

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Community Directorate
<b><u>Department:</u></b>	Commissioning & Complex Care Services
<b><u>Period:</u></b>	Quarter 1 - 1 <sup>st</sup> April 2011 – 30 <sup>th</sup> June 2011

### 1.0 Introduction

This quarterly monitoring report covers Commissioning and Complex Care Services for the first quarter period up to 30<sup>th</sup> June 2011. It describes key developments and progress against 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 7.

### 2.0 Key Developments

#### **Housing Options for Disabled Adults**

A feasibility study is underway to evaluate the potential for Community Networks (known as the Keyring model) for Disabled Adults to be developed in Halton.

#### **Partnership Working with Registered Social Landlords**

In conjunction with members of the Housing Partnership, work is progressing to develop a Sanctuary Policy which will see Registered Social Landlords, (RSL's) in the borough taking responsibility for the provision of Sanctuary Measures installed within their properties for clients experiencing or under threat of domestic violence. The previous domestic violence indicator BVPI 225 placed a requirement on local authorities to develop Sanctuary Schemes. The aim is to ensure victims of violence and abuse can access a scheme to enable additional security measures to be installed in victims homes to help them remain in their homes and feel safe.

Work is also being undertaken to expand the provision of floating support services for vulnerable people provided directly by RSL's. Initial meetings have been held with support providers and RSL partners to identify areas for RSL intervention.

### **Electronic Monitoring of Domiciliary Care**

The Quality Assurance Team has been working with colleagues in IT to develop a system for the Electronic Monitoring of Domiciliary Care. A technical specification has been drawn up to inform discussions with local providers regarding future requirements.

### **Drug Treatment Services**

A learning day was held between services from Ashley House and the Team Around The Family; the Integrated Working Support Team (IWST) . The objective of the day was to promote closer working relationships between the 2 services with the overall outcome of reducing parental impact of substance misuse through early intervention. An action plan has been developed that will be overseen by the project steering group.

The Drug & Alcohol Carers Group action plan has been agreed. The number of new carers being assessed continues to increase with over 100 individuals now known to drug and alcohol services. The weekly support group also continues to flourish.

The work around developing service user & carer involvement through the Patient Opinion website is to be submitted to the Health Service Journal Awards.

There is now an increased choice of recovery approaches for service users with the implementation of SMART recovery at Ashley House.

Job Centre Plus has delivered training to front line staff in Ashley House to help support the changes around benefits to people using drugs & alcohol.

### **Housing Solutions Service**

Additional funding secured through the Department of Communities and Local Government (CLG) allowed the service to progress the Joint Protocol with Children's services for young people and recruit an additional temporary Housing Solutions Officer. The designated Housing Solutions Youth Officer works across Housing Solutions, Children's Services and Probation, dealing specifically with young people threatened with homelessness. This has already had a positive impact on the level of service available to young people and has achieved good outcomes.

Halton and three other Merseyside authorities have entered into a formal agreement to work in partnership to develop and introduce an additional service for rough sleepers. The scheme will be led by Liverpool City Council and is initially funded for a two year period by CLG. It is proposed that the scheme will be introduced in October 2011.

The Homeless Strategy Action Plan is presently being reviewed and will be submitted to the Homeless Forum September 2011. The Forum partnership has established two sub groups that are actively involved in the progress and development of the Homeless Action Plan. Further recommendations include the development of a Strategic Partnership Group. It is proposed that the group will

identify key priorities and work to secure future funding to develop and retain the Homeless Services within the district.

### **The Carers Centre- Local Engagement**

The Carers Centre is fully engaged with the Local Implementation Teams (LIT) Sub-groups for Carers, the Carers Strategy Group, and the manager of the Carers Centre chairs the Carers Reference Group. They are also involved in influencing the development of services for Carers and in monitoring the performance of currently commissioned Carer services, through the evaluation fed back through the LITS and Strategy Group. The Carers Centre fully contributes to the Annual Carers Consultation, Carers Rights Day and Carers Week and is pro-active in raising the awareness of Carers issues and in responding to Carers feedback.

### **Mental Health Services**

#### **Review of Acute Care Pathway**

For some time the 5BoroughsPartnership have been reviewing the delivery of their services for people with acute and chronic mental health conditions – this includes a range of community mental health teams, and their relationship to preventive and inpatient services. This Review is in the latter stages and should be reported in Quarter 2.

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

Within Halton, work has continued across key partners to deliver components of the planned Assessment, Care and Treatment Services (ACTS) for adults with dementia. This is intended to ensure early diagnosis and to then put services, supports and treatments in place which will help people with dementia to remain at home for longer periods and with a better quality of life. The project to deliver the ACTS has recently been redesigned to incorporate a more community-focused approach, and the pathways into social care (which are currently very complex) are to be considered during Quarter 2.

#### **Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)**

Although these linked pieces of legislation continue to be delivered effectively in Halton, it is apparent that there is more to do to ensure that this remains the case. A review of the operational processes will be taking place in the summer of 2011, and a new overarching policy is being developed to include key stakeholders. Work is taking place with the police to ensure that their systems incorporate Mental Capacity issues as required. An initial approach to improving the use and understanding of DoLS within care homes has been developed and has been successfully trialled in a local care home; it is planned that this should be rolled out further through 2011.

#### **Autistic Spectrum Conditions (ASC)**

The local strategy continues to be implemented. As a part of this, a new post of Practice Manager has been developed and the successful candidate will be in post by August 2011. This post will be crucial in supporting the development of effective services for people with ASC.

### 3.0 Emerging Issues

#### **Commissioning.**

##### **Partnership Commissioning.**

Work has commenced on reviewing existing partnership commissioning structures in line with Government proposals for the development of Health and Well Being Boards. It has emerged that there is significant cross over in the areas of work undertaken and the professionals attending the Physical & Sensory Disability Local Implementation Team (LIT) and the Older Peoples LIT. A paper is being drafted to consider the pros and cons of merging the two Boards.

##### **Quality Assurance of Commissioned Services**

A Business Contingency Plan has been developed to manage issues arising at a local level out of the recent financial crisis experienced by the national care provider, Southern Cross. Assurances have been sought from Southern Cross and the Government that service users will encounter minimal disruption as a result of the organisation's financial difficulties.

Southern Cross manages three residential homes in Halton and the Quality Assurance Team is in regular contact with Southern Cross management for this region, regarding continuation of services within these homes. The Quality Assurance Team has received assurances that there are no issues with the homes that they operate in Halton and that it is very much business as usual. Southern Cross will be in a position to confirm their intentions regarding the future of specific homes across the region at the end of July 2011.

On a national and regional basis there have been a number of legal challenges in regard to the fee levels set by Local Authorities for the provision of residential care.

Halton received a letter indicating that providers may instigate challenge. However, since Council approved the new rate for residential care from April 2011/12, there has been no challenge submitted by local providers. Given the significant impact and media coverage of Southern Cross, it is anticipated the legal challenge of care will be an issue in 2012/13.

##### **Drug Treatment Services**

The tender to re-commission Drug and Alcohol services continues to progress. There were 9 potential bidders at the Preliminary Quality Questionnaire stage, and the standard of submissions was overall very good. Deadline for Invitation to Tender submissions is the 20<sup>th</sup> July. Presentations by short listed candidates will be in mid August. It is anticipated that the new service will commence in early January 2012.

The increasingly prevalent use of cannabis in the Borough has been raised as an issue by Cheshire Constabulary. A meeting in August to discuss the nature of these problems and possible responses is to be held together with colleagues from Children's Commissioning and Warrington Drug Action Team (DAT).

## **Mental Health Services**

### **Older people's mental health services**

The 5BoroughsPartnership has recently completed a review of its service for people with dementia, and is proposing changes to service delivery which may have a considerable impact on local residents. A high level model has been developed but further detail has yet to be supplied; the proposals will go for consultation across the Trust area, and it will be important for Halton Council to be fully engaged in this, not least to ensure that any development are compatible with the parallel developments of the Assessment, Care and Treatment Services (ACTS). As with the Acute Care pathway, the directorate will undertake a review of the social work service for people with dementia to ensure that provision is fit for purpose.

### **Personalisation and the Care Programme Approach**

The delivery of self directed support in mental health cannot be done in isolation by social services staff alone – it has to be embraced by staff in the 5BoroughsPartnership. One of the key issues is to ensure that the Care Programme Approach – which is the approach to assessment and care management in mental health services – is fully compatible with personalisation. A project is being developed to attempt to integrate the two processes across the Trust.

### **Deprivation of Liberty Safeguards (DoLS)**

Case law continues to emerge which redefines the boundaries of the DoLS – this is being evaluated for its impact on Halton in Quarter 2. The rate of use of DoLS has increased sharply in the first Quarter of 2011: in both 2009/10 and 2010/11, there were 11 DoLS referrals in each year; already there have been 9 referrals in the first quarter of 2011/12. The impact of this on staff workloads needs to be understood.

### **Mental Health Act Assessments**

There has been a substantial increase in assessments for detention in hospital under the Mental Health Act 1983 – these assessments have almost doubled in the past two years. This is a pattern which has been repeated both across the country and nationally, so it is not solely a Halton issue. The reasons for this are not fully understood and are likely to be multi-faceted; however there has been a significant impact on staff workloads and this will need to be considered in the context of the directorate's review of its social care input into mental health services.

## 4.0 Service Objectives/Milestones

### 4.1 Progress Against 'Key' Objectives/Milestones

<b>Total</b>	<b>8</b>		<b>7</b>		<b>1</b>		<b>0</b>
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Seven 'key' objectives and milestones are on or above target and detailed in Appendix 1.

A further 'key' indicator is uncertain at this time because the Affordable Housing Programme for 2011/15, due to be announced by the Government in August 2011, will impact upon it and mean that there is little scope to influence plans until 2016. However, it will still be possible to continue to negotiate with housing providers and put in annual bids for further extra care housing tenancies.

### 4.2 Progress Against 'Other' Objectives/Milestones

<b>Total</b>	<b>19</b>		<b>19</b>		<b>0</b>		<b>0</b>
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All other objectives/milestones for the Department are on track to be achieved and are therefore not being reported by exception at this time.

## 5.0 Performance Indicators

### 5.1 Progress Against 'Key' Performance Indicators

<b>Total</b>	<b>5</b>		<b>4</b>		<b>1</b>		<b>0</b>
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Four of the five reportable 'key' indicators are on or above target. One indicator which relates to adults with mental health problems helped to live at home is uncertain whether the target will be achieved. Further information is available in Appendix 2.

There are two other 'key' indicators that are not being reported at this time which relate to clients with dementia. These are new indicators for which a baseline has been set; reporting on progress will not be available until quarter 2.

## 5.2 Progress Against 'Other' Performance Indicators

<b>Total</b>	<b>28</b>		<b>3</b>		<b>2</b>		<b>2</b>
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Three 'other' indicators are on or above target and are not being reported by exception at this time.

There are two indicators which are uncertain to reach their targets at this time; (CCC 21) relating to "adults with mental health problems helped into voluntary work", this is marginally below last year's performance. The second (CCC 31) relates to "prolific and priority offenders" this is more difficult to assess due to the reasons described in Appendix 3.

Two indicators will not achieve their target this year both relate to "adults with physical disabilities" and "adults with learning disabilities" helped to live at home. Currently, the performance of both of these is down on last year but measures are being put in place to redress this.

There are 21 'other' performance indicators which cannot be reported at this time, mostly because information is still outstanding from partner agencies that have a different reporting timescale. This information will become available later in the year.

Details of all these indicators can be found in Appendix 3.

## 6.0 Risk Control Measures

During the Development of the 2011-12 Service activity, the service was required to undertake a risk assessment of all Key Service objectives.

Where a Key service objective has been assessed and found to have an associated 'High' risk, progress against the application of this risk treatment measures will be reported in quarters 2 and 4.

## 7.0 Progress Against High Priority Equality Actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

## **8.0 Data Quality Statement**

The author provides assurance 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 sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## **9.0 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
CCC 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 Q1	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2012.</b> (AOF6 & 7)		Pathway mapping now complete, next stage development of the service specification for the role of Dementia Care Advisors is now underway. This process is likely to be completed by Oct 2011, with the new post due to begin in January 2012.
Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. <b>Jun 2011</b> (AOF 7)		A number of funding opportunities are currently being explored and the Carers Centre has produced a business plan 2009 – 2013 which includes an exit strategy beyond September 2011. The Council has agreed funding until March 2012.

## Appendix 1: Progress Against 'key' Objectives/Milestones

Ref	Objective
CCC 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 Q1	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2012</b> (AOF6 & 7)		<p>At present, the Safe Place Project has been to set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault. They therefore have close links with domestic violence. The aftercare service is funded 50% by the local authorities and went live on 1 October 2010 covering Cheshire, Halton and Warrington. The aftercare service is provided by the Rape and Sexual Abuse Support Centre (RASASC). The crisis service went live on 1 April 2011 and is located at St Mary's hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.</p> <p>The RASASC service is available to those aged 13+. This provision is available due to greater capacity of a larger team and will be able to offer family continuity and a more comprehensive service.</p>

**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 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 1	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 2012.</b> (AOF 32)		A list of consultations is publically available via the Halton Borough Council website 'Consultation Finder'. The department continues to engage with service users and carers to ensure outcomes are being met and service improvement is identified. Statutory (Adult Social Care Survey) as well as local consultations (e.g. Carers consultation events, service redesign consultations) take place on a regular basis to ensure both service users and carers are able to express their opinions about the services they receive locally.

**Appendix 1: Progress Against 'key' Objectives/Milestones**

Ref	Objective
CCC 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 Q1	Supporting Commentary
Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>Mar 2012</b> (AOF 32)		<p>The Local Involvement Network (LINK) have established a Transition Sub Group to look at the move towards HealthWatch and a HBC HealthWatch Project Group is in the process of being established, which will work with the LINK Transition Sub Group. The LINK Transition Sub Group, with support from HBC Policy Officer, has devised an evaluation tool to assess the effectiveness of the LINK and form the basis of a transitional plan. It is expected that this process will be completed in Autumn 2011. However, as a result of the 'Listening Exercise', HealthWatch will not be established until October 2012.</p> <p>Halton BC have to ensure a continuation of LINK service until HealthWatch is established and is in the process of agreeing a contract extension until March 2012 with approval required for a further extension until October 2012. Decisions about how Halton establish a HealthWatch and possible working with other Councils will be considered by the HealthWatch Project Group.</p>

## Appendix 1: Progress Against 'key' Objectives/Milestones

Ref	Objective
CCC 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 Q1	Supporting Commentary
Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). <b>Mar 2012</b> (AOF6 & 7)		When the Affordable Housing programme for 2011/15 is announced in August, there will only be limited scope to influence plans within that programme until 2016, which will be further restricted by the Council's ability to revenue fund future developments through the Supporting People Programme. Whilst it will not be possible to meet all identified needs by March 2012 we will still continue to explore options with housing providers to develop extra care housing provision within existing supported housing schemes.
Update the JSNA <b>summary of findings</b> , following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. <b>Mar 2012</b> (AOF 6)		The JSNA Executive Summary and chapters are now available from the HBC and PCT websites (July 2011). The Executive Summary asks for comments to be made to the Policy Officer (Health), who will use these to ensure the JSNA continues to reflect the health and well-being needs of the people of Halton.

**Appendix 1: Progress Against 'key' Objectives/Milestones**

<b>Ref</b>	<b>Objective</b>
<b>CCC 3</b>	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

<b>Milestones</b>	<b>Progress Q1</b>	<b>Supporting Commentary</b>
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. <b>Mar 2012.</b> (AOF 33,34 and 35)		The Council continues to review the arrangements in light of recent 'Listening Exercise' undertaken by Government.

## Appendix 2: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b><u>CCC 6</u></b>	Adults with mental health problems helped to live at home (Previously AWA L113/CCS 8)	3.97	3.97	3.92	?		This target is on track to being either achieved or marginally under target; Q1 performance relates to 291 clients, which is only 2 more than the same period of 2010/11. The numbers of referrals are both low and static and only a small number of people is needed for there to be a variation in the target outcome. The overall service is to be reviewed in 2011/12 and this may have an impact on this target.
<b><u>CCC 7</u></b>	Total number of new clients with dementia assessed during the year as a percentage of the total number of new clients assessed during the year, (18+)	4.6%	5%	N/A	N/A	N/A	Data will be available to report in Q2 as services are reconfigured in line with the new Dementia Strategy.

## Appendix 2: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
<b><u>CCC 8</u></b>	Total number of clients with dementia receiving services during the period provided or commissioned by the CSSR as a percentage of the total number of clients receiving services during the year, (18+).	3.3%	5%	N/A	N/A	N/A	Data will be available to report in Q2 as services are reconfigured in line with the new Dementia Strategy.
<b><u>CCC 9</u></b>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously PCS 12).	0	1.2	0			There are no cases to report in Q1. The authority is geared towards taking a pro-active approach to reduce repeat homelessness.
<b><u>CCC 10</u></b>	Number of households living in Temporary Accommodation (Previously NI 156).	4	12	4			The government devised target is 17. The local target has been set below this at 12 and the service has continued to achieve this; successfully reducing households living in temporary accommodation.

## Appendix 2: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
<b><u>CCC 11</u></b>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously PCS 11).	5.78  (940 cases)	4.4	1.4			This is a cumulative target, which has achieved 1.4 in Q1 and is therefore overachieving against target.
<b><u>CCC 14</u></b>	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135).	24.13	24.5	6.28			Performance is slightly less compared to the same period the previous year. The Performance Team continue to work with Staff to ensure assessment timescales are being met.

### Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
CCC 4	Adults with physical disabilities (aged 18-64) helped to live at home per 1,000 population (Previously CCS 6)	7.89	8.0	7.82			Q1 performance relates to 581 clients, 12 less than the previous year.
CCC 5	Adults with learning disabilities (aged 18-64) helped to live at home per 1,000 population (Previously CCS 7)	4.37	4.3	4.12			Q1 performance relates to 306 clients, 10 less than the previous year.

### Appendix 3: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 1	Current Progress	Direction of Travel	Supporting Commentary
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#### Fair Access

CCC 21	Total number of adults with mental health provided with help and support to stay in voluntary work (Previously CCS 2).	25	21	3	?		In Quarter 1, there is 1 less client than the same quarter last year. At this stage, it is unknown whether the year end figure can be achieved.
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#### Area Partner Indicators:

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

CCC 22	Reduce Hospital Admissions for Alcohol related harm (Previously NI 39) Rate per 100,000	2773	2309	699.8	?		All of 10/11 data has been updated.  All current Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned and as of January 2012 are being replaced. A two stage competitive tender has been launched for future Tier 2 and 3 drug and alcohol services (as part of an integrated recovery service), in Halton. Work to support the tender continues.
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## Appendix 4: Financial Statement

### COMMISSIONING & COMPLEX NEEDS DEPARTMENT

#### Revenue Budget as at 30<sup>TH</sup> June 2011

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
<b>Expenditure</b>					
Employees	7,326	1,923	1,956	(33)	1,980
Other Premises	318	139	153	(14)	302
Supplies & Services	2,470	227	230	(3)	818
Contracts & SLA's	1,317	132	109	23	109
Transport	295	64	51	13	202
Emergency Duty Team	103	0	0	0	0
Community Care:					
Residential & Nursing Care	806	96	80	16	80
Home Care & Supported Living	492	80	87	(7)	87
Direct Payments	144	43	49	(6)	49
Day Care	11	1	2	(1)	2
Food Provision	35	9	4	5	6
Other Agency Costs	1	0	0	0	0
SP Payments To Providers	4,216	1,197	1,215	(18)	1,215
Grants To Voluntary Organisations	270	119	123	(4)	123
<b>Total Expenditure</b>	<b>17,804</b>	<b>4,030</b>	<b>4,059</b>	<b>(29)</b>	<b>4,973</b>
<b>Income</b>					
Residential & Nursing Fees	-68	-13	-14	1	-14
Direct Payment Charges	-3	-1	-1	0	-1
Community Care Income	-4	-1	-1	0	-1
Sales & Rents Income	-183	-117	-100	(17)	-100
Fees & Charges	-387	-94	-111	17	-111
PCT Reimbursements	-2,616	-234	-253	19	-253
Government Grants:					
Community Safety	-319	-30	-37	7	-37
Housing	-56	-41	-45	4	-45
Transfer From Reserves	-142	-142	-142	0	-142
Capital Salaries	-84	0	0	0	0
<b>Total Income</b>	<b>-3,862</b>	<b>-673</b>	<b>-704</b>	<b>31</b>	<b>-704</b>
<b>Net Controllable Expenditure</b>	<b>13,942</b>	<b>3,357</b>	<b>3,355</b>	<b>2</b>	<b>4,269</b>
<b>Recharges</b>					
Premises Support	508	107	107	0	107
Asset Charges	406	0	0	0	0
Central Support Services	2,278	519	519	0	519
Transport Recharges	449	110	110	0	110
Internal Recharge Income	-88	0	0	0	0
<b>Net Total Recharges</b>	<b>3,553</b>	<b>736</b>	<b>736</b>	<b>0</b>	<b>736</b>
<b>Net Departmental Total</b>	<b>17,495</b>	<b>4,093</b>	<b>4,091</b>	<b>2</b>	<b>5,005</b>

## Appendix 4: Financial Statement

### Comments on the above figures:

Net Controllable Expenditure is £2,000 below budget profile for the first quarter of the financial year.

Whilst this implies spending is in line with budget, expenditure on staffing costs currently exceeds budget to date. This is currently in the region of £33,000, which projects up to £132,000 for the full year. The total savings target was increased significantly in the 2011/12 base budget in order to meet corporate savings targets, and now stands at £502,000 for the Department. This equates to £125,000 for the first quarter, of which £92,000 has been achieved. Remedial action may therefore need to be taken on other budget headings within the Department to ensure that net expenditure remains within the budget allocation for the year.

The above figures include projected income and expenditure in respect of the Community Care element of Mental Health Services. The full year projection is based on data held for all known care packages currently in place and therefore is subject to fluctuation, dependent on the number and value of new packages approved, and the termination of existing packages. Although a balanced budget is anticipated at year end, it should be noted that the gross expenditure on Mental Health Community Care packages rose by 36% from 2009/10 to 2010/11 and so this budget will be monitored very closely throughout the year to ensure the service remains within budget.

Other expenditure is generally in line with budget at this point in the year, and it is not anticipated that there will be any significant budget variances in these areas at the end of the financial year.

Similarly, income is marginally above target to date, once the element relating to Community Care is removed.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be in line with budget the end of the financial year. However, careful control of staffing budgets will need to be exercised to ensure that savings targets are met, or remedial action taken in other areas to ensure a balanced budget is achieved.

### Capital Projects as at 30<sup>th</sup> June 2011

	2011/12 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<b>Renovation Grant</b>	166	39	39	127
<b>Disabled Facilities Grant</b>	660	5	5	655
<b>Energy Promotion</b>	6	0	0	6
<b>Stairlifts</b>	200	47	47	153
<b>RSL Adaptations</b>	560	134	134	426
<b>Modular Buildings</b>	27	0	0	27
<b>Choice Based Lettings</b>	40	0	0	40
<b>Extra Care</b>	463	0	0	463
<b>Borough Placements</b>	464	0	0	464
User Led Adaptations	55	0	0	55
<b>Total Spending</b>	<b>2,641</b>	<b>225</b>	<b>225</b>	<b>2,416</b>

## 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.