

## Safer Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 2 – Period 1<sup>st</sup> April 2012 to 30<sup>th</sup> September 2012

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets during the second quarter of 2012/13; for service areas within the remit of the Safer Policy and Performance Board.

The report has been structured by the following key priorities for Safer PPB, as identified in the Directorate and Corporate Plans:

- Community Safety
- Safeguarding and Dignity (including Consumer Protection and Substance Misuse)
- Domestic Violence

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

### 2.0 Key Developments

There have been a number of developments within the Directorate during the second quarter which include:-

#### **The Integrated Safeguarding Unit**

The Integrated Safeguarding Unit has undertaken 48 investigations since its establishment including one major investigation. The unit worked closely with a local provider and other organisations, including health, to develop and support an action plan to improve the quality of their services and deliver better outcomes for the individuals who access the provision. A full evaluation of the project will be undertaken in February 2013. A performance framework is currently being developed with measurable outcomes based on the objectives of the team in order to provide a meaningful evaluation which will inform the future of the pilot.

The Safeguarding Annual Report, describing how organisations and individuals across all sectors are working together to safeguard vulnerable people has been published. As well as reporting on the HSAB's work over the past twelve months, the Annual Report explains the national context in which we are all currently operating and lists the Board's priorities for the coming year.

#### **Safe Around Town**

Safe in Town is a scheme which has been developed by the Council to ensure vulnerable people feel safe and confident in our shopping centres. The whole idea is that individuals will be able to access help quickly if and when it is needed. The scheme will offer telephone facilities to vulnerable people who are in trouble or distress around town.

Shops and businesses will display window stickers to show that they are part of the scheme. Users of the scheme will carry key contact numbers on cards. The scheme's logo has been agreed by Halton's People's Cabinet.

### **Scrutiny Review – Domestic Abuse**

Domestic abuse options have been considered by the Topic Group and a report will then go to the PPB, and then onto Executive Board for final approval.

### **Public Health**

The Public Health function will be fully operational in Halton Borough Council post April 2013; it is now established in shadow format. A self-assessment report has been submitted to the Local Government Association. A Memorandum of Understanding between Public Health and Halton Clinical Commissioning Group (CCG) has been agreed to support Halton CCG. A Memorandum of Understanding is also being established with Merseyside Commissioning Unit for support they will provide to Halton Public Health Team in terms of health information. Emergency planning testing has commenced. Legacy documents are being produced.

### **Environmental Health**

The Food Standards Agency is reviewing how local authorities and port health authorities undertake activities to monitor and secure business compliance with food law. The review will evaluate how effective the current delivery model is and consider the scope for making improvements. The Food Standards Agency (FSA) are gathering evidence to assess the current system. An initial report is due in March 2013 with consultation on options between September 2013 and March 2014. Any implementation phase would begin in April 2014.

## **3.0 Emerging Issues**

A number of emerging issues have been identified during the second quarter that will impact upon the work of the Directorate including:-

### **Thresholds Guidance**

Since its establishment, the Integrated Safeguarding Unit (ISU) have developed an operational Thresholds Guidance document. This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place.

### **Environmental Health**

From April 2013 the Government intends to formalise changes to both Health & Safety Executive (HSE) and local authorities in relation to regular health & safety inspections. These changes include programmed inspections in high risk businesses or businesses involved in accidents or poor performance only. This forms part of the Government 'Red Tape Challenge' to slash the burden of legislation on businesses. In practice, all inspections and action is already risk based and prioritised on this basis.

The focus in health & safety planning in recent years has already moved away from blanket programmed inspections in lower risk premises to projects lead nationally by the HSE or by

local issues and needs, high risk inspections and the investigation of accidents or complaints received about health & safety problems.

#### **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance Monitoring arrangements. During the development of the 2012/13 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks has been undertaken and progress reported against the application of the risk treatment measures. This is included in each of the quarterly monitoring reports by Department. No high risks were identified for areas falling within the remit of this PPB, where progress is uncertain or not met for each of the high risks.

#### **5.0 Progress against high priority equality actions**

The Council must have evidence that it reviews its services and policies to show that they comply with the Public Sector Equality Duty (PSED) which came into force in April 2011. The PSED also requires us to publish this information as it is available.


As a result of undertaking a Departmental Equality Impact Assessments no high priority actions were identified for the Directorate to quarter 2 2012 – 2013.

## 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key priorities that have been identified for Safer PPB, as stated in the Directorate and Corporate Plans.

### 1 COMMUNITY SAFETY (P McW)











#### Key Objectives / Milestones





Ref	Milestones	Q2 Progress
CCC1	Review Community Safety Team in line with reductions in funding arrangements <b>Mar 2013</b> (AOF9 & 11)	

#### Supporting Commentary

The review has been completed and approved by the Council's Executive Board on 12<sup>th</sup> July, 2012. This means that the service is now well positioned to deliver the Councils' objectives and fit for purpose ahead of the appointment of the Police Crime Commissioner in the Autumn of 2012.

#### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 24 SCS / HH1a & SH10	Reduce Alcohol related hospital Admissions (Previously NI 39) (per 100,000 population)	2922.4	3027	1297.8 Sept 2012		
CCC 25 (SCS / SH1)	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down in youth and adult incidents (Previously NI 17)	7434	8463	3710		
CCC 26 SCS / SH2	Arson incidents (Previously NI 33 - Total deliberate fires per 10,000 population)	46.77	41.72	16.37		
CCC 33 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW) (Formerly NI 30) PPO – Priority offenders RO – Repeat offenders	PPO: 77.13% reduction RO: 36.73% reduction Shift in offence type	To maintain & reduce offending rates for PPO:40% reduction and RO's:4% reduction	PPO: 85.52% reduction RO: 60.38% reduction		
CCC 34 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (New measure)	11	To maintain or improve on 2011/12 outturn 11	4		

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 35 SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related. (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	N/A
CCC 36 SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: <ul style="list-style-type: none"> <li>• Domestic Burglary</li> <li>• Theft of motor vehicle</li> <li>• Theft from motor vehicle</li> <li>• Robbery (personal and business)</li> </ul>	1548 (rate 13.10 per 1,000)	1652	568 (4.81 rate per 1000)		
CCC 37 SCS / SH17	New Revised Measure: Assault with injury crime rate (per 1000 population) (Previously NI 20)	804 (6.8 rate per 1,000)	1074	378 (3.2 rate per 1000)		

### Supporting Commentary

**CCC24** – At the end of September alcohol admissions were fewer than expected 1297.8, rate per 100,000 compared to 1440.9 at the same time last year.

**CCC25** – During April to September 2012 a total of 3710 incidents relating to Anti-Social Behaviour were reported to Cheshire Constabulary from the Halton Area equating to a 3.3% reduction when compared to the same period during the previous year (3836 to 3710).

**CCC26** – The direction of travel for deliberate fires in Halton is positive, with projected year-end figures suggesting outturn positively below target by at least 10%. This trend continues across the whole of Cheshire and can, in part, be contributed to poor weather conditions recently.

**CCC33** – Data available one quarter in arrears from the Cheshire Constabulary Data Delivery team, thus position at 30<sup>th</sup> June is stated.

**CCC34** – The YOT submits data following the Youth Justice Board data guidance and Quarter 2 data will be submitted at the end of October 2012. However for the period 1<sup>st</sup> July to 31<sup>st</sup> August, 2 young people from Halton were sentenced to custody. We are working with accommodation provider staff in terms of ensuring young people have appropriate accommodation in the community. All YOT staff are trained in court procedures and we enjoy a very good working relationship with our local courts.









**CCC35** – New measure to monitor the navigate cohort whose offending is substance misuse related. This service due to commence in February 2012 and data to support the measurement of this outcome is in the process of being identified.












**CCC36** – The cumulative figure for the period April 2012 to September 2012 is 4.81 for Halton per 1,000 population which equates to 568 incidents, of which; 340 incidents were in Widnes and 228 incidents in Runcorn. Compared to Q2 last year the serious crime rate has decreased from 6.41, showing a steady improvement.

**CCC37** – The cumulative Assault with injury Crime rate for the period April 2012 to September 2012 is 3.20 for Halton per 1,000 population which equates to 378 incidents, of which; 183 incidents were in Widnes and 195 incidents in Runcorn. Compared to Q2 last year the cumulative figure for Assault with Injury crime has reduced from 439 incidents to 378, showing a steady improvement.

## 2 SAFEGUARDING AND DIGNITY (SWB, PMcW)

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<b>PA 5</b>	Percentage of VAA Assessments completed within 28 days (Previously PA 8)	85.78%	82%	81.94%		
<b>PA 6</b>	Percentage of VAA initial assessments commencing within 48 hours of referral(Previously PA 9)	84.80%	64%	75.68%		
<b>PA 8</b>	Percentage of existing Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years. (Previously PA 11)	46%	48%	43%		N/A
<b>PA 9</b>	Number of Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning (Previously PA 12)	127	130	70		N/A
<b>PA 10</b>	Number of external Adult Social Care Staff that have received Adult Safeguarding Training, including e-learning (Previously PA 13)	581	250	186		N/A
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	66.2%*	54%	Reported annually (2011/12 outturn)*	N/A	

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	79.1%*	79.1%	Reported annually (2011/12 outturn)*	N/A	
<b>PA 25</b>	a) % of scheduled Local Air Pollution Control audits carried out  b) % of Local Air Pollution Control Audits being broadly compliant.  (Previously PA 18)	81%	93%	37%		N/A
		85%	78%	88%		N/A
<b>PA 27</b>	<b>a)</b> % of high risk Health & Safety inspections undertaken <b>b)</b> Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system (Previously PA 20)	100%	100%	Reported annually		
		268	200	Reported annually		
<b>PA 28</b>	Placeholder: Overarching Trading Standards Measure (TBC)	New measure	New measure	Refer to comment	N/A	N/A
CCC 29 SCS / SH7a & HH 12	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New measure)	13%	14.9% (Above NW Average)	12%		
CCC 30 SCS / SH7b & HH12	Increase the % successful completions (Alcohol) as a proportion of all in treatment 18+ (New measure)	New measure	Target to be set once baseline established in 2012/13	N/A	N/A	N/A
CCC 31 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (New measure)	11%	13.1%	5.9%		

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 32 SCS / SH8b	Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) (New measure)	New measure	Target to be set once baseline established	N/A	N/A	N/A

### Supporting Commentary

**PA 5** – This target will be achieved by year end.

**PA 6** - This target has been exceeded.

**PA 8** - This information is obtained by matching the Communities Directorate Staffing list to training records to determine the percentage receiving training. Training includes: Safeguarding Referrers (7 sessions delivered), Investigators (2 sessions delivered), Chaining Skills (sessions planned for 2<sup>nd</sup> part of the year) & Basic Awareness via e-learning. This was a new indicator last year therefore no comparable data available.

**PA 9** - Obtained 2012-13 training registers to date and produced e-learning report, identified HBC staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Investigators, Chaining Skills & Basic Awareness via e-learning. All HBC Services areas are accessing this training.

**PA10** - Obtained 2012-13 training registers to date and produced e-learning report, identified external staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Train the Trainer & Basic Awareness via e-learning. Providers that have accessed the training during this period included:

5 Boroughs NHS Foundation Trust	Just Care	Ryan Care
Arena Housing Options	Lilycross	United Response
Croftwood	Liverpool Housing Trust	HBC - Sure Start to Later Life
Halton Goals	Millbrow	Home Instead Senior Care
Halton MIND	PSS (Personal Service Society)	Homecare Support
HBC - Agency Temp (over 12 wks in placement)	RARS	
HBC - Student Social Worker	Riverside Housing	

**PA 22** - Performance increased from 2010/11 51.3% to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported 'I feel as safe as I want'.

**PA 23** - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual's safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

**PA 25** – The % of audits carried out is slightly below target. Work on going to ensure target is achieved. This was a new indicator during 2011/12 and was reported annually, so there is no comparable data. However, it will now be monitored quarterly.



**PA26** - This is an annual measure and progress is reported at end of the year. However, from inspections undertaken to date, we are on target to ensure food establishments in the area are broadly compliant with food hygiene law.

**PA27** - This is an annual measure and progress is reported at the end of the year. However, from inspections undertaken to date, we are on track to achieve the target by year end.

**PA28** - Measure under discussion with the Department.

**CCC29** – Latest data is rolling 12 months to August 2012. Due to the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is below target. The number of successful completions would need to increase from 68 to 85/568 (+17) in order to achieve the target percentage. This compares to Q2 2011/12 where the discharge rates were 14.18% from the NTA April – Sept 2011. Thus, it is uncertain at this stage if the target will be achieved due to the low numbers discharged to date.



**CCC30** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements.

**CCC31** - Latest data is rolling 12 months to August 2012. 0/13 Problem Drug User opiates (PDU) and only 2/21 non PDU represented during this period, making 2/34 (5.9%) in total. Due to the low numbers involved, an increase of one in the overall total would result in the percentage figure increasing from 5.9% to 8.8%, compared to higher number in 2011/12.

**CCC32** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements.

### 3 DOMESTIC VIOLENCE (PMcW)

#### Key Objectives / Milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents <b>Mar 2013</b> (AOF11)	
CCC1	Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2013</b> (AOF11)	

#### Supporting Commentary

##### Review of Domestic Violence Services

The Domestic Abuse Project Group was set up to review alternative accommodation options alongside the traditional refuge provision model. Members will be preparing future reports on the viability and shaping of refuge provision.

##### Sexual Assault Referral Centre

The Cheshire SARC is the result of discussions between key agencies as to how best to provide high quality care and services to victims of rape and sexual assault living in the

area. The service is funded jointly between the Cheshire Constabulary, local authorities and Primary Care Trusts.


The Cheshire SARC service is being jointly delivered by the St Mary's SARC in Manchester together with Rape and Sexual Abuse Support Centre (RASASC) in Cheshire. St Mary's SARC provides forensic examinations for clients of all ages while RASASC provides aftercare services for those aged 13 and over including counselling, support and access to an Independent Sexual Violence Advisor (ISVA) who provides support through the criminal justice system. Children under the age of 13 and their families receive support from the SARC Child Advocate and the NSPCC in Cheshire. RASASC continue to provide ISVA services to those over the age of 13 with effective referral pathways and communication between the SARC and RASASC ISVAs.

The commissioning arrangements include provision of Child Advocacy services to support children and families. The NSPCC offers a therapeutic service to children under the age of 13 where required locally in Cheshire.

Client feedback has been overwhelmingly positive, with little concern in relation to distance to attend the SARC. The majority of referrals are via the police and feedback from police officers on the service has also been positive. There have been occasional access issues at peak times. A double rota of doctors and crisis workers has been established at peak times to reduce waiting times for examination services.

RASASC have received 38 new referrals have been made this quarter, with 9 of those under the age of 17. All SARC clients contacted within 24 hours of referral; all other clients contacted within 72 hours of referral. Where phone contact could not be made, a letter was sent to the client therefore the longest wait time for contact would be between 3-5 days. The longest waiting time for initial meeting has been three weeks due to client being on holiday. 19 initial meetings were completed – 17 of the meetings were cancelled by clients and rebooked with a total of 16 failing to attend altogether. ISVA hours for this quarter were 142; counselling hours were 194.

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 28 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI 32)	27.6%	27%	34%	?	

### Supporting Commentary

**CCC28** – Halton MARAC has a current rolling NI 32 performance level of 34% compared with 26% in quarter 2 last year. 76 cases were discussed in quarter 2 compared to the same period last year (65) with 30 repeats seen this quarter compared to 20 in Q2 last year. The number of children involved - 105 this quarter is 29% higher than the 81 recorded in Q2 last year.

When comparing quarter 2 last year with this year, it should be taken into account that as of August 2011 there are now 2 MARAC meetings per month.

## 7.0 Financial Statements

### Commissioning and Complex Care

#### Revenue Budget as at 30th September 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	7,363	3,633	3,613	20
Other Premises	334	194	197	(3)
Supplies & Services	2,288	921	930	(9)
Contracts & SLA's	429	92	51	41
Transport	170	85	82	3
Emergency Duty Team	103	0	0	0
Community Care:				
Residential & Nursing Care	697	298	291	7
Domiciliary Care	339	135	126	9
Direct Payments	131	49	28	21
Block Contracts	178	73	64	9
Day Care	15	6	9	(3)
Carers Breaks	203	51	51	0
Food Provision	25	12	9	3
Other Agency Costs	1,392	269	267	2
Payments To Providers	4,053	2,064	2,058	6
Grants To Voluntary Organisations	258	116	116	0
<b>Total Expenditure</b>	<b>17,978</b>	<b>7,998</b>	<b>7,892</b>	<b>106</b>
<b><u>Income</u></b>				
Residential & Nursing Fees	-78	-39	-38	(1)
Community Care Income	-23	-11	-4	(7)
Direct Payments Income	-1	-1	-1	0
PCT Contribution To Care	-257	-64	-59	(5)
Sales & Rents Income	-179	-129	-152	23
Fees & Charges	-464	-189	-186	(3)
PCT Contribution To Service	-2,240	-1,255	-1,264	9
Reimbursements	-250	-112	-116	4
Government Grant Income	-255	-70	-67	(3)
Transfer From Reserves	-700	-568	-568	0
<b>Total Income</b>	<b>-4,447</b>	<b>-2,438</b>	<b>-2,455</b>	<b>17</b>
<b>Net Operational Expenditure</b>	<b>13,531</b>	<b>5,560</b>	<b>5,437</b>	<b>123</b>
<b><u>Recharges</u></b>				
Premises Support	446	234	234	0
Central Support Services	2,845	1,255	1,255	0
Asset Charges	462	4	4	0
Internal Recharge Income	-88	0	0	0
<b>Net Total Recharges</b>	<b>3,665</b>	<b>1,493</b>	<b>1,493</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>17,196</b>	<b>7,053</b>	<b>6,930</b>	<b>123</b>

**Comments on the above figures:**

Net operational expenditure is £123,000 below budget profile at the end of the second quarter of the financial year.

Employee costs are projected to be £20,000 below budget at the year-end. This results from savings made on vacant posts. The staff turnover savings target incorporated in the budget for this Department is £394,000, the £20,000 represents the value by which this target is projected to be over-achieved.

The Community Care element of Mental Health Services for this financial year is forecast to be £50,000 below budget based on current data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of quarter 2 the net position is £30,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £100,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support. There has historically been significant variations in demand for this service, although current expenditure patterns are stable, and the projected underspend seems realistic.

Income is currently marginally above the target to date. Community Centres income is particularly vulnerable to economic pressures, consisting of a large volume of discretionary public spend relating to social activities. However, action has been taken to maximise income from room lettings, and it is currently anticipated that the target will be achieved.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £250,000 below budget at the end of the financial year. Of this figure, £50,000 relates to Community Care.

### **Capital Projects as at 30th September 2012**

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	85	21	0	85
Disabled Facilities Grant	650	201	161	489
Stairlifts	250	123	154	96
Energy Promotion	6	0	0	6
RSL Adaptations	550	212	101	449
Choice Based Lettings	29	22	22	7
Extra Care Housing	463	0	0	463
User Led Adaptations	55	0	0	55
Bungalows At Halton Lodge	464	0	0	464
Unallocated Provision	109	0	0	109
<b>Total Spending</b>	<b>2,661</b>	<b>579</b>	<b>438</b>	<b>2,223</b>

## Prevention and Assessment Services

### Revenue Budget as at 30th September 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£'000	£'000	£'000	(overspend) £'000
<u>Expenditure</u>				
Employees	7,759	3,545	3,527	18
Other Premises	72	27	19	8
Supplies & Services	634	395	401	(6)
Consumer Protection Contract	386	197	197	0
Transport	119	52	52	0
Food Provision	17	9	11	(2)
Aids & Adaptations	113	47	47	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	10,721	3,881	4,045	(164)
Domiciliary & Supported Living	7,103	3,186	3,219	(33)
Direct Payments	2,319	1,297	1,288	9
Day Care	236	91	145	(54)
Other Agency	88	44	44	0
Contribution to Intermediate Care Pool	2,191	878	791	87
<b>Total Expenditure</b>	<b>31,989</b>	<b>13,649</b>	<b>13,786</b>	<b>(137)</b>
<u>Income</u>				
Residential & Nursing Income	-3,789	-1,818	-1,826	8
Community Care Income	-1,165	-496	-503	7
Other Community Care Income	-186	-100	-106	6
Direct Payments Income	-124	-82	-86	4
PCT Contribution to Care	-1,002	-321	-307	(14)
Other Fees & Charges	-93	-28	-25	(3)
Sales Income	-25	-25	-27	2
Reimbursements	-274	-22	-22	0
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	-4,489	-4,489	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,195	-623	-623	0
<b>Total Income</b>	<b>-12,766</b>	<b>-8,004</b>	<b>-8,014</b>	<b>10</b>
<b>Net Operational Expenditure</b>	<b>19,223</b>	<b>5,645</b>	<b>5,772</b>	<b>(127)</b>
<u>Recharges</u>				
Premises Support	429	223	223	0
Asset Charges	197	9	9	0
Central Support Services	3,382	1,642	1,642	0
Internal Recharge Income	-419	0	0	0
<b>Net Total Recharges</b>	<b>3,589</b>	<b>1,874</b>	<b>1,874</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>22,812</b>	<b>7,519</b>	<b>7,646</b>	<b>(127)</b>

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 2 is £214,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £18,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of these vacancies are expected to be filled during Q3.

The figures above include the income and expenditure relating to Community Care, which is currently showing £231,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. These figures will fluctuate throughout the year depending on the number and value of new packages being approved and existing packages ceasing. This budget will be carefully monitored throughout the year to ensure an overall balanced budget at year end.

This budget was significantly overspent in 2011/12, however action was taken to restrict as far as possible the scale of the over spend. This action and close monitoring will continue during the current year to again restrict expenditure as far as possible, however it is anticipated that expenditure on Community Care will still be above budget by year end.

### **Contribution to Intermediate Care Pooled Budget**

#### **Revenue Budget as at 30<sup>th</sup> September 2012**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	1,122	634	620	14
Supplies & Services	410	64	5	59
Transport	10	7	6	1
Other Agency Costs	211	31	18	13
<b>Total Expenditure</b>	<b>1,753</b>	<b>736</b>	<b>649</b>	<b>87</b>
<b>Total Income</b>	<b>-50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Operational Expenditure</b>	<b>1,703</b>	<b>736</b>	<b>649</b>	<b>87</b>
<b><u>Recharges</u></b>				
Central Support Charges	445	120	120	0
Premises Support	43	22	22	0
<b>Total Recharges</b>	<b>488</b>	<b>142</b>	<b>142</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>2,191</b>	<b>878</b>	<b>791</b>	<b>87</b>

The above figures relate to the HBC contribution to the pool only.

#### **Comments on the above figures:**

In overall terms revenue spending at the end of quarter 2 is £87,000 below budget profile, which in the main relates to expenditure on supplies & services that is £59,000 under budget. This is due to costs incurred on Halton's Intermediate Care Unit being less than expected at this stage of the year.

## 8.0 Explanation of Symbols

Symbols are used in the following manner:

### Progress

Green



**Objective**  
Indicates that the objective is on course to be achieved within the appropriate timeframe.

**Performance Indicator**  
*Indicates that the annual target is on course to be achieved.*

Amber



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*

Red



Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

### Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green



Indicates that **performance is better** as compared to the same period last year.

Amber



Indicates that **performance is the same** as compared to the same period last year.

Red



Indicates that **performance is worse** as compared to the same period last year.

N/A

Indicates that the measure cannot be compared to the same period last year.

### Operational Director Initials

**PMcW** - Paul McWade – Operational Director Commissioning & Complex Care

**SWB** - Sue Wallace Bonner – Operational Director Prevention and Assessment