

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2: 1st July 2014 – 30th September 2014

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 2014/15; for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Prevention & Assessment
- Commissioning & Complex Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

COMMISSIONING & COMPLEX CARE SERVICES

Housing

HCA Affordable Homes Programme 2015/18

The funding bids made by LHT, Plus Dane, and HHT to the Homes and Communities Agency that were reported last quarter have been approved in their entirety. This will result in 365 new dwellings for affordable rent being constructed across 19 sites in Halton.

Nearly 50% of the national Programme funds have been reserved for subsequent in year bids, and we will seek to take advantage of this as and when opportunities arise to maximise housing delivery through continued joint working with local Housing Associations.

Property Pool Plus Housing Allocations Policy

Revisions to the policy made necessary by the Localism Act, new Regulations concerning Armed Forces personnel and a new Code of Guidance are in the process of being endorsed by the Cabinets of the five local authorities participating in this sub regional scheme. Full details of the changes were reported to Halton's Executive Board on the 4th September. It is envisaged the changes will be implemented by January 2015 after a period of staff training.

Widnes Homeless Hostel

The tender for the provision of housing support at the new Widnes hostel has closed and submissions have now been evaluated. The second stage presentation and interviews will be held on 11th and 12th November 2014 and the contract is due to be awarded in December 2014.

Floating Support Services

The tender process has commenced for the provision of Generic and Mental Health housing-related floating support services.

Physical and Sensory Disability Services

Choice, control, Inclusion is the commissioning strategy for adults age 18-64 living with disability whilst SeeHear focusses on the needs of those living with sensory impairment. These strategies set out the priorities for service development over the next five years. Executive Board have endorsed both strategies. They will be taken through CCG governance in November. Oversight of implementation will be through the Better Care Board which reports to the Executive Board and CCG Governing Body.

Keyring Community Living Network

Executive Board have approved the establishment of a pilot network in Halton. The Keyring model is a network of vulnerable people who need some support including mutual support to live safe and fulfilling lives in the community with an emphasis on enablement rather than dependence on high levels of support. Implementation is now underway and a full evaluation will be undertaken at the end of Year 2.

Mental Health

Operation Emblem was set up as a project between Cheshire Police and the 5Boroughs Partnership – and supported by the Halton Mental Health Delivery Group – to manage and reduce the numbers of people in the borough who were being detained under Section 136 Mental Health Act 1983 (this is the provision which allows the police to detain a person found in a public place who appears to them to be mentally disordered, and who may pose a risk to themselves or others). The numbers of people detained under this provision were higher than anywhere else in the county, and the project was designed to support police officers by providing a triage service from a Community Psychiatric Nurse. Since the project began, numbers of people detained in Halton have reduced significantly, which means that there are fewer inappropriate detentions, and that a greater proportion of people are receiving appropriate mental health support at the point that they need it. The effectiveness of this project is being closely monitored by the Halton Mental Health Delivery Group and the Cheshire, Halton and Warrington Strategic Mental Health Partnership.

The Mental Health Crisis Care Concordat was published by central government in February 2014. It is intended to encourage all key partners to work together to reduce the numbers of people who find themselves in mental health crisis, and to improve the types of service and speed of response to such people. All key organisations are asked to sign up to a local declaration that they will work together to achieve these aims by December 2014, and to develop a related action plan by March 2015. Locally a small task and finish group, accountable to the Mental Health Delivery Group, has been set up to take this forward. The Cheshire, Halton and Warrington Strategic Mental Health Partnership is also working with key partners to deliver the aims of the Concordat and this will provide opportunities to work across boundaries to deliver more flexible responses.

In previous Quarterly Monitoring Reports, accounts have been given of the development of the pilot project for the Mental Health Outreach Team to work with a number of local GP surgeries to support people at an earlier stage in their mental health experience. This programme continues to provide promising results, with evidence that the interventions from the team have led to improved confidence and wellbeing, reductions in use of primary and secondary health services and better engagement by people with their own communities. As a result, work is currently being undertaken to establish whether the programme can be widened to the whole of the borough and made permanent.

Other developments within the Commissioning and Complex Care Division

Emergency Duty Team (EDT): this service was established as a partnership with St Helens Borough Council in 2007. Warrington Borough Council has made request to join the partnership and this, along with the substantial changes in service delivery and responsibilities since 2007, has triggered a review of the functions and structure of the service. A further report on this matter will be brought to the Board in due course.

PREVENTION & ASSESSMENT

Making It Real

We have developed a steering group to take forward the 'Making it real' marking progress towards personalised, community based support in relation to the 'Personalisation' agenda. This helps check our progress and decide what we need to do to keep moving forward to deliver real change and positive outcomes with people. We met with members of the TLAP programme (Think Local Act Personal) and they helped us facilitate a 'Making It Real Live' event that took place on the 4th of June. The event was well attended and involved people using services, a wide cross sector of partners and other agencies, including the independent sector and voluntary agencies. From the event we developed an action plan and identified leads to take forward task finish groups which the steering group will oversee. A follow up event will be held in December 2014 to update those attending the original event.

Learning Disability Nursing Team

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

Progress:

- The team continue to seek the view of customers on their experiences with team members. These are in easy read format and show consistently positive results
- A recent audit has been completed of Nurse triages, and completed assessments completed by the team, has shown a high standard of health support and dynamic thinking/working is being offered to Halton residents.
- A nursing team member has delivered Learning Disability awareness training to the dignity and safeguarding champions at Warrington Hospital to support people with learning disabilities accessing the acute trust. The feedback from this was very positive
- The Big Health Day took place in September, which was a great success. Cancer screening was covered along with demonstrations of checking breasts and testicles and cervical smear tests. A dentist and dental hygienist demonstrated good oral hygiene. Mental well-being was covered including emotions.
- The team have been completing peer observations and management observations to ensure the service provided is of a high quality.
- A team member has been training carers alongside the Health Improvement Team to support people with a learning disability to make healthy lifestyle choices
- Team members have been working with GPs to look at their learning disability register and cleanse the data.

- To support the transition of an individual from an inpatient setting, visits have taken place with potential placements and providers to ensure the placement is of high quality with good outcomes and timely support for the individual.

Winterbourne View

Winterbourne View Review Concordat: Programme of Action was published by the Department of Health in December 2013. Halton CCG and Council have developed a localised action plan – this will continue to be monitored through the Learning Disability Partnership Board and HCCG Quality and Integrated Governance Committee. Assurance is provided to NHS England as per the Concordant Action Plan.

- The Council has continued to work with health colleagues to review all out of area placements regardless of funding arrangements.
- Halton's Winterbourne Strategic task group set up to ensure those placed out of area are managed and monitored appropriately with professionals tasked with reassessing those individuals to enable them return to Halton this meeting meets quarterly. This work has been on-going with successful placements now achieved locally with the co work of the care management teams, health colleagues and the Positive Behaviour team. The out of area action plan is monitored by the complex care board with quarterly updates.
- Joint Health and Social Care Learning Disability 2014/15 validation and assurance to be completed (early 2015).
- Bryon Unit 5 Borough Partnership Inpatient bed usage currently being monitored - usage for 2013/14 was 10 inpatient admissions; usage for 2014/15 to date is 2 admissions. The usage in 2013/14 was higher than previous years, which meant more individuals accessed an inpatient facility. A review of admissions has taken place to understand rationale and appropriateness of the admissions. The usage in 2014/15 is consistent with previous years prior to 2013/14 and continues to be monitored on a monthly basis.

PUBLIC HEALTH

Good progress has been made in implementing the alcohol Health & Wellbeing Board action plan. As part of the alcohol strategy development work a refreshed action plan for 2014-15 has been developed and signed up to by all partners. The Public Health Annual Report has this year focused on alcohol and what we have achieved and an Alcohol Reduction Strategy has been written.

The Halton Healthy Weight management care pathways for children and adults is under review and opportunities to enhance provision being identified.

Uptake remains good for HPV vaccination against cervical cancer. Changes to the national schedule for HPV vaccination may further improve opportunities to improve uptake locally.

The Family Nurse Partnership team has been recruited and will start to work with first time teenage mothers in November 2014.

All of the planned redesign of the falls service, falls training and triage has been completed ahead of schedule. A falls business case has now been developed to consider

the impact of additional funding and preventative interventions to further reduce the level of falls at home as well as the readmission rates.

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 & COMPLEX CARE

Housing

Halton's Housing network continues through the Efficiency Review process. Day Services are due to start a new commercial venture in Simms Cross Widnes. Adult Placement Service has put forward service development proposals to increase the support for people with Dementia.

Mental Health Services

As a part of the work on the Mental Health Crisis Care Concordat, an approach has been made to a North West university to engage in research about two aspects of the use of the Mental Health Act: the experience for the patient of the assessment and detention process, and an understanding of the steps that could have been taken earlier in the person's life which might have avoided the need for detention in hospital at a later stage. Although very sensitive, this research should assist the delivery of more personalised and dignified use of the Act, and in improving practice may well help people to seek support at an earlier stage in the life of their mental health condition. A better understanding of the types of intervention that would have helped earlier in people's lives should help with improved targeting of preventive services.

Work has been taking place with Warrington Borough Council to introduce into Halton a successful scheme to divert people with mental health needs from the criminal justice system. The Support 4 Change programme screens people who are passing through the criminal justice system, and where appropriate provides support and structured follow-up to people who are vulnerable because of mental health issues, a learning disability or drugs and/or alcohol problems. Funding has been secured for 12 months and the service has already begun in Halton, with three staff in place. This will be reported on in subsequent Quarterly Monitoring Reports.

PREVENTION & ASSESSMENT

The Personal Budgets Outcomes and Evaluation Tool (POET)

POET has been developed over a number of years by In Control and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. The Care Services Minister Norman Lamb has recommended that all councils should be checking people's experiences of using personal budgets, through tools such as POET. Staff have been identified to complete the surveys with people and carers using services. Halton

completed the evaluation tool last year. This year's work will contribute to the 'Making it Real' follow up event in December 2014.

PUBLIC HEALTH

E cigarettes are an issue. They are not yet regulated and cannot be used as a quit tool.

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 2014/15 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.

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 2015. (AOF 4)	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4)	
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 2015 (AOF 4)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. Mar	

	2015. (AOF 4, AOF 18)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21)	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2015. (AOF 21 & 25)	

Key Performance Indicators

Supporting Commentary

CCC 1 Services / Support to children and adults with Autism

The Autism Strategy group continues to monitor the progress of the Autism Strategy 2012 – 2016 action plan.

CCC 1 Dementia Strategy

Progress against the strategy delivery plan will now be monitored through the newly established Mental Health Oversight Board. In Q2 the Case Finding Pilot has started and the 'ground work' for the establishment of a Halton Dementia Action Alliance has been initiated.

CCC1 Mental Health

Work continues with the 5BP NHS Foundation Trust to review inpatient and community services for older people with mental health problems. An options appraisal should be available to elected Members over the coming months.

CCC1 Homelessness Strategy

The 2013/18 Homelessness Strategy was approved by Executive Board on 27th March 2014. Designated sub groups will continue to meet on a bi monthly basis to discuss and implement the strategic action plan. The focus is presently around improving the monitoring & performance of the service, with further emphasis to develop prevention initiatives around Health.

CCC 2 HealthWatch

Healthwatch continues to develop and events for local residents are scheduled. Discussion with partner Councils related to advocacy services are underway to ensure the best possible service is delivered.

CCC 3 Review and development of commissioning strategies to align with Public Health and Clinical Commissioning Groups

Work in this area is progressing as scheduled. The Integration Agenda continues to move towards greater alignment around governance and the integrated approach to performance management.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14 / 15 Target	Q2 Actual	Q2 Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.5	2.54		
CCC 5	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		
CCC 6	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	11	12	12		

Supporting Commentary

CCC 4 Adults with mental health problems helped to live at home per 1,000 population

This figure is likely to improve in the next Quarter as the work from the pilot project by the Mental Health Outreach Team (MHOT) into GP surgeries is included. The pilot focusses on early intervention, support, and reablement for people with mental health problems who are in primary care services. GPs make referrals to MHOT for one-to-one support with individuals. Work is also taking place to refocus the social work service to ensure that more people are supported within primary care.

CCC 5 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years

Halton 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 successfully worked in 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 and facilitate reconnection with neighbouring authorities.

CCC 6 Number of households living in Temporary Accommodation

The Housing Solutions Team has taken a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing

Solutions team will continue to promote the services and options available to clients. The changes in the TA process and amended accommodation provider contracts has had a positive impact upon allocation placements. The emphasis is focused on early intervention and further promotes independent and sustainable living. The improved service process has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced TA provision.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PA 1	Fully implement and monitor the effectiveness of the complex care pooled budget March 2015 . (AOF 2,3,4,10,21)	
PA 1	Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and urgent care March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults March 2015 (AOF 2,3,4,10,21)	
PA 1	Work within adult social care to focus on preventative service to meet the needs of the population March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton March 2015 (AOF 2,3,4,10,21)	
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets March 2015 (AOF 2, 3,4,10,21)	
PA 2	Continue to review the quality of commissioned services and continue to develop the role of the integrated safeguarding unit March 2015 (AOF 2, 3,4,10,21)	

Supporting Commentary

PA 1 Complex care pooled budget

The Boards associated with the pooled fund have changed their names to the Better Care Board and the Better Care Executive Commissioning Board to reflect the addition of the Better Care Fund from April 2015. The boards continue to monitor the work of the fund to meet the key strategic objectives and the use of the financial resources. The pool fund is project to have a slight underspend at the end of year.

PA 1 Integrated provision of frontline services

The Care Homes project has been agreed for permanent staffing. The evaluation demonstrated the need for additional resources to improve the quality of care with nursing and pharmacy staff in recruitment process. Work continues with GP practices, community nursing and social care on the delivery of the multi-disciplinary approach for those with complex needs. Additional resources have been released from central government to support increased demand during the winter period. This includes significant investment in the 2 acute hospitals, support for the ambulance service, additional beds in the community and support for the developing Urgent Care Centres.

PA 1 Develop a Care Management Strategy

Early draft of Care Management strategy now completed and finalised draft aimed to be delivered November 2014.

PA 1 Work within Adult Social Care focussing on Preventative Services

The Initial Assessment Team continues to develop close working with Sure Start/Bridge Building, Telecare and also offering better sign posting.

PA 1 Develop an integrated approach to the delivery of Health and Wellbeing across Halton

On target for completion.

PA 2 Personalisation/Self-directed Support

To ensure effective arrangements for 'Personalisation' across adult social care, we have developed a steering group to take forward the 'Making it Real' agenda. TLAP (Think Local Act Personal) supported us to facilitate a 'Making It Real Live' event that took place on 4th June. From the event we developed an action plan and have now identified leads to take forward task finish groups which the steering group will oversee. A follow up event will be held in December 2014 to update those attending the original event.

PA 2 Integrated Safeguarding

We are currently developing a care and safeguarding dashboard to enable professionals to receive up to date information across the Halton.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14/15 Target	Q2 Actual	Q2 Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+)	81.31	82	38.2		
PA 3	Percentage of VAA Assessments completed within 28 days	87.69%	85%	85.3%		
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days	96.3%	97%	96.4%		

Supporting Commentary

PA 2 Numbers of people receiving Intermediate Care per 1,000 population (65+)

Although referral numbers are slightly down when comparing Q2 14/15 with Q2 13/14, we are on course to meet this target.

PA 3 Percentage of VAA Assessments completed within 28 days

We have exceeded the target.

PA 7 Percentage of items of equipment and adaptations delivered within 7 working days

On line to meet this target.

Public Health

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01	Work with the public and service providers to raise awareness of the early signs and symptoms of bowel, breast and lung cancer so we can identify it an early stage in the population. March 2015	
PH 01	Reduce obesity rates in the local population, thereby reducing the incidence of bowel cancer through promoting healthy eating and screening programmes for adults and	

	children via a range of services. March 2015	
PH 01	Meet the target for the take up of HPV vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. March 2015	
PH 01	Work proactively with GPs, all service providers, Alcohol Liaison Nurses, teachers in schools to reduce the number of people drinking to harmful levels and alcohol related hospital admissions given the rise in pancreatic and liver cancer rates. March 2015	
PH 02	Facilitate the Early Life Stages development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. March 2015	
PH 03	Working with all service providers, implement the action plan to reduce falls at home in line with the Royal Society for the Prevention of Accidents (ROSPA) guidance as outlined in the new Falls Strategy March 2015	
PH 05	Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children's Centres. March 2015	

Supporting Commentary

PH 01 Raise awareness of Bowel, Breast and Lung Cancer

This is a priority for Halton Health & Wellbeing Board and sits within its underlying action plans. The national Be Clear on Cancer campaign continues to be rolled out with a team of volunteers working with local people. We are working closely with Halton Clinical Commissioning Group (CCG) to develop additional early detection programmes along the lines of a Cancer Rehabilitation programme.

We do not yet have easy access to staging data from the local hospitals. GP practices have been supported to conduct the cancer audit.

PH 01 Reduce Obesity Rates

A range of weight management services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults is under review and opportunities to enhance provision being identified.

PH 01 Reduce Cervical Cancer Rates

Uptake remains good for HPV vaccination. Changes to the national schedule for HPV vaccination may further improve opportunities to improve uptake locally.

PH 01 Reduce the number of people drinking to harmful levels

An alcohol harm reduction strategy for Halton has been developed and is due to be launched during alcohol awareness week (17-23 November). The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team.

The strategy will set out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing under-18 admission rates locally. Alcohol health education sessions are being delivered in all local schools.

PH 02 Facilitate Early Life Stages development

The healthy child programme continues to be delivered across Halton, conducting screening, immunisations and health reviews. The Family Nurse Partnership team has been recruited and will be starting to work with first time teenage mothers in November 2014.

Work is underway to ensure the safe transition of the Health Visiting service and Family Nurse Partnership to be commissioned by the Local authority by October 2015.

PH 03 Falls Reduction Action Plan

All of the planned redesign of falls service, falls training and triage has been completed ahead of schedule. A falls business case has now been developed to consider the impact of additional funding and preventative interventions to further reduce the level of falls at home as well as the readmission rates.

PH 05 Mental Health and Wellbeing Programme

A review of all local mental health and wellbeing provision is underway to ensure that there are consistent, high quality services available.

A new mental health and wellbeing action plan is in progress, informed by the Mental Health and Wellbeing Strategy.

Key Performance Indicators

Ref	Measure	13/14 Actual	14/15 Target	Q2	Current Progress	Direction of travel
PH LI 01 (SCS HH 7)	Mortality rate from all cancers at ages under 75 (previously PH LI 04 [2013/14], NI 122)	145.1 July 13 to June 14	140	Not available measured annually.	?	
PH LI 02	A good level of child development	37%	40%	Not available measured annually.	?	

PH LI 03 New SCS Measure Health 2013-16)	Falls and injuries in the over 65s (Public Health Outcomes Framework) (previously PH LI 06 [2013/14])	2,850.4 (Jan 13 – Dec 13)	2,847	2,796.3 (Jul 13 – Jun 14)		
PH LI 04	Admissions which are wholly attributable to alcohol AAF=1, rate per 100,000 population.	947.5 (2013/14)	1,038	N/A	N/A	N/A
PH LI 05	Mental Health: Self-reported wellbeing (previously PH LI 08, 2013/14)	N/A	69%	N/A	N/A	N/A

Supporting Commentary

PH LI 01 There has been a small reduction in the death rate from cancer, but it is too early to say if this trend will continue. The recently updated cancer action plan will tackle this.

PH LI 02 This is a combined health and children's indicator which includes personal, social and emotional development; physical development; and communication and language) and the specific areas of mathematics and literacy. We cannot measure performance against last year as the way the indicator is measured has changed. This area is a challenge for Halton. The increase in the Health Visiting Service should contribute to improving the figures.

PH LI 03 Performance has been positive in the quarter due to a number of key interventions from the falls strategy now being in place:

- Increased training for professionals
- New training for members of the public
- Increased screening
- New triage into intermediate care
- More capacity within falls assessments

PH LI 04 Haven't received data for Q2 2014/15. Halton has a new Alcohol Strategy & action plan and is now an Alcohol Action Area. Rates for under 18s are reducing.

PH LI 05 o data available yet. A wide range of programmes are in place for mental health The CAMHS service has been reviewed and we are out to tender for a new service.

APPENDIX 1 – Financial Statements

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	7,463	3,573	3,521	52
Premises	304	158	159	(1)
Supplies & Services	1,905	922	922	0
Carers Breaks	423	312	309	3
Transport	170	79	77	2
Contracts & SLAs	149	57	53	4
Payments To Providers	3,816	1,555	1,556	(1)
Emergency Duty Team	103	26	25	1
Other Agency Costs	795	320	312	8
Total Expenditure	15,128	7,002	6,934	68
Income				
Sales & Rents Income	-384	-202	-225	23
Fees & Charges	-173	-99	-72	(27)
CCG Contribution To Service	-810	-405	-374	(31)
Reimbursements & Grant Income	-663	-155	-156	1
Transfer From Reserves	-848	0	0	0
Total Income	-2,878	-861	-827	(34)
Net Operational Expenditure	12,250	6,141	6,107	34
Recharges				
Premises Support	192	80	80	0
Transport	436	218	218	0
Central Support Services	1,685	842	842	0
Asset Charges	76	38	38	0
Internal Recharge Income	-1,685	0	0	0
Net Total Recharges	704	1,178	1,178	0
Net Departmental Total	12,954	7,319	7,285	34

Comments on the above figures:

Net operational expenditure is £34,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are currently £52,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Mental Health and Day Services. These posts have now either been filled, or are in the process of being filled. It is therefore not anticipated that the spend below budget profile will continue at this level for the remainder of the financial year, and will not impact on the 2015/16 budget year.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income due to the temporary closure and refurbishment of a homeless facility. Additionally, income received from the Clinical Commissioning Group is projected to be below target. This income relates to Community Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages, and is out of the direct control of the service. This shortfall is partly offset by an over-achievement of trading income from Day Services ventures, which is reflected in income above target to date of £23,000 for Sales and Rents.

At this stage in the financial year, it is anticipated that a balanced budget overall will be achieved for the year. Whilst income is projected below target, this will be offset by in-year savings in other areas, principally staff turnover savings, Day Services trading income, and the Bredon respite contract.

Capital Projects as at 30th September 2014

	2014/15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
ALD Bungalows	100	0	0	100
Lifeline Telecare Upgrade	100	0	0	100
Halton Carer's Centre Refurb.	50	10	10	40
Section 256 Grant	55	0	0	55
Community Capacity Grant	216	0	0	216
Total Spending	521	10	10	511

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	6,510	3,230	3,166	64
Other Premises	63	21	18	3
Supplies & Services	1,044	75	76	(1)
Aids & Adaptations	113	67	80	(13)
Transport	8	4	5	(1)
Food Provision	28	14	15	(1)
Other Agency	23	10	11	(1)
	885	0	0	0
Transfer to Reserves				
Contribution to Complex Care Pool	17,971	7,734	7,733	1
	26,645	11,155	11,104	51
Total Expenditure				
Income				
Other Fees & Charges	-232	-116	-127	11
Reimbursements & Grant Income	-1,007	-68	-74	6
Transfer from Reserves	-2,485	0	0	0
Capital Salaries	-39	0	0	0
Government Grant Income	-155	-125	-125	0
CCG Contribution to Service	-520	-412	-415	3
	-4,438	-721	-741	20
Total Income				
Net Operational Expenditure	22,207	10,434	10,363	71
Recharges				
Premises Support	221	111	111	0
Asset Charges	210	0	0	0
Central Support Services	1,980	942	942	0
Internal Recharge Income	-419	0	0	0
Transport Recharges	50	22	25	(3)
Net Total Recharges	2,042	1,075	1,078	(3)
	24,249	11,509	11,441	68
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £67,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £64,000 under budget profile. This is due to savings being made on vacancies within the department, in particular Care Management. Some of these vacancies have been advertised and are expected to be filled in the coming months, however if not appointed to the current underspend will continue to increase beyond this level.

Expenditure on Aids and Adaptations is £13,000 over budget profile in the second quarter. Aids and Adaptations continue to be a pressure area as more people are supported within their own homes.

Overall income has for the second quarter, over achieved by £20,000. Lifeline income is £11,000 higher than anticipated at budget setting time, however this is offset by an increase in transport recharges of £3,000 for diesel, vehicle repairs, tyres and casual hire. This trend is expected to continue for rest of the financial year.

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

COMPLEX CARE POOL

Revenue Budget as at 30th September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Intermediate Care Services	3,491	1,317	1,309	8
End of Life	192	103	103	0
CHC Assessment Team	255	0	0	0
Sub Acute	1,788	873	868	5
Joint Equipment Store	532	202	202	0
Intermediate Care Beds	596	94	94	0
Adult Care:				
Residential & Nursing Care	20,146	8,413	8,369	44
Domiciliary & Supported Living	9,854	4,830	4,800	30
Direct Payments	3,293	2,018	2,180	(162)
Day Care	457	202	194	8
Total Expenditure	40,604	18,052	18,119	(67)
Income				
Residential & Nursing Income	-4,920	-2,567	-2,625	58
Community Care Income	-1,552	-563	-578	15
Direct Payments Income	-189	-102	-97	(5)
Other Income	-285	-285	-285	0
CCG Contribution to Pool	-12,784	-6,423	-6,423	0
Reablement & Section 256 Income	-2,903	-378	-378	0
Total Income	-22,633	-10,318	-10,386	68
Net Divisional Expenditure	17,971	7,734	7,733	1

Comments on the above figures:

The overall net expenditure budget is £1,000 under budget profile at the end of the second quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. A number of invoices relating to Intermediate Care Services for the period have not yet been received so close monitoring will be undertaken throughout the next quarter to ascertain an accurate position moving forward.

The number of clients in receipt of residential & nursing social care from April this year has increased by 1%. The number of clients in receipt of domiciliary social care (including supported living) from April this year has decreased by 5%, this is due in part, to 38 clients moving to Direct Payments.

The number of clients in receipt of a Direct Payment has substantially increased in the first half of the year and this is due to the renegotiation of the Domiciliary Care contracts. Clients who were receiving domiciliary care have now opted to take a Direct Payment and new clients who have never received a package of care taking the option of a Direct Payment. The increase is expected to continue into the next quarter and this should result in a further reduction in the numbers for domiciliary 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 next 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 short to medium term.

The budgets across health and social care have been realigned to reflect the expenditure and income in the previous year.

Capital Projects as at 30th September 2014

	2014/15 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Disabled Facilities Grant	500	250	149	351
Energy Promotion	12	6	6	6
Stair lifts (Adaptations Initiative)	250	125	119	131
RSL Adaptations (Joint Funding)	200	100	89	111
Total Spending	962	475	357	605

PUBLIC HEALTH DEPARTMENT

Revenue Budget as at 30th September 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	1,718	866	812	54
Supplies & Services	152	53	47	6
Other Agency	20	20	17	3
	5,682	2,200	2,200	0
Contracts & SLA's				
Transfer to Reserves	707	0	0	0
	8,279	3,139	3,076	63
Total Expenditure				
Income				
Other Fees & Charges	-49	-34	-30	(4)
Sales Income	-26	-20	-18	(2)
Reimbursements & Grant Income	-3	0	0	0
Government Grant	-8,749	-2,187	-2,187	0
Transfer from Reserves	-200	0	0	0
	-9,027	-2,241	-2,235	(6)
Total Income				
Net Operational Expenditure	-748	898	841	57
Recharges				
Premises Support	50	25	25	0
Central Support Services	2,135	230	230	0
Transport Recharges	25	9	9	0
Net Total Recharges	2,210	264	264	0
	1,462	1,162	1,105	57
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £57,000 under budget profile.

Employee costs are currently £54,000 under budget profile. This is due to savings being made on vacancies within the department. Some of the vacant posts, specifically in relation to trading standards have now been filled, therefore it is not anticipated that this underspend will increase throughout the remainder of the financial 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.
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.