

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 3 – Period 1st October 2012 to 31st December 2012

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the third 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 third quarter which include:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Supported Housing

Quarter 3 has seen the successful opening of Naughton Fields Extra Care Housing Scheme. Naughton Fields offers high quality purpose built housing for people over 55. The development consists of 47 two bedroom apartments and in partnership with Halton Housing Trust will deliver an exciting new opportunity for people in the borough.

Mental Health Services

The service reconfiguration within the 5Boroughs has continued during this Quarter, and the new service structure is in place. This means that there is now a single Recovery Team (which closely resembles the former Community Mental Health Teams, and in which the social works are placed) and a Home Treatment Team, both based at the Brooker Unit. An assessment team is based in Warrington but covers Halton as well. During this Quarter, the social services staff have all moved in together to the single team in Runcorn, where they continue to work alongside their colleagues in the 5Boroughs. The effectiveness and impact of the changes will begin to be apparent from now, and will be reported on a regular basis to the Mental Health Strategic Partnership Board. The Partnership Agreement and Information Sharing agreement between the 5Boroughs and the Council are in the process of being refreshed.

The Mental Health Strategic Commissioning Board continues to develop, with a strong input from the CCG, the Public Health service and the Borough Council. Draft Terms of Reference have been developed for an Executive Subgroup which will support the Board in the delivery of its aims.

Section 136 Mental Health Act 1983: the work on developing an appropriate process for the use of Section 136 – which relates to the police powers to detain a person who is in a public place and may have a mental health problem – continues. A high level strategic meeting has taken place with the police, other Local Authorities and health services, and this is being continued into the next year.

II PREVENTION AND ASSESSMENT SERVICES

Care Management and assessment services

The care management and assessment service was reconfigured to create a dedicated multi-disciplinary duty function team, now the 'Initial Assessment Team' (IAT), 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), developments will ensure they become locality based care management teams, aligned to GP practices. A progress report will be presented to Health PPB in June 2013. A Care Management strategy will be developed to further support future development of services.

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. The link workers are encouraging surgeries to complete LD health checks throughout the year. The Learning Disability Nurses are continuing with nurse-led psychiatric clinics.

Staff are continuing to support individuals to attend hospital. Health facilitation into local mainstream services remains a priority, such as the Fresh Start programme, a ten week course healthy eating, exercise and education around looking after yourself.

The women's group has taken place, which was very successful and well attended. This will be repeated in April.

Future developments:

- The next men's group will take place in February/March
- Training has been set for staff regarding Friendships and Relationships via the Learning Disability Training Alliance. 3 self-advocates are co-facilitating the sessions.
- Walks in the park are being done on Mondays to increase health and support friendships and relationships
- Delivering sessions for Supporting People Achieving Real Choice (SPARC) on their 'true grit' project

Learning Disability Partnership Board Annual Self-Assessment

The 2012/13 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy submitted in September 2012 and validated in November 2012 by the strategic health authority.

Results for LDSAF 2011 and 2012

	2011 Halton and St Helens (PCT)	2012 Halton
Green	2	13
Amber	12	13
Red	6	1

The SHA panel highlighted the following as areas good work had been undertake:

- Response to Winterbourne View.
- Transformation of services.
- Quality assurance and contract monitoring.
- Equalities; pilot site for Hate Crime.
- Robust governance.

- Positive Behaviour Support Service
- Impressed by the level of evidence we were able to submit.

The draft LDSAF (Joint Health and Social Care Self-Assessment Framework – Learning Disabilities) 2013 proposes submission of the LDSAF on the 31st July 2013. This will be confirmed February 2013. Halton will monitor progress against the action plan via the LD Quality and Performance Board reporting to the LD Partnership Board and CCG Quality and Integrated Governance Committee.

Three key submissions:

- Data
- Compliance List
- Measures (including RAG ratings - read, amber, green status symbols as shown in the Appendix).

An Action Plan co-owned by the Council and CCG will be developed to continue to with the improvements achieved in 2013.

Integrated Care Homes Support Team

Within Halton, plans are underway 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 finalising recruitment of nursing and social work staff.

Oak Meadow Community Support Centre

CQC completed a compliance review of Oak Meadow as part of their routine schedule of planned reviews on 16th August 2012 and the results of which were subsequently published on 5th November 2012. They reviewed against five standards. Oak Meadow remained compliant in all areas and CQC were very positive regarding the centre and its approach to care and support..

3.0 Emerging Issues

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

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

For some time work has been going on to examine the role and function of the Mental Health Outreach Team. This service, which is jointly funded with the CCG, is looking to extend its remit to support more people in the community, and particularly to engage with people at an earlier stage to prevent a harmful deterioration in their mental health. A

report is being taken in Quarter 4 to the Mental Health Strategic Commissioning Board to consider whether a project can be put in place with local GP surgeries.

II PREVENTION AND ASSESSMENT SERVICES

ADL Smartcare

Work has been undertaken with conjunction with market leader ADL smartcare to promote their Smart Assist web site in Halton. Smart Assist is a web based self-assessment tool which can help people find equipment and advice to stay independent at home. This will be part of a wider project and advertising campaign.

Vision Services

In order to check progress in delivering the UK Vision strategy, SMT are supporting a Joint Review of Halton Low Vision Services. A report went to the Clinical Commissioning Group requesting their support for the review to be included in the 2013/14 work programme. And this has been agreed.

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. The portal has now gone LIVE with over 3,000 organisations now available in the public domain. ‘Care and Support for You’ is also being used by our care management teams to signpost citizens to the relevant information required. System Administration access has been given to a number of providers for them to amend and change information on their own service page; this enables the information on the website to up to date.

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 will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

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	Q3 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF4)	
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2013 . (AOF 4)	
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2013 . (AOF 4)	
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)	
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. Mar 2013 (AOF 4)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2013 (AOF 21)	
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)	
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)	
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)	

SUPPORTING COMMENTARY

Review of Homelessness Services

The Homelessness Strategy review for 2013 – 2017 is now underway. The relevant Homeless Forum Sub Groups and Strategic Commissioning Group have now been devised and will form part of the development and implementation of the strategic review process. A further event has been arranged for January 2013 to allow the authority to consult with all stakeholders which will form part of the final review document. It is anticipated that the Strategy review and Action Plan will be completed and circulated by the end of March 2013.

Autistic Spectrum Disorder

The Autism Strategy Group continues to monitor service developments and the Autism Strategy Action Plan on a quarterly basis. The Adult Autism Diagnostic Pathway will be re-launched in April 2013, Autism awareness training continues to be offered to the workforce, and an additional training programme aimed at Children's Social Care Colleague's is currently going through Chest. The Autism Champion pilot commenced in December 2012. The Carers Centre has appointed a part time worker for Autism/ADHD.

Local Dementia Strategy

Development of dementia awareness training specification is on-going and will be completed in quarter 4. The dementia Partnership Board continues to work across Health and Social Care to develop services for people with dementia, this includes the redesigned Later Life and Memory Service that will be an integral part of the full implementation of the dementia strategy and will be complete by March 2013.

In addition work is underway on developing an in-reach model to support improved care for people living in residential care. A model led by 5 Boroughs Partnership it aims to identify and address the needs of the most vulnerable people in a care home setting.

5Boroughs NHS Foundation Trust Mental Health redesign proposals

The 5 Boroughs Partnership has successfully completed its first full quarter of service since the redesign of the Acute Care Pathway. Initial findings have been extremely positive in both the quality and the timeliness of delivery of care. Progress will continue to be monitored.

The redesign of the Later Life and Memory Service for older people is currently being undertaken. Findings from an agreed pilot in Wigan have been analysed and implementation plans for Halton have been developed. The redesign will be in place by April 2013.

Carers Centre

Work continues with the Carers Centre and a review is underway to determine the most efficient of conducting carers assessments.

Establishment of Local Healthwatch

The public consultation closed at the end of November 2012 and analysis of the responses is planned to take place during Q4.

The service specification and contract have been completed in draft and are also due to be finalised during Q4.

The existing LINK has now been established as a Corporate Body with the ability to become a formal Healthwatch organisation from April 2013.

A regional Independent Complaints Advocacy Service is being commissioned. Liverpool Council is the lead commissioning Authority. Halton Borough Council Commissioning Managers are engaged in the commissioning process. The Tender evaluation process will commence in January 2013 and the award of the contract is due to take place in Q4.

Development of Extra Care Housing Provision

Bids have been submitted to the Homes and Communities Agency for two extra care schemes, each of 50 units, on land at Halton Brook and Pingot. The outcome of the bids is awaited.

Joint Strategic Needs Assessment

The JSNA now supports the Joint Health & Wellbeing Strategy (JHWBS) and an update schedule has yet to be agreed. However, the JSNA is an on-going process rather than a single document and is being updated at various times to support the JHWBS priorities and other commissioning needs.

Discussions regarding the chapter on disabilities have been held and felt to inadequately reflect the complexity of issues. A detailed Health Needs assessment of learning disabilities began in December 2012 and it is likely this will include autism. This will be completed June 2013. Agreement on a schedule of an updated piece of needs assessment on physical and sensory disabilities has not been agreed but it likely to be undertaken late 2013.

A dataset is being updated on a regular basis and is available online. This is currently held on the PCT website but will transfer to the HBC website, together with the JSNA chapters and full needs assessments and evidence reviews undertaken, as part of the transition of public health to the local authority from April 2013.

Section 75 Agreements

Aligning Public Health, Clinical Commissioning Group and Directorate priorities is underway. The Executive Board has approved a proposal to establish a pooled budget across Health and Social Care. Work is also underway of reviewing commissioning priorities across Health and Social Care.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
CCC 6	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.38		
CCC 7	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%	3.14%		
CCC 8	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	1		

CCC 9	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	6		
CCC 10	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 CCC 11).	4.71	4.4	4.71		
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%	14.31%		

Supporting Commentary

CCC 6 - Although there has been a reduction since Quarter 3 in 2011/12 in the proportion of adults with mental health problems helped to live at home, this is partially explained by an adjustment to the figures for the overall adult's population in Halton following the 2011 census. The absolute level of activity has declined a little, and the reasons for this are being explored.

CCC 7 - This particular indicator has seen a significant reduction in the performance in the quarter. However, it is clear that there are still issues on how dementia is recorded onto Carefirst. This is particularly challenging as people diagnosed with dementia may well have dual diagnosis and this would be how they are categorised on Carefirst. In addition, there has been a significant increase in the number of people supported by both 5 Boroughs Partnership and the Alzheimer's Society, but neither cohort is currently recorded on Carefirst. A solution to this is being sought.

CCC 8 - The Authority has now formed part of the Sub Regional No Second Night Out scheme. The service provides an outreach service to identify and assist rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status.

CCC 9 - Due to increased prevention measures in place, this has proven contributable towards the sustained reduction in temporary accommodation provision.

CCC 10 - The Housing Solutions service promotes a community focused approach. During the last 2 years there has been an increase in prevention activity, as officers now have a range of resources, initiatives to offer client threatened with homelessness. Due to the proactive approach, the officers have continued to successfully reduce homelessness within the district.

CCC 11 - The performance in Quarter 3 against this indicator is substantially improved when compared with the same Quarter in 2011/12, and it is the Directorate's view that the target for this indicator will be achieved. There have been some challenges which have impacted to some extent on this indicator, but action plans are in place in all teams to ensure that the target is achieved.

II Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q3 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

The Public Health transition group continues to meet on a regular basis and is making good progress in terms of transition including submission of IG Toolbox, development of a procurement plan, access to N3 connections, extension of contracts, etc.

Implementation of the Early Intervention/Prevention strategy

All of the agreed milestones for 2012/3 have been achieved. The strategy group now works directly with the Health and Wellbeing group and is developing plans to work across public health and particularly the Health Improvement Team. An updated action plan has been developed and presented to the Health and Well-being board that will address the new priorities from the recently completed Health and Well-being strategy.

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, including a working group to review the direct payments and self-directed support policy.

Affordable Warmth Strategy

Actions to implement the strategy are on-going.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	62.42		
PA 4	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	144		
PA 5	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	86.43%		
PA 11	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	92.23%		
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%	53.86%		
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	82.02		
PA 16	Delayed transfers of care from hospital, and those which are attributable to	1.86 (as at end	3.0 (PCT Target)	2.05		

	adult social care (ASCOF 2C) (Previously NI 131, PA 33)	March 2012)					
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%	14.29%		N/A	
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	33%			
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	64%			

SUPPORTING COMMENTARY

PA 1 – This is a cumulative figure of 1164 and equates to 427 people in receipt of Intermediate Care this quarter in the 65+ age bracket. The cumulative figure is slightly lower compared to Q3 2011/12 at 1183 (68.1)

PA 4 - A continued increase in referrals and subsequent connection onto the service indicates that the target will be achieved.

PA 5 – This Target has been achieved. Newly revised systems and processes are having a beneficial impact on the throughput of this segment of work. Teams also ensuring targets met through effective and efficient signposting across teams.

PA 11 – The slight decrease in 2012/13 Q3 performance compared to last year's figure of 97.84% is due to contractual issues with the Provider. These issues are currently being addressed with a view to achieving our target.

PA 14 - Based on current rate of improvement within this area, the target should be achieved.

PA 15 - This indicator is within target which should not be exceeded. There is significant improvement compared to the figure of 155.14 for Q3 last year.

PA 16 - Q1 & Q2 have been updated. Q3 is a proxy based on Oct12 data. Q3 will be updated in the next submission. Currently we are bench marking performance against baseline year 2010-11.

Delays in transfers increased in Q3 due to winter/systems pressures across Trusts.

PA 17 - No comparable data is available for last year as the indicator definition is slightly different. We are likely to meet this target in Q4.

PA 18 – The Halton Multi Agency Risk Assessment Conference (MARAC) has a current rolling NI 32 performance level of 33% compared with 29% in quarter 3 last year. 63 cases were discussed in quarter 3 compared to the same period last year (68) with 19 repeats seen this quarter compared to 21 in Q3 last year. Given the Co-ordinated Action Against Domestic Abuse (CAADA) guidance that an area with a mature MARAC as is Halton’s we should be hearing between 28%-40% repeat cases appearing at MARAC, this would indicate that victims feel confident to call for supporting services when necessary.

PA 19 - Performance remains on track.

Adult Social Care Outcomes Framework Indicators (2011/12)

Finalised statutory return information is available in Q1 2012/13 for the previous financial year’s performance, as shown in the Table below.

Ref	Measure	10/11 Actual	11/12 Actual	12/13 Target	Direction of travel
CCC 18	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 38)	18.9	19.7	19	
CCC 19	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 39)	79.2%	80.6%	80%	
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%	69.2%	65%	
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF 2B) (Previously NI 125, PA 32)	68.83%	74.07%	70%	
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA 34)	65.4%	65.5%	65%	
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	51.3%	66.2%	54%	
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	N/A New Indicator for 11/12	79.1%	79.1%	N/A

SUPPORTING COMMENTARY

CCC 18 – This is a composite measure which brings together the outcomes from a number of questions asked as part of the Adult Social Care Survey. The set of eight questions are aggregated to provide an overall indication of quality of life. Out of a possible total score of 24, those included in the 2011/12 survey resulted in a score of 19.7. This score indicates a strong score for quality of life.

CCC 19 – Performance increased from 2010/11 to 2011/12, 80.6% of those who responded to the Adult Social Care survey in 2011/12 reported that positively that they have control over their daily life. To contribute to this score, respondents answered either; 'I have as much control over my daily life as I want' or "I have adequate control over my daily life".

CCC 23 – Performance increased from 2010/11 to 2011/12, 69.2% of those who responded to the Adult Social Care survey in 2011/12 reported that they were either 'extremely' or 'very' satisfied with the care and support services they receive from Halton Borough Council.

PA 20 - Performance increased from 2010/11 to 2011/12, from 68.83% to 74.07%. This measures the benefit to individuals from re-ablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. A higher figure is better.

PA 21 – Performance remained constant from 2010/11 to 2011/12, 65.5% of those who responded to the Adult Social Care survey in 2011/12 reported that they found information about support was either, 'Very easy to find' or 'fairly easy to find'.

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

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

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 31st December 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	7,600	5,569	5,521	48
Other Premises	410	277	258	19
Supplies & Services	2,390	1563	1,570	(7)
Contracts & SLA's	429	164	89	75
Transport	170	128	133	(5)
Emergency Duty Team	103	51	50	1
Community Care:				
Residential & Nursing Care	697	482	465	17
Domiciliary Care	339	269	292	(23)
Direct Payments	131	131	88	43
Block Contracts	178	98	86	12
Day Care	15	12	9	3
Carers Breaks	203	165	164	1
Other Agency Costs	1,451	614	608	6
Payments To Providers	4,053	2,794	2,794	0
Grants To Voluntary Organisations	258	228	228	0
Total Expenditure	18,427	12,545	12,355	190
<u>Income</u>				
Residential & Nursing Fees	-78	-58	-60	2
Community Care Income	-23	-13	1	(14)
Direct Payments Income	-1	-1	-1	0
PCT Contribution To Care	-257	-136	-136	0
Sales & Rents Income	-209	-170	-172	2
Fees & Charges	-488	-300	-302	2
PCT Contribution To Service	-2,368	-1,583	-1,584	1
Reimbursements	-470	-223	-228	5
Government Grant Income	-324	-144	-142	(2)
Transfer From Reserves	-700	-700	-700	0
Total Income	-4,918	-3,328	-3,324	(4)
Net Operational Expenditure	13,509	9,217	9,031	186
<u>Recharges</u>				
Premises Support	439	333	333	0
Central Support Services	2,845	1,826	1,826	0
Asset Charges	462	6	6	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	3,658	2,165	2,165	0
Net Departmental Total	17,167	11,382	11,196	186

Comments on the above figures:

Net operational expenditure is £186,000 below budget profile at the end of the third quarter of the financial year.

Employee costs are projected to be £65,000 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 £65,000 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 £56,000 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 3 the net position is £41,000 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 below 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 £56,000 relates to Community Care.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Disabled Facilities Grant	735	425	282	453
Stairlifts	250	187	228	22
Energy Promotion	6	0	0	6
RSL Adaptations	550	381	153	397
Choice Based Lettings	29	22	22	7
Extra Care Housing	463	463	463	0
Bungalows At Halton Lodge	464	0	0	464
Bredon Respite Unit	10	0	0	10
Unallocated Provision	128	0	0	128
Total Spending	2,635	1,478	1,148	1,487

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 31st December 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	7,972	5,447	5,426	21
Other Premises	72	43	32	11
Supplies & Services	673	326	334	(8)
Consumer Protection Contract	386	310	310	0
Transport	119	78	78	0
Food Provision	28	13	19	(6)
Aids & Adaptations	113	72	72	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	10,721	6,148	6,248	(100)
Domiciliary & Supported Living	7,174	4,822	4,877	(55)
Direct Payments	2,319	1,888	1,891	(3)
Day Care	236	160	211	(51)
Other Agency	88	62	62	0
Contribution to Intermediate Care Pool	2,191	1,363	1,329	34
Total Expenditure	32,323	20,732	20,889	(157)
<u>Income</u>				
Residential & Nursing Income	-3,789	-2,690	-2,698	8
Community Care Income	-1,165	-845	-848	3
Other Community Care Income	-186	-159	-165	6
Direct Payments Income	-124	-123	-130	7
PCT Contribution to Care	-1,002	-538	-538	0
Other Fees & Charges	-93	-33	-27	(6)
Sales Income	-26	-26	-28	2
Reimbursements	-274	-108	-108	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	-1,506	-890	-890	0
Total Income	-13,078	-9,901	-9,921	20
Net Operational Expenditure	19,245	10,831	10,968	(137)
<u>Recharges</u>				
Premises Support	429	326	326	0
Asset Charges	197	14	14	0
Central Support Services	3,382	2,463	2,463	0
Internal Recharge Income	-419	0	0	0
Net Total Recharges	3,589	2,803	2,803	0
Net Departmental Total	22,834	13,634	13,771	(137)

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 3 is £171,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £21,000 under budget profile. This is due to savings being made on vacancies within the Department, which are yet to be filled.

The figures above include the income and expenditure relating to Community Care, which is currently showing £185,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. This budget, by nature, is volatile and fluctuates throughout the year depending on the number and value of new packages being approved and existing packages ceasing. The position reported at Quarter 2 was £231,000 over budget profile, this has reduced by £46,000 during the third quarter.

Due to the vulnerability of service user's health, the current winter conditions may however result in expenditure increasing in the next quarter. The Community Care 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 through the remaining part of the year, however this budget is anticipated to be over profile circa £250,000, which will be contained within the overall Directorate budget.

Other fees and charges income is currently showing £6,000 below budget profile. This is due to domestic pest control fees income underachieving. The income target has already been reduced, as it was highlighted to be unachievable. However, sales income is slightly higher than anticipated, which is in the main due to pollution prevention control and charges income overachieving.

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 31st December 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	1,050	1,039	1,019	20
Supplies & Services	447	30	22	8
Transport	10	7	9	(2)
Other Agency Costs	246	125	117	8
Total Expenditure	1,753	1,201	1,167	34
<u>Income</u>				
Total Income	-50	-50	-50	0
Net Operational Expenditure	1,703	1,151	1,117	34
<u>Recharges</u>				
Central Support Charges	445	180	180	0
Premises Support	43	32	32	0
Total Recharges	488	212	212	0
Net Departmental Total	2,191	1,363	1,329	34

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

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 3 is £34,000 below budget profile. Areas of budget pressure due to winter conditions have been identified and the under spend within the Intermediate Care Pool has been used to fund some of these additional expenses.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<u>Social Care & Health</u>				
Oakmeadow	50	4	4	46
Total Spending	50	0	0	50

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.