

Health Policy & Performance Board Priority Based Report

Directorate: Communities Directorate

Reporting Period: Quarter 2: 1st July 2013 – 30th September 2013

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2013/14; for service areas within the remit of the Health Policy and Performance Board.

2.0 Key Developments

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

COMMISSIONING AND COMPLEX CARE SERVICES

Housing

News was received late September of additional funding awarded by the Homes and Communities Agency to Halton Housing Trust for the development of 218 dwellings across 8 sites. This together with the recent success in securing the extra care housing scheme at Pingot means investment of around £30m for the borough.

Following the Government announcement in the June spending review of £3.3 billion for the next phase of the Affordable Homes Programme (2015/16 to 2017/18), the Homes and Communities Agency has provided details of the bidding timetable. Guidance is to be released in December 2013 with bidding deadline of the end of March 2014. Funding decisions will be announced in June 2014.

The Council will liaise with and support Housing Associations in developing proposals in order to maximise investment in Halton and meet the needs identified in the Housing Strategy.

Domiciliary Care Tender

A new service specification has been developed to deliver the provision of domiciliary and personal care services in Halton. The Tender will be three years initially with an option to extend for an additional year on top. The Council intend that the new contracts will be flexible enough to cater for innovation and the wish of the authority to move towards a model of provision that demonstrably delivers positive outcomes for its citizens. They will be accompanied by a quality monitoring framework that acknowledges the importance of the workforce capacity and capability as well as the systems and processes that go together to ensure that people get what they need and when they need it.

Alcohol

Night Time Economy Scrutiny Topic Group

The scrutiny review concluded in July. The review has provided an opportunity to review our local night time economy and identify what works well and what could be improved to provide a safe, accessible, well managed night time economy that meets the needs of residents and businesses and attracts visitors to the borough.

As a result of the review it has been recognised that there is much good practice happening in Halton and our town centres are well managed through the excellent working relationships between the council and our partners, businesses and the public. The review has identified a series of recommendations for further improvement which have been drawn into an action plan.

Mental Health Services

Section 136 Mental Health Act 1983: this is a legal provision which allows police officers to take to a place of safety any adult who they believe to be mentally disordered and who may pose a risk to themselves or other people. This requires close co-operation between the police, social services and the health services. All areas are required to have an agreed multi-agency policy and procedure which clearly identifies roles and responsibilities of each agency, and also clearly identifies the designated places of safety. A draft policy has been developed, which can be agreed by both the police and the Borough Council, and work is taking place with colleagues in the 5Boroughs to finalise the policy.

At the last Quarterly Monitoring Report, it was reported that a Mental Health Strategy for Halton was to be presented to the Health Policy and Performance Board in September 2013. This has now been deferred to later in the year, to allow more time for consultation.

A pilot scheme has been developed by the Mental Health Outreach Team to provide support to people known only to primary care services. The intention of this is to offer structured support at an earlier stage in people's lives, to prevent them from deteriorating and needing greater levels of support. All GP surgeries were given information about the pilot and a number have expressed interest in this. This is being taken forward in this quarter.

PREVENTION AND ASSESSMENT SERVICES

Care Management and Assessment Services

The Care Management Teams are participating in the development of community Multi-Disciplinary Teams already consisting of social workers and occupational therapists, that will be locality based, and aligned to GP practices across Widnes and Runcorn. The teams are realigning their work to match against General Practices and staff have begun attending the surgeries in Widnes (as they do in Runcorn) to move the forward. There is on-going work with Halton Clinical Commissioning Group, General Practices, Bridgewater Community Healthcare Trust in developing an integrated approach to delivering care for people with high level needs based around their GP practice. We are currently moving forward on gaining some Clinical Facilitator time to support practices in implementing their models.

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 be up to date.
<http://halton.olminfoserve.co.uk/home/defaultalt2.aspx>

Learning Disability Nurses

The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals etc.

Progress:

- The women's health and relationships group has finished with an increase in understanding and knowledge
- The Friendships and Relationships training via the Learning Disability Training Alliance has been requested for another year due to the feedback being excellent
- The friendships and relationships walks in the park are continuing. The number has increased to 11 people in attendance regularly.
- Those individuals who have been admitted to inpatient services, have been monitored throughout their stay via face to face contact with the nursing team, and supported to be discharged with positive prevention plans to reduce the risk of further admissions.
- The team and the Health Improvement Team have collaborated to make the FreshStart programme (a healthy eating and exercise programme) accessible for people with a learning disability. The pilot was held in August and was a great success. The full 6 week course commences in Widnes on October. A Runcorn session will begin in the New Year.
- A team member attended a Saturday health check morning at Brookvale to support the surgery to carry out the annual health LD checks. 13 people attended.
- The team supported the successful Big Health Day for people with a learning disability. This enabled people with a learning disability to talk and think about health checks and supporting them to be empowered around their health needs.
- The links into the GP surgeries are being consolidated, with support from the CCG's clinical lead for Learning Disabilities. The surgeries are being encouraged to plan the completion of the health checks until the end of the financial year.
- The team were inspected by CQC and received an extremely positive inspection report.
- The next men's group will start on 11th October 2013.
- Peer development meetings have commenced to reflect on cases, research and articles

End of Life Care

Training was held for staff across care management and assessment services with the aim of increasing knowledge of end of life care issues. The two day course was run in conjunction with Halton Haven Hospice and Halton Borough Council Learning & Development Division, The learning outcome was to enable staff to identify and relate end of life care to client assessment. The course has started to equip staff with knowledge and confidence to use end of life care tools and advance care planning during assessment. We had a follow up event in June 2013 to develop fourteen staff as dedicated champions of end of life care.

These champions now attend a Multi-Agency End of Life Champions Forum. Work is underway to develop electronic systems in regard to service users preferred place of care, to ensure all agencies are aware and support this. Halton Haven have now recruited new staff and work will commence for the champions to spend dedicated time with staff at

Halton Haven who will operated a buddying approach for staff, with the opportunity to shadow more experienced staff to enhance staff confidence, learning and development.

PUBLIC HEALTH

Public health responsibility, under the Director of Public Health and their team became the responsibility of the Local Authority on 1st April following implementation of the Health and Social Care Act 2012. The Environmental Health and Public Protection team has now also become part of the Public Health team. The Public Health Team have led the development of a Joint Health & Wellbeing Strategy which has cancer, alcohol, falls, mental health and child development as key priorities. The implementation of Action Plans to address these priorities will impact positively on the milestones and performance indicators outlined. This is the first quarter monitoring report since the development of that strategy.

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:-

COMMISSIONING AND COMPLEX CARE SERVICES

Development of an Older People's Vision

Commissioning in partnership with the Clinical Commissioning Group and Older People have begun the process of developing an Older People's Vision for Halton. Titled "Halton – a good place to grow older in" it focuses on some of the softer outcomes that help people to enjoy a better quality of life and clearly compliments some of the disease specific work delivered in the Borough. It is anticipated that the draft will be completed in Quarter 3 and the vision signed off in Quarter 4.

Mental Health Services

Inspection of 5Boroughs Partnership: it has been announced that the Care Quality Commission will be carrying out an inspection of the mental health services provided by the 5BoroughsPartnership in November 2013. The main focus of the inspection will be on the assessment and management of compulsory admissions to hospital under the 1983 Mental Health Act, which is a process which centrally involves the Council's Approved Mental Health Professionals. The Council is working closely with the 5Boroughs to deliver a positive outcome for this inspection

PREVENTION AND ASSESSMENT SERVICES

Mobile Working

In care management we are developing mobile working solutions for staff. With the introduction of electronic assessment forms in CareFirst 6, Social Care Practitioners could potentially use a range of devices, i.e. I pads or laptops, whilst visiting people in their own homes. A pilot will be implemented to test some of these systems, an evaluation and recommendations will be developed.

Making Safeguarding Personal

"Making Safeguarding Personal 2013-14" is a sector-led improvement project supported by funding from the Association of Directors of Social Services (ADASS) and the Local Government Association (LGA) Safeguarding Adults Programme.

Halton have been invited to participate in this improvement project. This work aims to facilitate a shift in emphasis from processes to a commitment to improve outcomes for people at risk of harm. The purpose of this work is to enable staff to use their skills, knowledge and judgement to work with people to *Make Safeguarding Personal* and to improve and capture outcomes with them, rather than to feel they are only there to follow a process.

PUBLIC HEALTH

Transfer and access to some required data sets, particularly relating to NHS data for which Public Health, now within the Local Authority, have accountability for reporting is problematic. This is a national issue and solutions are being sought both locally and nationally. Some data sets may not therefore be as current as possible and provision data may not yet be verified as a result of this situation.

The Trading Standard Contract with Warrington comes to an end in November 2013. We are currently identifying options to retender service, which may include returning the service to within the Environmental and Public Health team.

Currently options are being identified to retender for the stray dog kennelling contract in cooperation with other Merseyside Authorities including Liverpool, Knowsley and Sefton.

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 2013/14 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 is undertaken during Quarter 2 and Quarter 4.

Progress on the Risk Control Measures for the second quarter for Commissioning and Complex Care is detailed below. No Risk Control Measures are identified for Prevention and Assessment.

COMMISSIONING AND COMPLEX CARE SERVICES

Ref	Risk Identified	Q2 Progress
CCC1 (1)	Not implementing the Local whole system Dementia Strategy	
CCC1 (2)	Failure to implement 5 Boroughs NHS Foundation Trust proposals to redesign pathways for people with acute Mental Health problems and services for Older People with Mental Health problems.	

SUPPORTING COMMENTARY

CCC1 (1)

The Dementia Strategy has recently been reviewed and updated. Further progress will be made during 2013/14.

CCC1 (2)

The changes within the 5Boroughs are monitored by the Mental Health Strategic Commissioning Board and CQC are conducting a brief inspection of Assessment and Admissions in November 2013. The outcome will be subsequently be reported

PUBLIC HEALTH

Ref	Risk Identified	Q2 Progress
PH LI 09 (SCS HH7)	Mortality from all cancers at ages under 75 is not decreasing at a fast enough rate.	
PH LI 10 (SCS HH8)	16+ current smoking rate prevalence – rate of quitters per 100,000 population Not increasing enough to meet the target.	

SUPPORTING COMMENTARY

PH LI09

To ensure progress in this area the new Cancer Action Plan focusses on early identification of cancers by the public and GPs. An integrated Council/CCG Cancer strategy is being launched. An audit of GP Practice progress with cancer is included.

PH LI 10

Stop smoking rates across England have been impacted upon by the advent of e-cigarettes. NICE has recently advocated that these cigarettes should be licensed as medicines, this will mean they can only be sold in chemists. This should reduce the number of people smoking them instead of quitting, although this is not likely to be imminent.

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.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2014. (AOF 4) KEY	<input checked="" type="checkbox"/>
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2014. (AOF 4) KEY	<input checked="" type="checkbox"/>
CCC1	Continue to 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 2014 (AOF 4) KEY	<input checked="" type="checkbox"/>
CCC1	Develop a Homelessness strategy for 3-year period 2013-2016 in line with Homelessness Act 2002. March 2014. (AOF 4, AOF 18) KEY (NEW)	<input checked="" type="checkbox"/>
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2014 (AOF 21) KEY	<input checked="" type="checkbox"/>

SUPPORTING COMMENTARY

Services for children and adults with Autistic Spectrum Disorder

The Autistic Spectrum Conditions Strategic Group continues to monitor progress and the recently submitted Autism Self-Assessment showed good progress across a wide range of activity.

Implementation of Dementia Strategy

Services linked to the clinical pathway are now in place and are being evaluated during November. Low-level services including Dementia Care Advisors and Dementia Café's are being reviewed in line with the requirements of the Dementia Strategy

Implementation of service redesign within 5Boroughs Partnership

The Acute Care Pathway for adults (18-64) with complex mental health problems has now been fully developed and is in place. There is a new assessment team, based in Warrington but covering both Halton and Warrington, a Home Treatment team to support people in crisis in their own homes, and a Recovery Team (which has full social services input) to support people on a longer term basis. The Later Life and Memory Service is also now largely in place and is delivering the requirements of the local dementia strategy; this again has social work input to the people with the most complex needs.

Development of Homelessness Strategy

Extensive consultation with local people, key stakeholders and elected members on the cause and effect of homelessness in Halton has been collated to inform the development of a strategy. The draft strategy will be completed by December 2013.

Ensure Healthwatch is established and consider working in partnership with other Councils to deliver

Halton Healthwatch established with all Executive Board posts filled and operational. The service is now working on a range of consultations to deliver against agreed targets and outcomes. In relation to the Independent Complaints Advocacy Service (ICAS) this service is delivered in partnership with eight other authorities and provides quarterly data on the number of people from Halton who access the service.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q2	Current Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	3.23	3.97	2.88		
CCC 5	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)	4.0%	5%	3.9%		
CCC 6	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 8).	0	[1.2]	0		
CCC 7	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	[12]	4		
CCC 8	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	5.42	[4.4]	8.7		

	the Borough) (Previously CCC 11).					
CCC 11	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	18.87 %	25%	7.24 %		

SUPPORTING COMMENTARY

CCC4

There has been a reduction in the absolute numbers of people with mental health problems who receive services to help them to live independently, and when combined with an overall increase in the general population, this has reduced the overall proportion of people who are being helped. This is maybe due to the new acute pathway for severe mental illness, which means that services are being targeted more at people with the greatest need and risk. This means that new protocols are being addressed to manage people with less significant needs being managed through shared care. The redesign of the Outreach Service which will support these individuals is now agreed. A number of schemes to further increase awareness and self-management have been put into place.

CCC5

There has been an increase in the number of people supported by the 5 Boroughs Partnership and Alzheimer's Society. This is alongside a significant increase in Primary Care dementia diagnosis. This rise will meet our end of year target of 62%, which also puts Halton high in the North West rankings. However, this increase is not reflected in this indicator as it only reports on clients recorded on Carefirst, with a primary need of dementia. Work is underway to more accurately report all clients in receipt of a service.

CCC6

The Authority forms part of the Merseyside Sub Regional, No Second Night Out scheme which is proven to be a successful resource and fully utilised across the Merseyside Authorities. . The service provides an outreach service for rough sleepers and has a close working partnership with Halton to identify and assist this vulnerable client group. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district.

CCC7

Established prevention measures are in place and the Housing Solutions team continue to promote the services and options available to clients. There has also been a change in the Temporary Accommodation process and amended accommodation provider contracts. The emphasis is focused on early intervention and further promotes independent living. The improved process has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced Temporary Accommodation provision.

CCC8

The Housing Solutions Team promotes a community focused service. During the last 2 years there has been an increase in prevention activity, as officers now have a

range of resources and options to offer clients threatened with homelessness. Due to the proactive approach, the officers have continued to successfully reduce homelessness within the district

CCC11

Good progress is being made on carers assessments but will need to be kept constantly under review in light of increased demand.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q 2 Progress
PA1	Implement and monitor the pooled budget with NHS partners for complex care services for adults (community care, continuing health care, mental health services, intermediate care and joint equipment services). Apr 2014. (AOF 21 & 25) KEY (NEW)	
PA1	Engage with new partners e.g. CCG, Health LINKs, through the Health and Wellbeing Partnership to ensure key priorities, objectives and targets are shared, implementing early intervention and prevention services. Mar 2014. (AOF1, 3 & 21) KEY (NEW)	
PA1	Review the integration and operation of Community Multidisciplinary Teams. Mar 2014. (AOF 2, 4, & 21). (NEW) KEY	
PA1	Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. Mar 2014 (AOF 10) (NEW) KEY	
PA1	Embed and review practice in care management teams following the reconfiguration of services in 2012/13 to ensure the objectives of the review have been achieved. Mar 2014 (AOF 2, 4). (NEW) KEY	
PA1	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. Mar 2014 (AOF 2, AOF 3 & AOF 4) KEY	

SUPPORTING COMMENTARY

Implementation of pooled budget

Pooled budget fully implemented. Executive Commissioning Board and Partnership Board in place to monitor impact, performance and spend.

Engagement with partners to ensure delivery of early intervention and prevention services

Health and well-being partnership group in place, to lead on the future development and monitor performance against key priorities. Update report to Health and Well-Being Board by January 2014.

Community Multidisciplinary Teams

We are currently moving forward on gaining some Clinical Facilitator time to support practices in implementing their models using risk stratification. Social care teams are realigning their work to match against General Practices and staff have begun attending the surgeries in Widnes (as they do in Runcorn) to take this work forward.

Develop working practice within care management teams which is advised by the Integrated Safeguarding Unit

Working practices are continuing to be progressed within the new structure including a focus on prevention and quality.

Continue to embed and review practice within care management teams

Work is progressing well, with the recent establishment of a practitioner groups to ensure ownership of the recent changes.

Continue to ensure the delivery of personalised quality services through self-directed support and personal budgets

A review of systems to ensure effectiveness has taken place. A new range of streamlined self- directed support documents and processes have been developed. A pilot is underway to look at safeguarding and personalisation.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q2	Current Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	84.35	99	38.16		
PA 3	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	86.73%	82%	89.8%		
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)	94%	97%	90.3%		

SUPPORTING COMMENTARY

PA2

Figures are cumulative and are generally higher in Q3 and Q4.

PA3

We have exceeded the target to date.

PA7

On-going Issues with Helena contract- this will be addressed through regular performance meetings

APPENDIX 1 – Financial Statements

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	7,081	3,260	3,240	20
Premises	223	118	114	4
Supplies & Services	1,996	1,158	1,167	(9)
Emergency Duty Team	103	26	24	2
Carers Breaks	471	57	54	3
Transport	170	85	85	0
Contracts & SLAs	199	88	46	42
Payments To Providers	3,839	1,620	1,617	3
Other Agency Costs	734	376	387	(11)
Total Expenditure	14,816	6,788	6,734	54
Income				
Sales & Rents Income	-162	-110	-109	(1)
Fees & Charges	-169	-40	-30	(10)
CCG Contribution To Service	-846	-378	-374	(4)
Reimbursements & Grant Income	-870	-304	-315	11
Transfer From Reserves	-245	0	0	0
Total Income	-2,292	-832	-828	(4)
Net Operational Expenditure	12,524	5,956	5,906	50
Recharges				
Premises Support	304	152	152	0
Central Support Services	1,958	887	887	0
Transport Services	440	218	218	0
Asset Charges	82	3	3	0
Internal Recharge Income	-1,747	0	0	0
Net Total Recharges	1,037	1,260	1,260	0
Net Departmental Total	13,561	7,216	7,166	50

Comments on the above figures:

Net operational expenditure is £50,000 below budget profile at the end of the second quarter of the financial year.

Employee costs are currently £20,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Day Services and the Supported Housing Network. The majority of these posts were appointed to in September, and it is not anticipated that the current level of underspend will increase.

Expenditure on Contracts and Service Level Agreements is projected to be £75,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support, and savings made on the Bredon Respite Care contract. There has historically been significant variations in demand for the bed and breakfast service, although current expenditure patterns are stable, and the projected underspend seems realistic.

At this stage, it is anticipated that expenditure will balance to overall budget by the end of the financial year. Whilst expenditure is currently £50,000 below the budget profile, it is anticipated that this trend will continue for the final two quarters of the year, and a balanced budget overall will be achieved.

Capital Projects as at 30th September 2013

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Disabled Facilities Grant	584	150	150	434
Stairlifts	250	125	112	138
Energy Promotion	6	0	0	6
RSL Adaptations	350	70	69	281
Choice Based Lettings	7	5	5	2
Bredon Respite Unit	13	13	13	0
Bungalows At Halton Lodge	400	0	0	400
Grangeway Court Refurbishment	347	0	0	347
Contingency	29	0	0	29
Total Spending	1,986	363	349	1,637

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	6,921	3,199	3,136	63
Other Premises	68	22	19	3
Supplies & Services	472	247	244	3
Aids & Adaptations	113	20	20	0
Transport	5	3	3	0
Food Provision	18	9	13	(4)
Other Agency	68	24	25	(1)
	14	7	7	0
Capital Finance	18,164	5,923	5,892	31
Contribution to Complex Care Pool				
	25,843	9,454	9,359	95
Total Expenditure				
Income				
Other Fees & Charges	-222	-111	-116	5
Reimbursements & Grant Income	-662	-396	-397	1
Transfer from Reserves	-451	0	0	0
Capital Salaries	-84	0	0	0
Government Grant Income	-40	-13	-11	(2)
CCG Contribution to Service	-187	-314	-314	0
	-1,646	-834	-838	4
Total Income				
Net Operational Expenditure	24,197	8,620	8,521	99
Recharges				
Premises Support	373	195	195	0
Asset Charges	294	0	0	0
Central Support Services	2,447	1,175	1,176	(1)
Internal Recharge Income	-419	-204	-204	0
Transport Recharges	58	26	28	(2)
Net Total Recharges	2,753	1,192	1,195	(3)
	26,950	9,812	9,716	96
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second Quarter of the financial year is £65,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £63,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of these vacancies are yet to be filled. The annual staff savings target for the Department (excluding the Complex Care Pool) is £227,000 and will be achieved by the end of the financial year.

Income has for the second quarter running marginally over achieved by £4,000 and income targets in the main are expected to be achieved in full this financial year.

The anticipated year end position for the Department is expected to be circa £130,000 under budget. However, this is based on current information and variations are very much dependant on other pressures within the Directorate.

A detailed analysis of the Complex Care Pool is shown below:

COMPLEX CARE POOL

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	3,276	1,070	1,056	14
Contracts & SLA's	1,846	905	892	13
Transport	5	3	1	2
Joint Equipment Store	518	0	0	0
Adult Care:				
Residential & Nursing Care	18,421	7,036	6,916	120
Domiciliary & Supported Living	10,389	4,312	4,326	(14)
Direct Payments	2,518	1,490	1,632	(142)
Block Contracts	181	0	0	0
Day Care	404	171	166	5
Total Expenditure	37,558	14,987	14,989	(2)
Income				
Residential & Nursing Income	-4,294	-2,078	-2,093	15
Community Care Income	-1,451	-583	-597	14
Direct Payments Income	-128	-84	-90	6
CCG Contribution to Pool	-12,877	-6,306	-6,306	0
Reablement & Section 256 Grant	-1,273	-378	-378	0
Transfer from Reserves	-100	0	0	0
Other Contributions to Care	-114	-57	-57	0
Total Income	-20,237	-9,486	-9,521	35
Net Operational Expenditure	17,321	5,501	5,468	33
Recharges				
Central Support Services	313	156	156	0
Premises Support	115	58	58	0
Internal Recharge	409	205	205	0
Transport Support	6	3	5	(2)

Net Total Recharges	843	422	424	(2)
Net Departmental Total	18,164	5,923	5,892	31

Comments on the above figures:

From 1st April 2013 Halton Borough Council (HBC) and the Clinical Commissioning Group (CCG) have agreed to pool their resources due to the increasing challenges for the Health and Social Care economy in Halton. This will result in the alignment of systems, improve effective and efficient joint working, but more importantly improve the pathways, speed up discharge processes, transform patient/care satisfaction and set the scene for the future sustainability of meeting the current and future needs of people with complex needs.

The figures above include the income and expenditure relating to Adult Care for both Halton Borough Council and Halton Clinical Commissioning Group. Adult Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities, Mental Health and Older People for services such as residential and nursing care, domiciliary and supported living, day care and direct payments.

In overall terms the Net Operational Expenditure for Quarter 2 is £31,000 under budget profile. Expenditure on employee costs is currently showing £14,000 under budget profile. This is due to savings being made on vacancies within the Department, which are yet to be filled. Contract's & SLA's spend is £13,000 under budget profile mainly due to a reduction in the contract price for the Sub Acute Unit.

The net expenditure for Adult Care for Quarter 2 is currently showing £31,000 over budget profile. Direct payments has noticeably increased in the first half of the year compared to this point last year and expenditure is £142,000 over budget profile at the mid-point of the year. A separate working group has been established to evaluate the additional expenditure across Adult Care, to date a third of the increase in direct payment expenditure is due to new clients to Halton and two thirds is due to increases in direct payments or a client moving from domiciliary care to direct payments.

Domiciliary & supported living are also showing an over budget profile of £14,000 at this point in the year. Residential & nursing care are showing an under budget profile of £120,000 however caution is being taken due to a 4.5% increase in the count of clients, from April to August, going into permanent care. All areas of Adult Care spend will be monitored closely during the next quarter and budgets will continue to be realigned to reflect the spending patterns of health and social care.

Due to expenditure by nature, being volatile and fluctuating throughout the year depending on the number and value of new packages being approved and existing packages ceasing. Trends of expenditure and income will be scrutinised in detail throughout the third quarter of the year to ensure a balanced budget is achieved at year-end and in order to identify pressures that may affect the budget in the medium term.

PUBLIC HEALTH DEPARTMENT

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	1,433	663	653	10
Supplies & Services	48	17	15	2
Consumer Protection Contract	393	219	231	(12)
Other Agency	20	20	17	3
	5,971	2,371	2,347	24
Contracts & SLA's				
Transfer to Reserves	207	0	0	0
	8,072	3,290	3,263	27
Total Expenditure				
Income				
Other Fees & Charges	-68	-34	-21	(13)
Sales Income	-26	-26	-24	(2)
Reimbursements & Grant Income	-7	-7	0	(7)
Government Grant	-8,510	-2,127	-2,128	1
	-8,611	-2,194	-2,173	(21)
Total Income				
Net Operational Expenditure	-539	1,096	1,090	6
Recharges				
Premises Support	47	23	23	0
Central Support Services	2,014	145	145	0
Transport Recharges	27	10	10	0
Net Total Recharges	2,088	178	178	0
	1,549	1,274	1,268	6
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the first two quarters of the financial year is £6,000 under budget profile.

Employee costs are currently showing £10,000 under budget profile. Of this, almost £8,000 relates to a reduction in hours from 37 to 29.6 for one employee in the Environmental Health Division.

The Consumer Protection Contract is currently £12,000 over budget profile. This is due to the increase in the Warrington Borough Council Trading Standards contract for the combined service they provide, which will be £23,000 over the budget profile by the end of the financial year.

Other fees and charges income is currently showing £13,000 below budget profile, this is due to domestic pest control fees income underachieving. The income target had previously been reduced due to a unachievable income target. This will be reviewed again during the budget setting process.

Reimbursements & Grant Income is currently showing £7,000 below budget profile, this is again due to pest control, with sewerage agency works income underachieving.

The Public Health Division came under the control of Halton Borough Council in April this year. Therefore, after two quarters, and with no historical information available, it is too early to comment further. However, the budget will be monitored and scrutinised closely as we move through the year.

APPENDIX 2 – 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 whether the annual target is on course to be achieved</u>.</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 unless there is an intervention or remedial action taken</u>.</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.
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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.