

Departmental Quarterly Monitoring Report

Directorate: Communities Directorate

Department: Commissioning & Complex Care

Period: Quarter 2 - 1st July 2011 – 30th September 2011

1.0 Introduction

This quarterly monitoring report covers Commissioning and Complex Care Services for the second quarter period up to 30th September 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 6.

2.0 Key Developments

The reorganisation of the Communities Directorate has led to the Drug Action Team (DAT) contracts and monitoring functions being transferred to the Quality Assurance Team to ensure a consistent approach to performance management of these contracts.

Work on 'winter pressures' is beginning, with all Providers supplying updated plans and contingency measures.

Tenders are being prepared for homeless, floating support and domestic abuse services. The tenders are due to be advertised on 17th October 2011 to enable contracts to be issued from April 2012.

Mental Health Services

The 5Boroughs NHS Foundation Trust has produced proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Implementation groups are being established to ensure a coordinated approach is developed.

3.0 Emerging Issues

Model of Care to develop a Comprehensive Community services infrastructure for Adults with Learning Disabilities

Commissioners across Health and Social Care in Halton, St Helens, Knowsley and Warrington are evaluating the levels of community focussed support for adults with learning disabilities. This support will be aimed at reducing reliance on specialist learning disability in-patient services or out of area placements. It is then proposed to consult on the de-commissioning of the in-patient beds provided by the 5 Boroughs Foundation Trust.

4.0 Service Objectives/Milestones

4.1 Progress Against 'Key' Objectives/Milestones

Total	7		7		0		0
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All 'key' objectives / milestones are presently on track to achieve annual targets; additional information can be found within Appendix 1.

4.2 Progress Against 'Other' Objectives/Milestones

Total	16		15		1		0
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All 'other' objectives/milestones are progressing as planned although at this stage it is uncertain whether the Housing related support 'Gateway' will be implemented within the financial year. Further information can be found within Appendix 2

5.0 Performance Indicators

5.1 Progress Against 'Key' Performance Indicators

Total	4		1		2		0
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One of the four 'key' Performances Indicators is on track to achieve annual targets. It is uncertain at this time whether two of the 'key' performance indicators relating to Dementia assessments and Dementia services will achieve annual targets.

Due to data issues one indicator cannot be reported at this time – Adults with mental health problems helped to live at home. Further information is provided within Appendix 3.

5.2 Progress Against ‘Other’ Performance Indicators

Total	6		5		1		0
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Five ‘other’ Performance Indicators are on track to achieve annual targets. However, it is uncertain at this time whether the reduction in hospital admissions for alcohol related harm will achieve its annual target as quarter 2 has been produced based on proxy data for September 2011.

There are two indicators which cannot be reported at this time due to changes in recording data on the Carefirst system and a further four indicators cannot be reported at this point in the year. Further information is provided within Appendix 4.

6.0 Risk Control Measures

No ‘high’ risk, treatment measures were identified during the development of the 2011 -12 Service activity.

However, in light of an increase in financial costs borne by the Directorate, partly due to increases in service demand, measures continue to be applied in order to manage and control operational service expenditure levels. The measures put in place are intended to minimise the financial risk to the organisation as well as identifying areas for cost efficiency.

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 'Other' Objectives/Milestones
- Appendix 3 Progress Against 'Key' Performance Indicators
- Appendix 4 Progress Against 'Other' Performance Indicators
- Appendix 5 Financial Statement
- Appendix 6 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 Q2	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2012. (AOF6 & 7)		Service specification for the Dementia Care Advisors has been completed and will now go out to formal tender. Assessment, Care and Treatment service has now started and evaluation of the initial findings of the project will be submitted by March 2012. An update on project progress will be available from November 2011.
Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. Jun 2011 (AOF 7)		Work is currently taking place within a sustainability group for Carers Providers of which Halton Carers Centre is acting as a lead.

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 Q2	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence Mar 2012 (AOF6 & 7)		<p>The Safe Place Project has 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. It provides forensic medical examination, care and aftercare and has close links with domestic violence.</p> <p>Halton, as part of this project, pays to utilise St Mary's Hospital in Manchester for all forensic medical examinations needs and access to a child Independent Sexual Violence Adviser (ISVA). 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>There is also an aftercare service funded 50% by the Local Authorities which 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). This provides an individual ISVA in our area to provide a service to those aged 13+, with provision increased due to greater capacity of a larger team. This service will now be able to offer family continuity and a more comprehensive service. This post also offers ongoing support to victims in their local area, which can include support with the court process, emotional support and in gaining access to other required services such as counselling and further medical advice. In order to access the service, victims can self-refer, RASASC can offer support. Cheshire Police will transport victims to the facility for cases that have been reported.</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 Q2	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. Mar 2012. (AOF 32)		Two consultations commenced during Quarter 2. The first is a survey consultation to evaluate customer satisfaction with their experience of Housing Solutions in order to continually monitor and improve service delivery. The second is a survey consultation to find out the experience of service users who had had a minor or major adaptation, to gauge the level of satisfaction and to improve the experience for future service users.

Appendix 1: Progress Against 'Key' Objectives/Milestones

Ref	Objective	
CCC 2 (continued)	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 Q2	Supporting Commentary
Ensure HealthWatch is established and consider working in partnership with other Councils to deliver this. Mar 2012 (AOF 32)		The implementation date for Local HealthWatch has now been put back by Government to October 2012. During this extended transition period the LA has a statutory responsibility to maintain LINK activity. The current LINK Host contract will be extended to October 2012, with an option of 6 x 1 month extension options (should the implementation date slip again) subject to Exec Board Sub approval in early November 2011. There is a LINK Transition Group (Sub Group of the LINK Board) established to undertake planning for Local HealthWatch; on which the Divisional Manager for Commissioning, a Commissioning Manager and Policy Officer sit. Within HBC there is a HealthWatch Project Group identified to undertake the technical aspect of the procurement of a HealthWatch Service. Partnership working with other councils may come in the form of joint commissioning of a HealthWatch organisation across a wider geographical footprint; but with HealthWatch boards present within each LA area, or the joint commissioning of the NHS Complaints Advocacy Service (from April 2013) across a wider geographical footprint; these options will be considered if/when appropriate.
Update the Joint Strategic Needs Assessment (JSNA) summary of findings, following community		The draft JSNA has been available from both HBC and PCT website since July 2011 and requests comments by March

Appendix 1: Progress Against 'Key' Objectives/Milestones

consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2012 (AOF 6)		2012. Feedback/comments will be collated by the Policy Officer (Health) and a refreshed protocol is being developed between Policy/Public Health and HBC Research & Intelligence to ensure that the JSNA remains as current and useful as possible.
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Ref	Objective
CCC 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 Q2	Supporting Commentary
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'. Mar 2012. (AOF 33,34 and 35)		Detailed arrangements for the Health and Wellbeing Board have now been finalised and there are advanced discussions regarding the transfer of Public Health to the Council.

Appendix 2: Progress Against 'Other' 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 Q2	Supporting Commentary
<i>Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2012. (AOF 6)</i>		The Autism Strategy for Halton is still in draft form, however work is progressing to finalise the strategy and achieve final sign off from all partners as soon as possible. Progress updates of the strategy are provided to the Autism Spectrum Condition (ASC) Strategic Group on a quarterly basis. The Autism Strategy includes an action plan to be monitored on a regular basis in order to track progress on implementing statutory and best practice guidance regarding services available for children and adults with Autism Spectrum Conditions living in Halton.
<i>Consider implications of Autism Act 2009 and review working practices to ensure they are 'fit for purpose'. Mar 2012. (AOF 7)</i>		The Autism Act 2009 and subsequent strategies such as 'Fulfilling and Rewarding Lives' have been considered and all action points for local authorities to deliver have been included in the 'Halton Autism' Strategy to ensure implementation and that the services provided locally are fit for purpose. The action plan included in this strategy identifies responsible officers and clear timeframes for delivery. The action plan will be monitored on a regular basis and updates presented to the ASC Strategic Group. A Scrutiny Review of Autism Spectrum Conditions commenced in June 2011 and the review will run until September 2011. The Scrutiny Review Topic Group includes the Operational Director for Commissioning and Complex Needs, Principal Policy Officer and the Principal and Practice

Appendix 2: Progress Against 'Other' Objectives/Milestones

		Managers for the Positive Behaviour Support Service. The final report of findings from the review will be presented at the Health PPB in March 2012.
<i>Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities. Mar 2012. (AOF 21)</i>		It has now been agreed that the strategy will be progressed by Policy and Strategy in conjunction with Directorate staff.
<i>Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs. Mar 2012. (AOF6 & 7)</i>		With the continued implementation of 'active support' a system devised by Dr Sandy Toogood, a Behavioural Analyst, the service continues to improve Tenants' lives, developing a wider range of activities and an increase in social inclusion. Staff continue to complete weekly records of participation for indoor/outdoor activities and community presence. Each Tenant has his or her own activity support plan. Tenants are able to participate with activities in their own home i.e. laundry, preparing meals, weekly tasks etc. We continue to use the person centred approach offering choice and empowering Tenants. The interactive training being completed with Esther Gibbons the Network and Day Services has given the staff more insight to what those with complex needs are trying to communicate. When this work is complete, all Tenants will have a Care Plan to show how people communicate at the very least their likes and dislikes. Progress remains robust and the service went from a 'C' rating to 'B' after the last Supporting People inspection.
<i>Implement and review the Single Point of Access to ensure that it delivers an effective mechanism for access into Services. Mar 2012. (AOF 6 & 7)</i>		This work has now been subsumed into the joint work with the 5Boroughs NHS Foundation Trust on the redesign of Mental Health Services.

Appendix 2: Progress Against 'Other' Objectives/Milestones

Ref	Objective
CCC 1 (cont'd)	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 Q2	Supporting Commentary
<i>Continue to ensure there is a wide choice of pathways into volunteering opportunities to meet the needs of people with a Learning Disability. Mar 2012. (AOF 6 & 21)</i>		Sure Start to Later Life advertises for volunteers through Halton Voluntary Action (HVA). HVA identify and train suitable applicants from a job description for specific volunteer roles. The Sure Start Senior Information Officer then coordinates the volunteers. The volunteers are matched with appropriate older persons. The volunteers fulfill a variety of roles with older people including befriending, dog walking and ICT training. The Bridge Builder (BB) works with people to find out the type of voluntary work that they would like to do and then goes out and markets them in the local community. Part of the role is to have a presence in the community mapping and capacity building and the team have built up positive relationships with employers. The BB will offer on going support to the employer and the client to ensure that the placement is as successful as possible and last year we enabled 94 people with disabilities to access voluntary opportunities of their choice. We also have a pathway for people who have proven to themselves that they are valued in their community and wish to pursue paid work via Halton People into Jobs (HPiJ) and we will continue to support the individual through this process.
<i>Implement the recommendations following the Challenging Behaviour review/project to ensure</i>		Positive Behaviour Service is now established and delivering cost savings and quality outcomes.

Appendix 2: Progress Against 'Other' Objectives/Milestones

<i>services meet the needs of service users. Mar 2012. (AOF 6 & 7)</i>		
<i>Introduce Housing related support 'Gateway' or single point of access service. Mar 2012 (AOF 6, 30 and 31)</i>		Gateway to be developed and implemented in line with Choice Based Lettings and the introduction of a new homelessness system. The use of a single system, Abrisas, will provide a common database for everyone requiring housing and/or support services. A report is being prepared detailing the proposed structure and costing's of the Gateway service.

Ref	Objective
CCC 1 (cont'd)	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 Q2	Supporting Commentary
<i>Maintain the number of carers receiving a carers' break, to ensure Carers needs are met. Mar 2012 (AOF7)</i>		The Targets for Carers short respite breaks have been set for April 2011.
<i>Maintain the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met. Mar 2012. (AOF7)</i>		Carers Assessments meetings are planned to bring together operational teams to discuss service provision and increase the numbers of hidden carers receiving an assessment in accordance with their caring needs.

Appendix 2: Progress Against 'Other' 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 Q2	Supporting Commentary
<i>Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed. Mar 2012. (AOF7)</i>		Team now fully staffed and evidence of improved outcomes.
<i>Implement the new Statutory Adult Social Care Survey across all Client Groups. May 2011. (AOF 32)</i>		The Adult Social Care Survey was undertaken for the first time in January 2011. The return demonstrated positive results for Halton. All Local Authorities have a statutory duty to undertake the survey on an annual basis. The next Adult Social Care Survey is in January 2012.
<i>Update the Joint Strategic Needs Assessment (JSNA) - full data document, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2012 (AOF 6)</i>		The draft JSNA has been available from both HBC and PCT website since July 2011 and requests comments by March 2012. Feedback/comments will be collated by the Policy Officer (Health) and a refreshed protocol is being developed between Policy/Public Health and HBC Research & Intelligence to ensure that the JSNA remains as current and useful as possible.
<i>In conjunction with Halton OPEN, implement mechanisms to ensure that Older People are able to effectively contribute to service monitoring and reviews, including the development of mystery shopping. Mar 2012. (AOF 7 & 32)</i>		Halton OPEN completed their first mystery shopping project in Q1 as part of the review of the contact centre. The next review will be undertaken in the new year and Halton OPEN in conjunction with Halton Borough Council is currently developing a framework for this.

Appendix 2: Progress Against 'Other' Objectives/Milestones

Ref	Objective
CCC 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 Q2	Supporting Commentary
<i>Undertake ongoing review and development of all commissioning strategies and associated partnership structures to enhance service delivery and cost effectiveness. Mar 2012. (AOF 35)</i>		Work is ongoing to review existing Partnership Commissioning Structures in line with Government proposals for the development of Health and Well Being Boards and an increased focus on joint Commissioning between Social Care and Health.
<i>Review and deliver SP/Contracts procurement targets for 2012/13, to enhance service delivery and cost effectiveness. Mar 2012. (AOF35)</i>		The Tender process will enable the further rationalisation of floating support services and give support providers the option to offer further efficiencies by tendering for a number of services within each tender. In addition, partnership working with Registered Social Landlords (RSL's) as part of the development and implementation of a Sanctuary policy has resulted in a reduction in the number of Sanctuary measures completed to date in 2011/12 and it is anticipated the proposed efficiencies will be achieved.

Appendix 3: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<u>CCC 6</u>	Adults with mental health problems helped to live at home (Previously AWA L113/CCS 8)	3.97	3.97	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place. We are working with the Carefirst team and are hopeful to begin reporting this indicator again in the near future.
<u>CCC 7</u>	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%	2.4%	?	N/A	The proportion of clients assessed with Dementia (23) is small in comparison to the total number of clients assessed at the end of Quarter 2. It is expected that the number of clients assessed with Dementia will increase in Quarters 3 and 4 as the figure is calculated cumulatively.

Appendix 3: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
<u>CCC 8</u>	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%	3.7% (E)		N/A	The proportion of clients with Dementia receiving services is estimated as higher than the 2010/11 outturn figure. However the figure is estimated as a result of changes to the way services are recorded for carers. It is hoped that the reporting issues will be addressed by quarter 3.
<u>CCC 9</u>	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			The Authority had sustained a zero repeat homelessness status.

Appendix 3: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
<u>CCC 11</u>	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	5.02			The service is more community focused. Due to increased early intervention measures and partnership working this has resulted in an increase in the prevention activity and successful outcomes.
<u>CCC 14</u>	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135).	24.13	24.5	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place. We are working with the Carefirst team and are hopeful to begin reporting this indicator again in the near future.

Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	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	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place. We are working with the Carefirst team and are hopeful to begin reporting this indicator again in the near future.
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	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place. We are working with the Carefirst team and are hopeful to begin reporting this indicator again in the near future.

Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery (cont'd)							
CCC 15	Average Percentage of Communities Directorate working days/shifts lost to sickness absence during the financial year. (Previously PCS 14).	N/A	8	4.49%	N/A	N/A	Data was unavailable for 10/11 so there is no comparable data; this is the first reporting period for 11/12. The quarter 2 absence figure is an average for the whole Communities Directorate for the period April to August 2011. However, the average % absence less long term sick for the same period is 2.16%.

Fair Access							
CCC 19	Total number of learning disabled people helped and supported into voluntary work on a yearly basis, rather than just new clients getting work in the year. (Previously CCS 2).	85	45	89			Target already achieved. There has been an increase of 68 clients compared to the same quarter in 2010/11.

Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 20	Total number of physically disabled people helped and supported into voluntary work on a yearly basis, rather than just new clients getting work in the year. (Previously CCS 2).	8	8	6			Indicator in line to achieve target. There has been an increase of 1 client compared to the same quarter in 2010/11
CCC 21	Total number of adults with mental health helped and supported into voluntary work on a yearly basis, rather than just new clients getting work in the year. (Previously CCS 2).	25	21	14			Indicator in line to achieve target. There has been an increase of 3 clients compared to the same quarter in 2010/11.

Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Area Partner Indicators:

The indicators below form part of the old National Indicator Set introduced on 1st 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	2809 Predicted value, synthetic estimate by Public Health	2916	1419.1	?		<p>Quarter 1 has been updated with actual data, quarter 2 has been produced based on proxy data for September 2011</p> <p>(1) All Tier 2 and Tier 3 Alcohol Treatment Services have been decommissioned as of 01.01.12. A competitive tender nears conclusion for future Tier 2 and 3 drug and alcohol services (as part of an integrated Recovery Service). Work to support the tender continues. (2) An Alcohol Liaison Nurse Project is being developed in Whiston and Warrington Hospitals. The Clinical service specification received clinical approval at Halton & St Helens Clinical Executive Committee on 15 September 2011 and a Business Case has been approved. The implementation stage of the project has now commenced.</p>
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Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 23	Drug users in effective treatment (Previously NI 40).	456 Nov 2010	N/A	Refer to comment	Refer to comment	N/A	Data for this is no longer provided by the National Treatment Agency (NTA). As per Q1 an alternative local measure is being investigated in line with the new 'Drugs & Alcohol' Strategy. Therefore this indicator will be removed from future reports.

Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 38	Social Care-related Quality of life (Adult Social Care Survey) 1A.	18.9%	N/A	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.
CCC 39	The Proportion of people who use services who have control over their daily life (Adult Social Care Survey) 1B.	79.2%	N/A	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.
CCC 40	Proportion of Adults in contact with secondary mental health services in paid employment (NI 149) 1F.	13.3%	12%	13.2%			Mental Health Services in Halton continue to achieve a high rate of people in paid employment. The figure for Q2 is higher than in Q2 2010/11 (12.4%)
CCC 41	Proportion of Adults in contact with secondary mental health services living independently, with or without support (NI 150) 1H.	92.8%	93%	92.7%			Mental Health Services in Halton continue to achieve a high rate of people in settled accommodation. However, the figure for Q2 is slightly lower than in Q2, 2010/11 (93.1%)
CCC 42	Overall satisfaction of people who use services with their care and support (Adult Social Care Survey) 3A.	61.7%	To confirm	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.

Appendix 5: Financial Statement

COMMISSIONING & COMPLEX NEEDS DEPARTMENT

Revenue Budget as at 30TH September 2011

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£'000	£'000	£'000	(overspend) £'000
Expenditure				
Employees	6,681	3,602	3,608	(6)
Other Premises	320	199	207	(8)
Supplies & Services	4,547	702	695	7
Contracts & SLA's	548	43	41	2
Transport	295	133	111	22
Emergency Duty Team	103	26	18	8
Community Care:				
Residential & Nursing Care	806	362	304	58
Community – Home Care	359	145	114	31
Direct Payments	144	87	96	(9)
Block Contracts	174	93	87	6
In-House Day Care	23	8	5	3
Food Provision	35	18	8	10
Other Agency Costs	564	255	265	(10)
Payments To Providers	4,216	2,096	2,089	7
Grants To Voluntary Organisations	270	133	135	(2)
Total Expenditure	19,085	7,902	7,783	119
Income				
Residential & Nursing Fees	-68	-31	-32	1
Direct Payment Charges	-3	-2	-3	1
Community Care Income	-4	-1	-5	4
Sales & Rents Income	-182	-132	-127	(5)
Fees & Charges	-387	-150	-146	(4)
PCT Reimbursements : Care	-202	-51	-51	0
PCT Reimbursements :Service	-1,918	-993	-1,000	7
Transfer From Reserve	-1,151	0	0	0
Reimbursements	-288	-168	-145	(23)
Government Grant Income	-292	-165	-169	4
Total Income	-4,495	-1,693	-1,678	(15)
Net Controllable Expenditure	14,590	6,209	6,105	104
Recharges				
Premises Support	506	179	179	0
Asset Charges	406	0	0	0
Central Support Services	2,242	682	682	0
Transport	449	132	132	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	3,515	993	993	0
Net Departmental Total	18,105	7,202	7,098	104

Appendix 5: Financial Statement

Comments on the above figures:

Net Controllable Expenditure is £104,000 below budget profile at the end of the second quarter of the financial year.

The above figures include income and expenditure in respect of the Community Care element of Mental Health Services. The current expectation is a year end position of £187,000 under spend on the Community Care Budget which is based on data held for all know care packages at the present time. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. The position to date shows the community care budget is currently £93,000 under budget profile, representing the variance for the first six months of the financial year.

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. Expenditure on transport is currently below budget profile by £22,000 and this relates to transport costs incurred in Adult Day Services. This is due to the replacement of taxi contracts with transport provided by fleet vehicles.

Similarly, income received to date is currently broadly on target. There is evidence that income generated by Community Centres may be reduced from previous years as a result of economic pressures, although the position is being monitored closely, and remedial action will be taken if necessary to achieve a balanced budget.

At this stage, net expenditure for the Complex & Commissioning Care Department is anticipated to be in line with budget by the end of the financial year.

Capital Projects as at 30th September 2011

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	166	83	61	105
Disabled Facilities Grant	660	330	330	330
Energy Promotion	6	0	0	6
Stairlifts	200	100	122	78
RSL Adaptations	560	230	204	356
Modular Buildings	27	13	0	27
User Lead Adaptations	55	0	0	0
Choice Based Lettings	40	0	0	40
Extra Care	463	0	0	463
Borough Placements	464	0	0	464
Total Spending	2,641	756	717	1,869

Appendix 6: Explanation of Symbols

Symbols are used in the following manner:

Progress	<u>Objective</u>	<u>Performance Indicator</u>
Green	 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>
Amber	 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>
Red	 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

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.