p> <p>New programme team is in place for Mosaic and making progress though there is much work to do to confirm business requirements and build the system. Awaiting final timescales for implementation.</p>

3.3a Comments and proposed interventions for indicators which did not meet target

Ref and title	Comments and Proposed Intervention
<p>AC/S4 (ASCOF 1E) Percentage of adults with learning disabilities in paid employment</p>	<p>The LD employment indicator, at 9.4%, did not achieve the interim target of 9.9% of people in employment, but did show a slight improvement of 0.1% on the previous quarter. This represented one additional service user going into employment to give a total of 68 people in employment (against 67 at Q1), offset by an increase in the overall cohort from 721 people in Q1 to 725 people in Q2.</p> <p>To mitigate this, the supported employment project launched by commissioners in Q1 continues, with 9 organisations receiving training in providing supported employment. The Council is supporting Your Choice Barnet to progress individuals with employment aspirations through their employment pathway.</p> <p>The strengths-based working approach is also supporting practitioners to consider employment aspirations at assessment and review for LD service users.</p> <p>Intervention is at Level 1.</p>
<p>AC/S5 (ASCOF 1F) Percentage of adults with mental health needs in paid employment</p>	<p>Performance against the indicator for mental health dropped substantially in the last month of Q2, from an average of 6.7% in July and August to 5.8% in September. This represents a fall from 47 people in employment out of a total caseload of 684 in August to 38 people in employment out of a caseload of 660 in September.</p> <p>A case audit has been carried out in preparation for the next phase of the mental health transformation programme, which has involved continual review of CPA cases and the closure of a number of these as a result. This is the cause of the fall in the mental health CPA caseload from 724 at the end of April to 660 at the end of Q2. The remaining caseload is made up of people with higher and more complex levels of need who are in turn less likely than others to be able to sustain employment. Some of these people will have health needs only and social care therefore has limited influence over outcomes for this group.</p> <p>Two employment support workers recently left the mental health service and recruitment is underway to ensure these roles remain available.</p> <p>The indicator covers only Care Programme Approach (CPA) service users with complex needs and excludes the much broader range of employment support provided by Barnet's community mental health services. A total of 290 people supported by MH services and not on the CPA were in employment as at the end of September – 11% of service users in this category.</p> <p>In addition to the specific work on supported employment set out in relation to AC/S4 (above), health and social care staff provide crisis support to help people keep their jobs, while the Individual Placement and Support service continues to provide one to one employment support to people receiving support from secondary mental health services.</p> <p>Intervention is at Level 1.</p>

Ref and title	Comments and Proposed Intervention
<p>AC/S8 Percentage of new clients, older people accessing enablement</p>	<p>Issues with provider capacity mean that more enablement care than usual is being resourced through other homecare providers. This has had a knock-on impact on how care is recorded as well as on the resource needed to keep recording current. Work is ongoing to resolve the issues with the main Barnet provider and once these are complete any data quality issues will be addressed.</p> <p>Work was carried out to review the group of new clients under this indicator who did not receive enablement in Q1. Of the 104 new clients aged over 65 who did not receive enablement, 29 had other indicators which suggested they would not be suitable for enablement at that time (such as presence of a day care service or health conditions such as a broken limb). The remaining 75 will be reviewed with the operational teams responsible.</p> <p>Intervention is at Level 1.</p>
<p>AC/S11 ASCOF 2B (1) Percentage of older people remaining at home 91 days after discharge</p>	<p>Performance against this measure has not achieved the target by a significant amount. This is an annual measure which refers to the previous year's performance (2015/16), not to activity in 2016/17. Work has already been carried out to change the way in which enablement is provided in the borough and improvements will be ongoing as part of resolution of other issues with the main Barnet provider.</p> <p>Social care does not have complete control over performance against this measure, as the indicator includes some people who are referred in from the NHS and receive health-related enablement services only, meaning that the local authority has limited or no control over outcomes for them.</p> <p>Data for this indicator is collected via a survey and this creates significant issues in capturing complete information, as the fact that someone cannot be contacted for a survey does not necessarily imply that they were not at home on the 91st day after discharge but can lead to significant undercounting of positive outcomes. Work is being carried out in partnership with the analytics team at the local Commissioning Support Unit to explore a more robust collection method for this year.</p> <p>Intervention is at Level 1.</p>
<p>AC/S16 (ASCOF 1C/2A) Proportion of service users with a direct payment (ASCOF 1C/2A)</p>	<p>This indicator remained roughly static throughout 2015/16 and performance has fallen slightly in Q1 and Q2 of the current year - a number of reviews of direct payment recipients have been carried out using the external reviewer capacity available in the first part of the year and as a result a number of services have been ended.</p> <p>Panel continues to ensure DP options are considered in all cases although these are not appropriate for every service user, and as Barnet completes its homecare contract transition to in Q3, direct payment options have been proactively considered. As a result approximately 40 people will move onto direct payments in Q3 which will bring the Council's overall proportion of service users back in line with the target.</p> <p>Barnet remains a high performer nationally against this indicator even at 38.8% with benchmarking data for 2015/16 showing a comparator group average of 29.5% and a London average of 27.6%.</p>

Ref and title	Comments and Proposed Intervention
<p>AC/S21 Number of carers' assessments</p>	<p>Carers' assessments have been a key focus of the first phase of the new carers' strategy. The ongoing delay to implementation of the new Mosaic case management system continues to delay the availability of more user-friendly carer assessment forms but a piece of work has prototyped a simpler assessment form and will pilot it in Q3 with a view to making earlier changes where possible.</p> <p>Training has begun for frontline practitioners with support available around case recording and data quality and a slight increase has been seen in the average number of assessments carried out per month - from 64 per month in Q1 to 65 per month in Q2 - despite lower levels in overall activity (which is always the case during the summer leave period).</p> <p>Training will continue to be rolled out until December and the strategy reference group will also work to increase awareness.</p> <p>From 2016/17 onwards the Delivery Unit is tracking the number of carers' assessments carried out internally but also, for context, the total instances of information, advice and guidance provided by its specialist partner organisations – including carers' assessments. While the number of LBB carers' assessments fell short at 390 against the target of 418 assessments, the total instances of information, advice and guidance provided by Barnet Carers' Centre (BCC), Barnet CAB and LBB was more than four times higher at 1649. The Delivery Unit will continue work to increase the number of carers' assessments carried out internally but also seek to ensure carers access this specialist support without needing to contact the Council, and has set a 5% stretch target for these total instances of information, advice and guidance for the remainder of the year. Measures are also being put in place to capture formal carers' assessments from BCC on the Swift case management system so that they can be reported on in future.</p> <p>Intervention is at Level 1.</p>
<p>AC/C10 Percentage of clients receiving an ongoing package of care reviewed</p>	<p>The number of clients reviewed in Q2 is almost 15% higher than in Q1 (1260 against 1010) and as a result performance is rated green/amber against the interim target. The Council has benefited from retention of additional reviewing capacity from an external agency in the first part of the year, which has enabled it to progress reviews while also delivering more effectively against a number of other priorities such as carers' assessments (above).</p> <p>Individual meetings have held for each service area to scrutinise reviews performance in the context of other activity for each team and identify underlying reasons for underperformance. Some of these have related to recording issues which are being addressed through individual performance management routes.</p> <p>It should also be noted that in the first part of the year a greater proportion of reviews carried out will be of unique clients while as the year progresses a growing proportion of review events will be double reviews of the same person.</p> <p>The DU is in the process of identifying its priority cohorts for review during the remainder of the financial year, taking a risk based approach. This involves identifying service users due a review and who have not yet been reviewed this year and ensuring that any potentially high risk clients are prioritised for review in Q3 and Q4.</p> <p>Intervention is at Level 1.</p>

Ref and title	Comments and Proposed Intervention
<p>AC/C13 (ASCOF 2C/2) Number of delayed transfers of care from hospital, and those which are attributable to adult social care, per 100,000 population</p>	<p>Delayed transfers of care (DTOCs) have not achieved the target for both NHS and Social Care delays in Q2.</p> <p>These delays include mental health cases as well as acute cases. This measure uses a 12-month rolling average which corrects for seasonal rises and falls in DTOCs. Pressures on the health and social care system – numbers of A&E attendances and emergency admissions – have been unusually high in this period and this can lead to delayed discharges from hospital.</p> <p>Challenges around the shortage of homecare capacity remain and residential care placements are also scarce and, therefore, expensive, in part because of the number of incoming placements from other boroughs. This scarcity can also cause delays while a package of care is being sourced.</p> <p>Barnet does not have delays in assessing clients - systems are in place, including an Assessment Notification screening role, to ensure assessments are allocated, prioritised and acted on promptly. This role is working well and ensures that limited resources are targeted appropriately to ensure prompt discharges. As a result, Barnet performs much more strongly than its comparators – in the last 12 months the average number of acute delays (a snapshot taken at the end of each month) due to completion of assessments was 5.5 (a rate of 1.87 per 100,000 population); the comparator average was 14 (a rate of 6.17 per 100,000 population).</p> <p>Work is being carried out to rationalise lists of patients awaiting discharge and streamline handoff processes, as well as putting in place dedicated escalation routes to resolve issues quickly. The Delivery Unit is also exploring alternative options to permanent care to increase the level of flexible capacity in the system.</p> <p>Barnet has now received benchmarked data against this indicator for the 2015/16 financial year and while the internal target for 2015/16 was not met, Barnet's performance – 3.3 delays per 100,000 people in 2015/16 – outperformed the comparator group average of 3.6 delays per 100,000 people in 2015/16.</p> <p>Intervention is at Level 1.</p>
<p>AC/C12 (ASCOF 2c(1)) Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to both NHS and Adult Social Care</p>	<p>See AC/C13 above.</p>

4. Customer Experience

Customer Experience description	Comments and Proposed Intervention
Front Door	<p>Customer satisfaction scores for Social Care Direct remain high (91% at quarter end) though the percentage of calls resolved at first contact has declined over the course of the quarter from 61% at the end of Q1 to 50% at the end of Q2. The service is experiencing lengthening call times and this is having some impact on the proportion of calls that are answered within 60 seconds.</p> <p>The corporate Customer Transformation Programme is using the adult social care digital offer as its pilot initiative for improving the online experience and a programme of work is now beginning to implement quick win improvements as well as formulating the longer-term online strategy.</p>
FOIs	<p>96 FOIs were due for response from Adults & Communities in Q2. 100% of these were responded to within the statutory deadline. In addition, the Delivery Unit received and responded to 2 Subject Access Requests (SARs), both within timescale.</p>
Complaints	<p>Adults & Communities received 24 complaints in Q2, 22 of which were statutory and 2 corporate.</p> <p>24 complaints were due for response in Q2. Again, 22 were statutory and 2 corporate. 100% of complaints were resolved within timescales.</p> <p>Both corporate complaints were upheld. 7 statutory complaints were upheld, 10 partially upheld, 4 not upheld and one rejected.</p> <p>New complaints policies, procedures, guidance and training materials have been developed in Q2 to reflect improvements made to the complaints handling process, and these are now being rolled out to staff.</p>
Member Enquiries	<p>21 Member Enquiries were received in Q2, 19 of which were due for response. 95% of these were resolved within timescales.</p>

5. Risk

The 5 X 5 matrix (heat map) below shows the residual risk assessment (probability and impact scores) for each risk.

Score:		LIKELIHOOD					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
IMPACT	5	Catastrophic			2	2	
	4	Major		1	3	1	
	3	Moderate		3	1		1
	2	Minor					
	1	Negligible					

Risk Commentary:

- There are 14 risks on the risk register, 9 of which are rated 12 or above.
- The risk register is, from Q3 onwards, to be circulated for review as a standing item at each monthly leadership team meeting to flag any concerns or escalations and capture any performance risks.
- Additional actions are being taken to mitigate risks further, including
 - Strengthening strategic links with Barnet CCG to mitigate issues relating to joint work with health
 - Continuing to embed good practice in relation to health and safety and information management
 - Further developing preventative activities
- The most significant strategic risk for Adults is the challenge of meeting statutory duties within current resources. This could have a negative impact on the Council's strategic priority to manage demand on services.

The table below lists all risks rated 12 and above.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC002	Failure of care provider	A care provider could suddenly be unable to deliver services, due to: - provider going into administration - failure of regulatory inspection relating to quality of service - care provider chooses not to deliver services - HS&E breach leading to operational disruption to manage the situation, harm to individuals by not having their care and support needs met, unexpected financial consequences, breach of statutory duty,	Head of Integrated Care Quality	Business Continuity	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers. The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.	5	5	5	4	20	Treat
AC003	Unacceptable level of quality services provided by care providers	Unacceptable levels of quality of services provided by care provider could lead to additional dedicated Barnet resource needing to be put in place to address the situation, resulting in reduced ability to manage BAU, financial consequences. If the additional resource is not able to address the underperformance of the care provider, this could also lead to harm to individuals, reputational	Head of Integrated Care Quality	Business Continuity	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and	4	5	4	4	16	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
		consequences			<p>monitoring of individuals placed with providers.</p> <p>The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.</p>						
AC001	Increased overspend to meet statutory duties	<p>Adults & Communities Delivery Unit could have insufficient resources to meet its statutory duties due to operating in an environment in which there is inherent uncertainty in future demand for services, exacerbated by a potential inability to deliver savings, reduced ability to raise income from clients, the rising cost of care, and legislative changes. This could result in harm to individuals, legal challenge, worsening budget overspend, and reputational damage.</p>	Adults and Communities Director	Compliance	<p>The Council's budget management process (MTFS) forecasts demographic growth and pressures over a 3 year period. Budget and performance monitoring and management controls are used throughout the year. Work to reduce addressable spend (such as expenditure on agency staff) is being carried out in year. The Joint Strategic Needs Assessment will identify future demand pressures, and the Council will undertake initiatives focused on reducing and managing future demand in response, including the Adults' New Operating Model/ Alternative Delivery Vehicle which focus on reducing</p>	5	5	5	4	20	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC004	Surge in demand from NHS	An unpredictable surge in demand from the NHS in situations where there is limited capacity could lead to the DU being unable to meet this demand within the NHS's required timescales. This could result in financial consequences, operational disruption leading to rushed decisions being made that have unintended negative consequences, potentially for individuals that have been discharged, and increased central government scrutiny.	Assistant Director Adult Social Care	Compliance	<p>demand for services.</p> <p>System-wide resilience monies have been made available and these can be used to buy in extra capacity, subject to agreement by the NHS-led Improvement Board. There are monthly system resilience and operational resilience meetings between LBB, CCG and NHS Provider Trusts to discuss & manage pressures in the system, and to deliver action plans. Daily conference calls are in place to deal jointly with events as these happen.</p>	4	5	3	5	15	Treat
AC008	Non-adherence to safeguarding policies and procedures	Insufficient competent staff (permanent and agency, at all levels) to meet rising demand and complexity could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act, and London-wide safeguarding policies and procedures), resulting in death or serious harm to individuals, legal challenge, financial loss, decreasing staff morale due to greater pressure and reputational damage.	Head of Safeguarding Adults	Compliance	<p>Staff training is in place, supported by practice forums. Quality assurance framework, led by the Quality Board, monitors supervision (and responds to, for example, supervision and other quality audits). Regular case file audits take place (using a pool of auditors from across the Department).</p> <p>Monthly reporting to leadership team on safeguarding activity</p>	5	4	5	3	15	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
					<p>Monthly quality and safeguarding meeting with DASS includes review of high risk cases. External case file audits are conducted.</p> <p>The Safeguarding Adults Board (multi-agency) meets regularly.</p> <p>Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process</p>						
AC011	Breach of mental capacity act or code of practice	Insufficient competent staff (permanent and agency, at all levels) to meet rising demand and complexity could lead to breach of the Mental Capacity Act or Code of Practice, resulting in Barnet not acting in someone's best interest (Mental Capacity Act), and as a result serious harm to individuals and/or the ongoing impact of such a breach on an individual's life; legal challenge, financial loss (legal costs) and reputational damage.	Assistant Director Social Care	Compliance	<p>As with safeguarding issues, staff training is in place, supported by practice forums.</p> <p>Quality assurance framework, led by the Quality Board, monitors supervision (and responds to, for example, supervision and other quality audits). Regular case file audits take place (using a pool of auditors from across the Department).</p> <p>Monthly reporting to</p>	5	4	5	3	15	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
					<p>leadership team on safeguarding activity Monthly quality and safeguarding meeting with DASS includes review of high risk cases. External case file audits are conducted. The Safeguarding Adults Board (multi-agency) meets regularly.</p> <p>Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.</p>						
AC009	Data protection breach	The high quantity of sensitive information handled by the Adults & Communities Delivery Unit could lead to a data protection breach, resulting in risk to individuals, legal challenge, financial penalty and reputational damage	Head of Performance and Improvement	Compliance	Data protection training is mandatory for all staff. Data protection and information governance policies are in place. DBS checks are required for new members of staff accessing sensitive personal data. There is refresher training and there are regular communications to highlight issues in relation to common breaches.	4	5	4	3	12	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
					A monthly Information Management Governance Group is in place as the route for raising, identifying and resolving risks and breaches, with strategic ownership over information governance. An action log is being embedded to ensure mitigating actions are implemented.						
AC006	Wellbeing and safety of DU staff	The need for staff to work in high-risk situations (in locations with high levels of crime, entering homes on their own, working with volatile individuals) could impact on staff's general wellbeing and could also lead to a Health & Safety incident resulting in harm to Barnet employees, legal challenge, reputational damage as well as lowering workforce morale	Assistant Director Adult Social Care	Health & Safety	Corporate and local HS&E policies and guidance control and mitigate risk. The Delivery Unit records risk flags for certain cases on the client record system. Corporate HS&E training and HS&E audits help discharge the duty of care to staff. Regular supervision is used to address specific issues. Wellbeing initiatives are deployed across the Delivery Unit.	5	4	4	3	12	Treat

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk (without controls)		Residual Risk (with controls in place)			Response Option
						Impact	Likelihood	Impact	Likelihood	Risk Score	
AC005	Challenges to recruit and retain qualified staff	A challenging job market (rest of London competing for the limited supply of social workers, qualified occupational therapists and other social care staff across all levels) could lead to difficulties in recruiting and retaining sufficient staff, resulting in insufficient staff to meet demand, reliance on agency workers impacting on budget, inability to carry out quality work, knock on effect on morale, non-statutory duties being de-prioritised	Assistant Director Adult Social Care	Staffing & Culture	The Unified Pay & Reward project puts in place options to offer incentives. The Delivery Unit can also make use of agency staff. There is a workforce development plan in place to mitigate this risk in the medium to long term.	4	4	4	3	12	Treat

6. Equalities

Equalities description	Comments and Proposed Intervention
Equality Impact Assessments	Equality Impact Assessments are currently being carried out to support scoping of the Council's business plan for 2017/18. Results from these will be reported in Q3.