

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Adult and Community Directorate
<b><u>Department:</u></b>	Complex Care Services
<b><u>Period:</u></b>	Quarter 3 - 1 <sup>st</sup> October 2010 – 31 <sup>st</sup> December 2010

### 1.0 Introduction

This quarterly monitoring report covers the Complex Care Services third quarter period up to 31<sup>st</sup> December 2010. It describes key developments and progress against key objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 5.

### 2.0 Key Developments

#### **Halton Home Improvement and Independent Living Service**

Following the further promotion of the Handyperson Service and the monitoring meeting with Safe Partnerships a project group has been established to re-evaluate the service and make recommendations about future service provision.

#### **Affordable Warmth Strategy**

Recruitment to the post of Affordable Warmth Coordinator was unsuccessful. Funding has been identified to train existing staff to implement and promote the principles of the strategy. The strategy has been accepted by Senior Management Team and will be presented to the Healthy Halton Policy and Performance Board.

#### **Halton Supported Housing Network**

Collection of baseline information is ongoing through the Supported Housing Network project group. The report about tenant finances is in draft format and will be presented to Senior Management Team for consideration. Staff training has been undertaken in relation to tenant finances and procedures are being revised.

#### **Adult Placement Service**

The Adult Placement Service project group has developed questionnaires to survey the views of service users, informal carers and social care staff to inform the future development of the service. This information will be collated and included in reports to senior management and Members in due course. Recent work by the team to raise the profile of the service has resulted in a steady flow of new referrals to the service.

## **MENTAL HEALTH SERVICES**

### **Review of Community Mental Health Services**

At the time of the last Quarterly Monitoring Report, the internal review of community mental health services (with some input from partners and stakeholders) was completed at a strategic level and was going out for consultation. The finer detail, relating to the direct impact on individual services, had yet to be identified.

### **Personalisation**

All new referrals to mental health services are now subject to the support planning process, and all reviews of care packages are taking the same approach. Two temporary social workers have been taken on within the community mental health teams to free up capacity for permanent staff to complete this process. The targets for delivery of personalisation within mental health services are on course for being achieved by the end of the financial year.

### **Mental Capacity Act/Deprivation of Liberty Safeguards**

Activity data on Mental Capacity Act assessments and Deprivation of Liberty Safeguards (DoLS) applications is now being reported regularly to the Mental Capacity Act Steering Group. A range of training opportunities and workshops has been provided to local residential care providers about their roles and responsibilities under DoLS, and a template has been devised to assist them in this. Direct work has taken place with one particular residential home, which was identified within a Serious Case Review, and this work continues. This will be extended to other care homes.

### **Older People's Mental Health Services**

The work continues to redesign dementia services to deliver the outcomes on the Halton dementia strategy. All current pathways into services have been fully mapped and it is clear that redesign will be more effective for people who use services. The potential for use of existing services to deliver the Assessment, Care and Treatment Service (ACTS) model is being examined.

## **3.0 Emerging Issues**

## **MENTAL HEALTH**

### **New referral sources**

The opportunity for service redesign within mental health services remains. It is clear that some areas of work are less able to demonstrate effective social care outcomes, and referral sources are increasing. This will be considered in more detail in Quarter 4.

### **National Mental Health Strategy**

The new national strategy for mental health is expected to be delivered in Quarter 4. The implications of the strategy for Halton will be reported through usual management structures.

### **Deprivation of Liberty Safeguards**

The impact of recent case law, which extends the scope of the Deprivation of Liberty Safeguards, has yet to be considered for Halton. This will be clarified in Quarter 4.

## Autistic Spectrum Conditions (ASC)

The local strategy for the delivery of improved services for people with ASC continues to be delivered through the multi-agency Steering Group.

### 4.0 Service Objectives / milestones

#### 4.1 Progress against 'key' objectives / milestones

Total	3		3		0		0
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All 'key' objectives and milestones are on or above target. Further information can be found in Appendix 1.

#### 4.2 Progress against 'other' objectives / milestones

Total	11		11		0		0
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All of the 'other' objectives/milestones are progressing as planned and additional details are provided within Appendix 4.

### 5.0 Performance indicators

#### 5.1 Progress Against 'key' performance indicators

Total	3		2		0		0
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The two indicators that have been recorded have both achieved target. NI 127 relating to 'Self reported experience of Social Care Users' cannot be reported as the NHS Information Centre are in the process of developing a new methodology for this. Details can be found in Appendix 3.

#### 5.2 Progress Against 'other' performance indicators

Total	16		8		5		3
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Of the 16 reportable 'other' indicators 8 are on or above target and will be reported on in quarter 4. Of the remainder 5 are amber and may reach target by year end. 3 will definitely not reach target. Details of the red and amber indicators can be found in Appendix 4.

## **6.0 Data quality statement**

The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **7.0 Appendices**

- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'key' performance indicators
- Appendix 3 Progress against 'other' performance indicators
- Appendix 4 Financial Statement
- Appendix 5 Explanation of use of symbols

## Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q 3	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place <b>Mar 2011</b> . (AOF6 & 7)		Redesign of Community Mental Health Services continues to ensure that it fits with the implementation of the Assessment, Care and Treatment Service (ACTS). This is an integral part of delivering the local dementia strategy. It is important to note that the Implementation plan for the dementia strategy covers 2010-2014 and full implementation of all elements of the service will not be completed by March 2011.

Ref	Objective
CCS 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q 3	Supporting Commentary
Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes <b>Mar 2011</b> (AOF 32)		A Draft Corporate Engagement Strategy has now been completed that outlines how the Local Authority will consult with service users in the future. Specific consultation work has been undertaken with over 100 carers and people currently using the Adult Placement service to help review existing quality and be part of the planning and commissioning process for the future. These consultations have been included on the corporate consultation list.

## Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q 3	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement <b>Mar 2011</b> (AOF 33,34 and 35)		Governance arrangements reviewed in response to 'Liberating the NHS' paper, and revised proposals are currently under discussion.

**Appendix 2: Progress Against 'key' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
<b>NI 127</b>	Self reported experience of Social Care Users	76.75	N/A	Refer to comment	N/A	N/A	The NHS Information Centre is currently developing a new methodology for this indicator, in view of which this PI may not be reportable until 2011/12.

Service Delivery							
<b>NI 145</b>	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	92%			Target achieved. Performance is improving from last year.
<b>CSS 8</b>	Adults with mental health problems helped to live at home (Previously AWA LI13)	3.93	3.50	3.97			Target achieved. Q3 performance relates to 295 clients an increase of 15 from the previous year.

**Appendix 3: Progress Against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
<b>Quality</b>							
CCS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP L19)	91.24	93	92.4	?		Q3 shows a downward trend from Q2, which stood at 97.25%, however it is hoped that the target may still be achieved as it is an improvement on the same quarter last year.
<b>Service Delivery</b>							
CCS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11) Rate per thousand population	8.15	8.00	7.7	?		Q3 shows a downward trend from Q2 this year, which had reached target at 8.09, and from the same quarter last year, which stood at 8.17. However it is hoped that the trend can be reversed and the target for this year achieved.

**Appendix 3: Progress Against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
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**Area Partner National Indicators:**

The indicators below form part of the new National Indicator Set introduced on 1<sup>st</sup> April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

NI 39	Hospital Admissions for Alcohol related harm	2548.6 estimated	2309	2101			Full Q3 data is not yet available and the October and November data has been extrapolated to calculate a Q3 proxy figure and will be updated in the Q4 report.
NI 120	All-age all cause mortality rate per 100,000 population	Male: 803.8 estimated  Female: 597.3 estimated	Male: 755  Female: 574	Male 864.1  Female 562.5	  	  	Data from December 2009 has yet to be verified but showed male mortality as 864 (per 100,000) Through 2010 this has fluctuated and at the end of November 2010 remains the same as last December's (2009) rate. This is off track and unexpected to hit the 2010 target of 755.  There has been good improvement in Halton this year for female mortality. If the number of deaths entered in December does not increase Halton will reach the 2010 target.

**Appendix 3: Progress Against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8 estimated	78.31	104.1			<p>November figure has been used as a proxy for Q3 as December data has not yet been released. There has been an increase in mortality due to circulatory diseases since April 10 pushing the yearly figure up for mortality in the under 75's. Halton Borough Council in conjunction with the PCT are examining the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of current programmes in place.</p> <p>This means the Circulatory Disease's in Halton are unlikely to hit the PCT calendar year end target of 78.31.</p>
NI 122	Mortality from all cancers at ages under 75	166.8 estimated	126.41	150.7			<p>Halton death rates from cancer under age 75 remain high, and above (worse than) target. The most recent monthly data (provisional until the 2010 national annual updates are released at the end of 2011) show an improvement. On present trends we are unlikely to meet the cancer mortality target, despite a fall in provisional death rates between 2009 and 2010.</p>

**Appendix 3: Progress Against 'other' performance indicators**

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
NI 126	Early access for women to maternity services	1319 estimated	3229 85.5%	84.72%			Q3 data is not yet available and Q2 data has been used as a proxy. Performance is just short of the year end target. Given continued work it is likely that the year end target will be achieved.

## Appendix 4: Financial Statement

### ADULTS & COMMUNITY – COMPLEX CARE Revenue Budget as at 31st December 2010

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b><i>Expenditure</i></b>					
Employees	4,870	3,608	3,584	24	3,584
Other Premises	66	44	45	(1)	61
Food Provisions	4	3	1	2	3
Supplies & Services	415	320	364	(44)	478
Transport	707	430	415	15	628
Emergency Duty Team	100	50	50	0	50
Aids & Adaptations	113	85	110	(25)	122
Contribution to Joint Equipment Service	231	0	0	0	0
Community Care:					
Residential & Nursing Care	805	566	544	22	616
Home Care	416	309	314	(5)	314
Supported Living	239	92	75	17	75
Direct Payments	123	77	85	(8)	85
Day Care	8	7	9	(2)	9
<b>Total Expenditure</b>	<b>8,097</b>	<b>5,591</b>	<b>5,596</b>	<b>(5)</b>	<b>6,025</b>
<b><i>Income</i></b>					
Residential & Nursing Fees	-64	-37	-55	18	-45
Direct Payment charges	-3	-2	-2	0	-2
Fees & Charges	-52	-34	-44	10	-44
Rents Income	-28	-21	-11	(10)	-11
PCT contribution to care	-715	-541	-561	20	-571
Capital salaries	-84	0	0	0	0
Government Grants:					
Handyman Grant	-70	-70	-70	0	-70
DFG	-40	-40	-57	17	-57
Other Income	-205	-134	-142	8	-142
<b>Total Income</b>	<b>-1,261</b>	<b>-879</b>	<b>-942</b>	<b>63</b>	<b>-942</b>
<b>Net Controllable Expenditure</b>	<b>6,836</b>	<b>4,712</b>	<b>4,654</b>	<b>58</b>	<b>5,083</b>
<b><u>Recharges</u></b>					
Premises Support	114	10	9	1	9
Central Support Services	1,225	2	2	0	2
Asset Charges	1,322	0	0	0	0
HBC Support Costs Income	-109	0	0	0	0
<b>Total Recharges</b>	<b>2,552</b>	<b>12</b>	<b>11</b>	<b>1</b>	<b>11</b>
<b>Net Department Total</b>	<b>9,388</b>	<b>4,724</b>	<b>4,665</b>	<b>59</b>	<b>5,094</b>

## Appendix 4: Financial Statement

### Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is under budget profile by £59,000. This is due to expenditure on the staffing budget being slightly less than anticipated and the overachievement of income.

Expenditure on the staffing budget remains less than anticipated at the start of the year however the under spend reported at the end of quarter 2 has not increased as the vacant front line service posts have now been filled.

The supplies and services budget continues to be over budget profile, as expected, due to IT commitments for the Carefirst system including the annual maintenance charge to the software system suppliers.

The Aids & Adaptations budget continues to be under pressure, as anticipated, as more service users are supported within their own homes as opposed to residential placements. This budget will be closely monitored throughout the year to ensure it is contained within the overall budget for the department.

The Community Care budget, including associated fees & charges, is currently £21,000 under budget profile. However the Homecare, Direct Payments and Day Care budgets continue to be under pressure as an increasing number of service users are being supported at home using home care and telecare services or opting to choose a personal budget to enable them to arrange their own care package as this offers more flexibility and choice.

The community care budget is being monitored very closely and work has now been completed to ensure the likely year end position is contained within the overall departmental budget. The trend of increasing Day care & Direct Payments is expected to continue throughout 2011/12 exerting a real and increasing pressure on the Directorate's budget which must be managed carefully.

Income received is slightly higher than anticipated at budget setting time however the variance to date is the same as at quarter 2 indicating that this trend is not likely to continue throughout the final financial quarter.

**Expenditure within the Complex Department is currently £59,000 below the net Departmental budget. This will contribute towards the £0.5m underspend target which has been set for the Adults & Community Directorate.**

### **Capital Budget as at 31st December 2010**

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
User Led Organisation	55	0	0	55
<b>Total Spending</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>55</b>

#### User Led Organisation

A contract has been awarded to consultations to develop a hub & spoke model. Work is currently underway to identify suitable accommodation for the hub and spending against this scheme is anticipated during the remaining 3 months of the financial year.

## Appendix 5 Explanation of Symbols

Symbols are used in the following manner:

<b>Progress</b>	<b><u>Objective</u></b>	<b><u>Performance Indicator</u></b>
<b>Green</b>	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
<b>Amber</b>	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
<b>Red</b>	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

### **Direction of Travel Indicator**

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

<b>Green</b>	 Indicates that <b>performance is better</b> as compared to the same period last year.
<b>Amber</b>	 Indicates that <b>performance is the same</b> as compared to the same period last year.
<b>Red</b>	 Indicates that <b>performance is worse</b> as compared to the same period last year.
<b>N/A</b>	Indicates that the measure cannot be compared to the same period last year.