

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 2 – Period 1st April 2012 to 30th September 2012

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the second quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

2.0 Key Developments

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

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

The service reconfiguration within the 5 Boroughs Partnership has continued during this Quarter and is on track for delivery by the end of the year. The Council has played a full part in the changes and social care staff will be moving to the new integrated service by the end of this calendar year.

A new Mental Health Strategic Commissioning Board has been set up to oversee the commissioning and delivery of high quality mental health services across health and social care. Drawn from senior managers, GPs and commissioners within the CCG, this Board will report directly to the Council and CCG management boards but will also report to the Halton Health and Wellbeing Board. It will be supported by a Mental Health Partnership Board with a wide range of partners as members, including service users and carers.

Halton Supported Housing Network

Active support is now firmly entrenched as the support model across the service. 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. All tenants have care plan showing 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.

II PREVENTION AND ASSESSMENT SERVICES

Complex Care pooled budget

The development of a pooled budget for Complex care has now been agreed at Executive Board and the CCG Board. Implementation will now commence, with the first board meeting planned for January 2013.

Public Health

The Public Health function will be fully operational in Halton Borough Council post April 2013; it is now established in shadow format. A self-assessment report has been submitted to the Local Government Association. A Memorandum of Understanding between Public Health and Halton Clinical Commissioning Group (CCG) has been agreed to support Halton CCG. A Memorandum of Understanding is also being established with Merseyside Commissioning Unit for support they will provide to Halton Public Health Team in terms of health information. Emergency planning testing has commenced. Legacy documents are being produced. The Joint Strategic Needs Assessment (JSNA) has been refreshed and a joint Health & Wellbeing Strategy produced and priorities agreed with the Health and Wellbeing board which includes all key stakeholders.

Integrated Safeguarding Unit

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

Safe Around Town

Safe in Town is a scheme which has been developed by the Council to ensure vulnerable people feel safe and confident in our shopping centres. The whole idea is that individuals will be able to access help quickly if and when it is needed. The scheme will offer telephone facilities to vulnerable people who are in trouble or distress around town. Shops and businesses will display window stickers to show that they are part of the scheme. Users of the scheme will carry key contact numbers on cards. The scheme's logo has been agreed by Halton's People's Cabinet.

Care Management and assessment services

In order to transform Adult Social Care in line with Putting People First and fully implement Self Directed Support and respond to an agenda that incorporates prevention, inclusion and personalisation, a new service model was launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.

Learning Disability Partnership Board Annual Self-Assessment

The Learning Disability Self- Assessment Framework, was presented to the People's Cabinet and the Learning Disability Partnership Board for approval and sign off and submitted on the 28th September, to the strategic health authority, we are awaiting formal feedback.

Learning Disability Nursing Team

The Learning Disability Nursing Team continue to work within the GP's surgeries to ensure that the Learning Disability (LD) register held by the surgeries are up to date and people on the register are invited to attend for their health check. Health facilitation into local mainstream services remains a priority, such as the Fresh Start programme, a ten week course on healthy eating, exercise and education around looking after yourself.

The plans for a women's group have been developed for sessions starting in October 2012.

Integrated Care Homes Support Team

Within Halton, plans are in place to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as G.P's Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector. We are now in the process of recruiting nursing and social work staff to have in post by early November 2012.

3.0 Emerging Issues

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

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

The Mental Health Strategic Commissioning Board will be responsible for establishing a local Mental Health Strategy and Action Plan, in consultation with key partners. This will describe the full range of activities that will be undertaken between 2012 and 2016 to deliver key local objectives for mental health services, taking into account the mental health needs of people at different stages of their lives. The strategy and action plan report will be submitted to Health PPB and Executive Board in 2013.

Section 136 Mental Health Act 1983 allows the police to detain and take to a place of safety a person found in a public place, if it is believed they are suffering from a mental illness which may be placing them or others at risk. There has been an increase in the number of such detentions, and changes in police practice have meant that there are operational difficulties arising from this. Although this has been a local problem, it is by no means unique to this area, and work has been going on in the Greater Manchester Authorities to resolve exactly this problem. It has been proposed to Cheshire Police that this may be a way of resolving the local issues and this is being considered further.

Quarter 3 will see the completion of the Sheltered Accommodation review in Halton. Recommendations will be made on the viability of the current provision and how the future sheltered housing needs will be addressed in the wider context of older people's accommodation.

II PREVENTION AND ASSESSMENT SERVICES

Thresholds Guidance

Since its establishment, the Integrated Safeguarding Unit (ISU) have developed an operational Thresholds Guidance document. This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to

being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place.

Halton Disability Partnership

Halton Disability Partnership have been working with the Council to support personalisation by developing a group of volunteers to support people who are using direct payments as part of their support plan and to offer them and their Personal Assistants support and advice. This service should be available from December 2012.

Vision Services

A report will be going to the Clinical Commissioning Group requesting their support for the review to be included in the 2013/14 work programme.

The “care and support for you” portal.

There is on-going development of an online, “care and support for you” portal. This is a website where you can easily find lots of information about Adult Social Care Support and Services to help you get on with your life and keep your independence. ‘Care and Support for You’ delivers information and advice, signposting citizens to the relevant information, and towards enabling self-assessment and self-directed support.

4.0 Risk Control Measures

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

As a result, monitoring of all relevant ‘high’ risks has been undertaken in Quarter 2 and will be undertaken in quarter 4. Progress against the application of the risk treatment measures in Quarters 2 is reported in each of the Departmental Quarterly Monitoring Reports.

No high risks were identified for areas falling within the remit of this PPB, where progress is uncertain or not met for each of the high risks

5.0 Progress against high priority equality actions

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

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

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

I Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF4)	<input checked="" type="checkbox"/>
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2013 . (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2013 . (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2013 (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. Mar 2013 (AOF 4)	<input checked="" type="checkbox"/>
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF11)	<input checked="" type="checkbox"/>
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2013 (AOF 21)	<input checked="" type="checkbox"/>
CCC2	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). Mar 2013 (AOF18 & 21)	<input checked="" type="checkbox"/>
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2013 (AOF 21 & AOF 22)	<input checked="" type="checkbox"/>
CCC3	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 2013 . (AOF21, AOF 24 & AOF 25)	<input checked="" type="checkbox"/>

Supporting Commentary

Autistic Spectrum Disorder

An Action Plan, in response to the National Autistic Society Review (available May 2012) is now in place. This will be regularly reviewed.

Local Dementia Strategy

The agreed dementia action plan has now been updated to take into account work that has already been completed for example:

- Dementia Care Advisors
- Dementia Café
- Increased training
- Performance framework

The focus is now on delivering improved performance via the newly developed dementia pathway, developing a new protocol for the use of shared care in primary care and the development of a public health awareness campaign to sit alongside planned National campaigns.

5Boroughs NHS Foundation Trust Mental Health redesign proposals

The Acute Care Pathway for adults went 'live' in the summer and has seen some encouraging results in the early weeks although we are still awaiting any formal results or evaluation from the newly established pathway.

The Later Life and Memory Service Pathway for older people has been piloted in Wigan from January 2012 – September 2012. Preliminary findings have suggested a significant reduction in waiting times for assessment as well as more timely responses for people accessing a service. The evaluation of the service will be presented at the November Dementia Partnership Board.

Carers Centre

The Carers Centre has been successful in their Big Lotteries Bid and has received £252,339 over a two year period running from November 2012 to October 2014. This has resulted in efficiency savings of £60,217 per annum for HBC over the next two years, where we will only be required to fund 50% of the core running costs of the Centre. The three Clinical Commissioning Group (CCG) funded posts have now been advertised and filled and the additional capacity within the Carers Centre has contributed to an increase in support and information available to Carers in Halton. The posts are Part-time Mental Health Support Worker, Part-time Attention Deficit and Hyperactivity Disorder/Autism Worker and a Full-time Hospital Liaison Worker.

Domestic Violence

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

Establishment of Local Healthwatch

The service specification and contract have been completed in draft, this will be completed when the public consultation has been completed which is due by the end of November 2012. In addition the existing LINK volunteers have now established themselves as a Corporate Body with the ability to become a formal Healthwatch organisation from April 2013.

In addition a decision to commission the Independent Complaints Advocacy Service on a regional basis has been made. This element of the service will be commissioned through Liverpool Council as the lead commissioners.

Development of Extra Care Housing Provision

Naughton Fields, the borough's second Extra Care Housing Scheme providing 47 two bed apartments is due to open in November 2012.

Following the announcement that Cosmopolitan Housing Association has had to withdraw from its development plans in Halton, discussions are taking place with other housing providers to develop proposals for a replacement to the Boardwalk scheme which is now looking unlikely to proceed.

Joint Strategic Needs Assessment

The next JSNA summary update will be undertaken during Q4.

Section 75 Agreements

The review of Halton's section 75 agreement is complete and work is now progressing on alignments with the Clinical Commissioning Group including pooled budgets.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<u>CCC 6</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.63		
<u>CCC 7</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	6.99%		N/A Refer to comment
<u>CCC 8</u>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	0		
<u>CCC 9</u>	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	9		
<u>CCC 10</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	4.71	4.4	7.2		

	number of thousand households in the Borough) (Previously CCC 11).					
CCC 11	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	6.99%		

Supporting Commentary

CCC 6 - Performance is marginally down from the same quarter in 2011. Although the figures have reduced slightly as a proportion, this represents a very small number of actual people. Employment of people with mental health needs is being identified as a priority within the Mental health strategy 2012 – 2015.

CCC 7 - The development of the Assessment, Care and Treatment Service through the 5 Borough's Partnership has helped to increase the access to acute and clinical services for people diagnosed with dementia.

In addition community services supported through the Alzheimer's Society and Age UK have facilitated improved access to services closer to home for dementia clients. No comparative data available for 2011/12 and therefore no comparison can be made on the direction of travel.

CCC 8 - The Authority signed up to the Sub Regional No Second Night Out scheme. The NSNO is proving a success, providing an outreach service to identify and assist both entrenched and new rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status.

CCC 9 - There has been an increase in this quarter of three households in temporary accommodation (Qtr 1 6 households). All Authorities are experiencing a gradual increase in homelessness, thus placing additional pressure on Local Authorities to comply with the homelessness legislation and statutory duty to ensure that temporary accommodation is made available to clients experiencing homelessness. Concerted efforts are being made by the team to explore and offer a wide range of prevention measures to tackle homelessness, which is proving very successful. However, due to the many changes in legislation, benefits, funding etc., we do anticipate a steady increase in homelessness in the next 12 months.

CCC 10 - An increase in the number of people who consider themselves homeless who approached the LA. Changes within the Housing Solutions Service has proven highly successful and contributable towards the increase in prevention measures offered to clients. The officers are now more community focused and take a pro-active approach towards reducing and relieving homelessness within the district.

CCC 11 - Performance in Quarter 2 for the assessments/reviews and service provision for carers is less than would be expected at this stage in the year. This is being closely monitored and an action plan is being developed to ensure that all carers who need an assessment and service will receive this. No comparative data available for 2011/12 due to work carried out to changes in the recording of carer services.

II Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. Mar 2013. (AOF 2 & 21)	
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. Mar 2013. (AOF 3 & 21)	
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) Aug 2012	
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. Mar 2013 (AOF 2, AOF 3 & AOF 4)	
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. Mar 2013 (AOF 2)	

Supporting Commentary

Transfer of Public Health to Halton Borough Council

Halton is fully confident that the Public Health function will be fully operational in Halton Borough Council post April 2013:

- Halton Public Health Transition Group established
- Public Health Function mapping aligned to Council responsibilities
- Relocation to Council premises August 2012
- Transition is proceeding in line with plan
- Warrington Director of Public Health will be lead in Cheshire Emergency Health, Resilience and Preparedness
- Information Governance arrangements being aligned for 2012/13 with advanced planning for arrangements post April 2013.
- Halton Borough Council is currently planning to test emergency preparedness, resilience and response through a major 'live' emergency planning exercise Halton 7 Ineos/ Mexicam. This will test the role of the Director of Public Health (DPH) and other members of the Public Health workforce as well as key members of a number of providers.
- Halton is supporting local testing by the end of October through "informed

conversations” relating to emergency planning scenarios that develop a stronger understanding of roles and responsibilities.

- A draft legacy document and handover documents will be produced by the end of October. This will include: contract, staff and finance summaries and a Public Health Annual Report Legacy Document.

- Final legacy documents will be available by the end of January 2013.

Implementation of the Early Intervention/Prevention strategy

Early intervention strategy is now fully implemented. Integration with Health and Wellbeing project on-going.

Review of current Care Management Configuration

A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.

Self-directed support and Personal Budgets

Arrangements are in place to offer self-directed support across the whole of Adult Social Care and personal budgets to all service users. Systems are continually monitored and reviewed for improvement.

Affordable Warmth

A review of the strategy is due in Quarter 3. Progress is on target.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<u>PA 1</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	41.38		
<u>PA 4</u>	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	259		
<u>PA 5</u>	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	81.94%		
<u>PA 11</u>	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	93.04%		

PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	55.25%		N/A
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	89.17		
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C) (Previously NI 131, PA 33)	1.86 (as at end March 2012)	3.0 (PCT Target)	1.75		
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton	15.7%	14.8%	15.76%		N/A
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	34%		
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	66%		

Supporting Commentary

PA1 – This is a cumulative figure and equates to 361 people in receipt of Intermediate Care in the 65+ age bracket. The figure is slightly lower than the 403 (47.8) figure for the same period 2011/12.

PA 4 - There has been an increase in new referrals by approximately 30% on last year and the trend is continuing (Qtr 1= 52, Qtr 2= 53). A continued increase in referrals and subsequent connection onto service indicates that target for the year will be achieved given the total number of people receiving a Level 2 and 3 Telecare service at 30th September 2012.

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

PA 11 – The slight decrease in performance is due to contractual issues with the

Provider and is being addressed.

PA 14 - The proportion of people using social care who receive self-directed support and those receiving direct payments has increased in comparison to 2011/12 and the target looks set to be achieved.

PA 15 - At this stage in the year, the target looks set to be achieved. The level of admissions has significantly reduced compared to Qtr 2 last year.

PA 16 - Q2 data is a proxy based on Aug 12 data as full quarter 2 data not yet available, quarter 2 will be updated in the next report. The figure of 1.94 for Q1 of 2012/13 has been updated and confirmed.

PA 17 - The target has already been exceeded during quarters 1 and 2. As this is a new indicator for 2012/13 there is no comparative data.

PA18 - Halton MARAC has a current rolling NI 32 performance level of 34% compared with 26% in quarter 2 last year. 76 cases were discussed in quarter 2 compared to the same period last year (65) with 30 repeats seen this quarter compared to 20 in Q2 last year. The number of children involved - 105 this quarter is 29% higher than the 81 recorded in Q2 last year.

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

PA19 - Performance improved in this area.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2012

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

Comments on the above figures:

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

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

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

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

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

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

Capital Projects as at 30th September 2012

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

COMMUNITIES – PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2012

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

Comments on the above figures:

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

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

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

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

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 30th September 2012

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

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

Comments on the above figures:

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

APPENDIX

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.