

Departmental Quarterly Monitoring Report

Directorate: People

Departments: Adult Social Care

Period: Quarter 2 – 1st July 2016 to 30th September 2016

1.0 Introduction

This quarterly monitoring report covers Adult Social Care Services first quarter period up to 30th September 2016. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which symbols have been used to reflect progress is explained within Appendix 4.

2.0 Key Developments

Homelessness

Asylum & Refugee Programme.

The Syrian Refugee Programme is underway and the Merseyside Sub Region has agreed to accommodate 510 refugees, with Halton taking up to 100. All the necessary arrangements are due to be finalised and each authority will agree what services will be commissioned. Liverpool has devised a service specification, which is on the chest, with closing date of 31/10/16. Halton will buy into a number of the services within the spec and form part of the procurement and evaluation process.

Gypsy Traveller Site

The new permanent traveller site is complete and the allocation process is underway. The site is due to officially open 14th November 2016 and a number of pitches have been allocated to priority travellers.

An appeal was lodged however, it was unsuccessful and the original court judgement was upheld. A further verbal appeal has been granted which is due to be heard early November 2016, whereby, a number of pitches will be retained on the new site, pending the appeal decision.

Adult Social Care

Transforming Domiciliary Care

We have carried out a review of domiciliary care in Halton which will support our overall plan to submit a funding application to the National Lottery Commissioning Better Outcomes fund. The application is due for submission by September 22nd and if successful we will be in a position to start implementation within three months. The review so far has allowed us to consider what the current service offers and how it may change in the future, as a result we are in the process of developing a new service specification that will significantly change the way in which we provide care at home. This will include:

- Removing time calls
- Increasing flexibility
- Reducing the number of providers (currently we have 9)
- Assess people for outcomes not just set tasks
- Increase the number of reviews that take place
- Work with the providers to deliver quality of life outcomes, reduce social isolation and improve people's wellbeing

Day Services

'The Route', which opened in November 2015, offers work placement opportunities in a busy food retail and customer service-based setting. It is the newest addition to an interlinked portfolio of some 15 small businesses developed by the service which includes a microbrewery, an ice-cream manufacturing business, high street hairdressers, a pie and confectioners production line amongst fruit and veg producers and small poultry farm. Service users often experience work across a range of our businesses developing transferable skill and broadening experience. Used as part of a progression programme for service users the outlet acts as a stepping stone to enhance skills already gained across other services. The synergy between the ventures is well reasoned with The Route sells soups and cake slabs made at the kitchens in Oakmeadow Community Support Centre, cupcakes produced by the Independent Living Centre, and the ice cream manufactured through Community Services at Norton Priory.

The Community Multi-Disciplinary Team Model

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. One of the schemes outlined within Halton's Better Care Fund is in relation to the continued development of Integrated Health and Social Care Teams which 'aims to deliver high quality, effective and efficient assessment, care and support planning for people with a wide range of health and social care needs'. In Halton, we have held a dedicated Steering group with membership across health and social care developing a new model for Multi-Disciplinary Team working, which is now ready to be implemented.

Departmental Quarterly Monitoring Report

The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Social Care in Practice (SCiP) workers, Community Matrons, Continuing Health Care Nurses, and Wellbeing Officers, who are able to respond to people who require the help of more than one kind of professional. The MDT will work in an integrated way, aligned to GP practices.

The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, are working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.

Mental Health Services

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services: following the in-depth review of the way in which the Acute Care Pathway is delivered in relation to adults with severe mental illnesses, and of the delivery of services for people with memory deficiencies, work has been continuing both locally and across the footprint of the 5Boroughs to put in place the recommendations of the review. In Halton, two groups are in place which are looking at the ways to improve the discharge to primary care services of people whose mental health is such that they no longer need secondary care services, but also to ensure that processes for referral and acceptance into secondary care are smooth and effective.

As a part of the delivery of the review recommendations, the 5Boroughs have redesigned their management structure, so that each local area is supported by senior managers within the Trust, and local services relate much more to the local population. This is allowing for much greater involvement of the 5Boroughs in local strategic planning and operational groups.

Across the wider footprint of the 5Boroughs, work has taken place to improve the way that services are delivered for people with personality disorders and/ or chaotic and high risk lives. The Trust's bed base has been reviewed, and proposals for change have now been submitted to the Health Policy and Performance Board in Halton.

Direct Payments in Mental Health: work has been taking place in Halton to improve the uptake of direct payments for people with mental health problems. Direct payments give people much greater control over their daily lives and help to build self-esteem, coping skills and self-confidence. However, in common with much of the rest of the country, it has been hard to achieve a high uptake of direct

Departmental Quarterly Monitoring Report

payments for this group of people. A new service is now in place, delivered by Halton Disability Partnership, which works directly with people with complex mental health problems to support and encourage them to take up the offer of direct payments. From a baseline of 23 people, there are now 35 people with mental health needs who now receive a direct payment for their care and support. Further redesign of the care pathway (see above) is expected to lead to an increase in these figures.

Departmental Quarterly Monitoring Report

3.0 Emerging Issues

Adult Social Care

Domiciliary Care

The current domiciliary care market is under pressure. There have been a number of issues that have contributed to an increase in the current waiting times for packages of care to be picked up. These include:

- Low levels of staff recruitment
- Low numbers of car drivers making certain parts of the borough more difficult to cover
- Increased overheads with the implementation of the National Living Wage.
- Pressures faced from neighbouring authorities.

We are working proactively with all of the senior management teams of each of the nine providers to find solutions to the outstanding packages. Meetings are taking place on a fortnightly basis and a number of solutions are already being explored.

Mental Health Services

Social Work for Better Mental Health: this national programme is designed to bring clarity to the work of social workers within mental health services. In partnership with Sefton Council, Halton is an early implementer of the programme, which is intended to focus the work of social workers within mental health Trusts, to ensure that their professional skills are best used. A detailed local self-assessment is taking place, which will be used to reshape the delivery of mental health social work in this area.

People with complex mental health conditions who are placed out of borough: there are a number of people with complex mental health needs and high levels of disruptive and risky behaviour who have been placed in specialist facilities out of borough (often some distance away) because local services have been unable to meet their needs. Work is going on between the Council, the Clinical Commissioning Group and the 5Boroughs to look at the needs of these people and decide whether some of them can now be more appropriately supported locally, as their condition has improved. Although there are some people who will need this level of specialist support for an indefinite period, it is clear that some are now ready to return to their own neighbourhoods and be near their families and networks again. Work is therefore taking place to ensure that this happens, by providing them with the appropriate levels of care and support locally.

Serious Incidents in mental health: since the end of July 2016, there has been an increase in the number of serious incidents relating to people with mental health needs in the borough. A multiagency group, led by the Clinical Commissioning Group and the Halton Safeguarding Adults Board, is co-ordinating a detailed programme of review and analysis of each of these cases, to find out whether there

Departmental Quarterly Monitoring Report

are any lessons to be learned and changes to local systems which might be required.

4.0 Service Objectives/Milestones

4.1 Progress Against Objectives/Milestones

Total



Appendix 1

5.0 Performance Indicators

5.1 Progress Against Performance Indicators

Total



Appendix 2

6.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2015/16 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.

7.0 Progress Against High Priority Equality Actions

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

Departmental Quarterly Monitoring Report

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2014 – 2015.

8.0 Data Quality Statement

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

9.0 Appendices

- Appendix 1 Progress Against Objectives/Milestones
- Appendix 2 Progress Against Performance Indicators
- Appendix 3 Financial Statement
- Appendix 4 Explanation of Use of Symbols

Appendix 1: Progress against objectives/milestones

Ref	Objective
Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people

Milestones	Progress Q2	Supporting Commentary
Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21 & 25) March 2017 (KEY)		Budget position at quarter 2 reflects increased pressure on the Better Care Fund in respect of supporting people with complex needs and the national mandated, but as yet unfunded, increase in the NHS funded component of nursing home admissions.
<i>Integrate frontline services with community nursing (AOF 2, 4, & 21)</i> March 2017		Key development this quarter is the development of system wide information sharing agreements and promising indications that Halton will receive regional NHS information technology grants that will make the joining together of information technology systems easier.
Monitor the Care Act implementation (AOF 2,4, 10, 21) NEW (KEY)		Quarterly review continues to monitor activity in respect of the Care Act duties and responsibilities.
<i>Develop an integrated approach to the delivery of Health and Wellbeing across Halton (AOF 2, 4, 21)</i> March 2017		Integrated approach is now in place.
Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. March 2017 (AOF 21)		During Q2 Healthwatch engaged with over 390 people. There were 2334 visits to the website in quarter 2; an 8% increase on the same period in 2015. Three 'Enter & View' visits have taken place to local care homes. From these visits themes are emerging around Hospital Discharge and medication issues. Widnes Academy (Halebank)

Appendix 1: Progress against objectives/milestones

		<p>became the first school to gain Healthwatch School accreditation. Healthwatch has also met with local CQC inspectors to find the best way of sharing the intelligence HW Halton gathers on NHS and social care services; gathered intelligence with other local Healthwatch and Healthwatch England to feed in to an upcoming review on delays in Social Care Assessments; worked with Umbrella Halton (BME) on arranging an annual 'Hello Halton' event at Riverside College for ESOL Students, and held discussions around support of Asylum Seekers, based in Widnes on arrival.</p>
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Appendix 1: Progress against objectives/milestones

Ref	Objective
Service Objective: PA 2	Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers

Milestones	Progress Q2	Supporting Commentary
<i>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 2017 (AOF 2, AOF 3 & AOF 4)</i>		The 'Making it Real' action plan continues to be delivered. The use of personal budgets continues to increase. New social work assessment documentation has been developed to bring this process fully in line with the Care Act while supporting the ongoing emphasis on use of personalised services. This will be introduced with an expanded suite of training around the care act and "asset" based assessment and support planning for all social work staff.

Appendix 1: Progress against objectives/milestones

Ref	Objective
CCC 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs

Milestones	Progress Q2	Supporting Commentary
<p>Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. March 2017. (AOF 4) (KEY)</p>		<p>We have recently completed the Department of Health Autism Self-Assessment Framework and this will lead to a revised and improved strategy.</p> <p>There is now an agreed way forward across children and adult services to improve transition processes and hence outcomes for young people and their families.</p>
<p>Continue to implement the Local Dementia Strategy, to ensure effective services are in place. March 2017. (AOF 4) (KEY)</p>		<p>Quarter 2 saw the publication of the Dementia Chapter of the Older People's JSNA , the contents of which will help shape the refresh of the Dementia Delivery Plan (Scheduled Q3/4). During Q2 the roll out of the Age Well Community Memory Screening training for front line staff from across a arrange of partner organisations has taken place. With 40+ professionals and vol/community sector participants having undertaken the training.</p> <p>Progress is being made with the implementation of the START intervention for dementia carers, with Halton Carers centre agreeing to undergo the necessary training to be able to deliver the intervention as part of their 'offer' to dementia carers. Support from Halton Positive Behaviour Support Service (who undertook the pilot) and training is scheduled to take place during Q4, with the intervention being available from January 2017.</p> <p>The Halton Dementia Action Alliance held an end of life and</p>

Appendix 1: Progress against objectives/milestones

		<p>advanced care planning event to raise awareness amongst people living with dementia, families, carers, voluntary sector and professionals of the dementia specialist support available locally.</p> <p>Work is ongoing with GP practices and care homes in relation to the dementia diagnosis rate, which currently stands at 69.1%. Halton CCG aspiration is to achieve 75%, but changes in the way that the diagnosis rate is calculated (only counting those aged over 65) has meant that the overall diagnosis rate for Halton has appeared to drop. The Later Life and Memory Service Care Home Liaison Team have been undertaking screening in Care Homes to identify those who are living with a dementia, but without a diagnosis, and practices are supported to undergo data cleansing exercises to identify those who have been uncoded on the dementia register.</p>
<p>Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. March 2017 (AOF 4) (KEY)</p>		<p>Early in 2016, a detailed review across the whole 5Boroughs footprint was published; this review considered the various care pathways for adults with mental health problems and older people with memory loss, and made a number of proposals for change. Various work streams are taking place both locally and across the 5Boroughs, and the Council is working with the Clinical Commissioning Group and the 5Boroughs to ensure that the recommendations are delivered.</p>
<p>The Homelessness strategy be kept under annual review to determine if any changes or updates are required. March 2017 (AOF 4, AOF 18) (KEY)</p>		<p>The homeless strategy action plan is reviewed annually, to ensure it reflects economical and legislative changes / trends. The homeless forum will take place December 2016 and the action plan will be updated. The homeless strategy will be fully reviewed June 2017 to determine LA priorities for next five years.</p>

Appendix 1: Progress against objectives/milestones

Ref	Objective
CCC 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q2	Supporting Commentary
<p>Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. March 2017 (AOF 21)</p>		<p>During Q2 Healthwatch engaged with over 390 people. There were 2334 visits to the website in quarter 2; an 8% increase on the same period in 2015. Three 'Enter & View' visits have taken place to local care homes. From these visits themes are emerging around Hospital Discharge and medication issues. Widnes Academy (Halebank) became the first school to gain Healthwatch School accreditation. Healthwatch has also met with local CQC inspectors to find the best way of sharing the intelligence HW Halton gathers on NHS and social care services; gathered intelligence with other local Healthwatch and Healthwatch England to feed in to an upcoming review on delays in Social Care Assessments; worked with Umbrella Halton (BME) on arranging an annual 'Hello Halton' event at Riverside College for ESOL Students, and held discussions around support of Asylum Seekers, based in Widnes on arrival.</p>

Appendix 1: Progress against objectives/milestones

Ref	Objective
CCC 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs

Milestones	Progress Q2	Supporting Commentary
Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. March 2017 (AOF 21 & 25)	<input checked="" type="checkbox"/>	Work continues on the further alignment of system and services across Health and Adult Social Care in line with the associated project brief previously approved by Halton Borough Council, NHS and Halton Clinical Commissioning Group.

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery

PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated – further data quality work ongoing to confirm this)	85%	80%			We are on track to meet the target for this measure.
PA 3	PLACEHOLDER: Outcome focussed measure on Safeguarding (New Indicator)						
PA 4	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87.4%	80%	92.31%			We have exceeded the target set for this year. Performance has improved considerably compared to the same period last year which reported 85%
PA 5	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3 years	43%	52%	45%			We are currently exceeding the position achieved last year and we are continuing to work to exceed the target by the end of the year

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	96%			We are on track to meet this target.
<u>PA11</u>	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ (ASCOF 2Aii, Previously PA 12 [13/14]) <i>Better Care Fund performance metric</i>	541.7%	637.3	208.9			As at the end of quarter 2 we have placed 45 clients into permanent residential / nursing care. For the same period in 2015/16 we had placed 53 clients.
<u>PA 12</u>	Delayed transfers of care (delayed days) from hospital (average per month) <i>Better Care Fund performance metric</i>	2475	236 per month	406		N/A	The Q2 figure is for July only and is well above target. The Q2 will be subject to change in both October and November when the August and September data is released, so the Q2 figure will not be final until the new year.

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
<u>PA 14</u>	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	15231 v plan 16668 (Feb 16)		1524 V target 1509 (July)	?		The CCG has queried a large increase in the number of non-elective admissions witnessed at Warrington Hospital this year (+30%) this has not been seen in the number of A&E attendances and it believed that the new ambulatory care unit at Warrington hospital may be having an adverse impact on the number of non-elective admissions.
<u>PA 15</u>	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	685.1	TBC	N/A	N/A	N/A	The performance data is only being collected on an annual basis, the next date that data will be available is May 2017

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	3.10			This continues to be a challenging target, because a reconfiguration within the 5Boroughs reduced the numbers of people who could be counted in this cohort. The work to develop new care pathways into and out of long term care should increase the numbers however.
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years	0	0	0			<p>The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.</p> <p>The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.</p>

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156)	15	17	2			<p>Trends indicate a National and Local Increase in homelessness. This will have an impact upon future service provision, including temporary accommodation placements.</p> <p>The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment , has had a positive impact upon the level of placements</p> <p>The Housing Solutions Team takes a proactive approach to preventing homelessness. There are established prevention measures in place and that the Housing Solutions team fully utilise, and continue to promote all service options available to clients.</p> <p>The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.</p>

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 6	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)	5.1	5.5	0.76			<p>The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.</p> <p>The officers now have a range of resources and options to offer clients threatened with homelessness and strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district</p>

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Adult Social Care Outcomes Framework Indicators

The following indicators are reported annually and derived from the Adult Social Care Survey and Adult Social Care Combined Activity return. Finalised statutory return information for the past year is normally available by Quarter 1 of the next financial year.

Quality							
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B(1))	63.3%	65%	N/A	N/A	N/A	
PA 19	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)	70%	68%	N/A	N/A	N/A	

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
CCC 13	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 16)	19.0%	20%	N/A	N/A		Data generated from annual adult social care survey. The next survey will be run in early 2017
CCC 14	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 17)	77.7%	80%	N/A	N/A		Data generated from annual adult social care survey. The next survey will be run in early 2017
CCC 15	Carer reported Quality of Life (ASCOF 1D)	8.1% (14/15)	9.0%	N/A	N/A		Data is generated from biennial carers survey. The next survey will be run in 2017.
CCC 16	Overall satisfaction of carers with social services (ASCOF 3B)	48.9% (14/15)	50%	N/A	N/A		Measure is generated from biennial carers survey. The next survey will be run in 2017.

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
CCC 17	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	78.8%	80%	N/A	N/A		Measure is generated from biennial carers survey. The next survey will be run in 2017.
CCC 18	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	69%	70%	N/A	N/A		Measure is generated from annual adult social care survey. The next survey will be run in early 2017.

Appendix 2: Progress against performance indicators

Ref	Description	Actual 2015/16	Target 2016/17	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Sustainable Community Strategy Area Partner Indicators							
CCC 19 SCS SH7a	Increase the percentage of successful completions (drugs) as a proportion of all treatment (over 18)	29.7%	Above NW Average	24.0% (Jul 15 – Jun 16)			Successful completions (according to the NDTMS website) show good progress against the national (15.2%) and North West (17.8%) averages. The Halton percentage has decreased from the same period the previous year (31%).
CCC 20 SCS SH8a	Reduce the number of individuals re-presenting within 6 months of discharge	14.3%	Above NW Average	6.7% (Jun 16)			Re-presentations within 6 months (according to the NDTMS website) are lower compared to the national (10.9%) and North West (9.9%) averages. The Halton percentage has decreased since the previous period last year (11.4%).

Appendix 3 Financial Statements

ADULT SOCIAL SERVICES & PREVENTION AND ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2016

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	7,921	3,753	3,699	54
Other Premises	80	34	45	(11)
Supplies & Services	400	182	187	(5)
Aids & Adaptations	113	14	14	0
Transport	18	14	14	0
Food Provision	28	13	13	0
Other Agency	23	3	0	3
Contribution to Complex Care Pool	18,692	6,678	6,826	(148)
Total Expenditure	27,275	10,691	10,798	(107)
Income				
Fees & Charges	-306	-151	-149	(2)
Reimbursements & Grant Income	-212	-145	-141	(4)
Transfer from Reserves	-1,168	-34	-34	0
Capital Salaries	-111	-55	-55	0
Government Grant Income	-137	-137	-137	0
Total Income	-1,934	-522	-516	(6)
Net Operational Expenditure	25,341	10,169	10,282	(113)
Recharges				
Premises Support	389	186	186	0
Central Support Services	1,874	889	889	0
Internal Recharge Income	-1,284	-637	-637	0
Transport Recharges	29	13	11	2
Net Total Recharges	1,008	451	449	2
Net Department Expenditure	26,349	10,620	10,731	(111)

Comments on the above figures:

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £37,000 under budget profile excluding the Complex Care Pool.

Appendix 3 Financial Statements

Employee costs are currently showing £54,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months. However, if not appointed to, the current underspend will continue to increase beyond this level.

Other Premises expenditure is £11,000 over budget profile. This is a result of expenditure on maintenance and repairs for Independent Living equipment which includes approximately 403 stair lifts, 18 thru floor/wheelchair lifts and 84 ceiling track hoists requiring an annual service and potentially repairs. For quarter two, the cost included 174 visits to properties, an increase of 52 visits on the first quarter. This increase has placed additional pressure on the budget. However, alternative funding is currently under investigation.

Capital Projects as at 30th September 2016

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Upgrade PNC (Telehealthcare Lifeline System)	100	50	45	55
Community Meals Oven	10	0	0	10
Total	110	50	45	65

Comments on the above figures:

Work is ongoing with the PNC upgrade. Hardware has been purchased and the contractor is liaising with the council to start the build. Completion is expected within the next six months.

The purchase of the Community Meals oven is expected to take place within the financial year, with spend to match the capital allocation.

Appendix 3 Financial Statements

COMPLEX CARE POOL

Revenue Budget as at 30th September 2016

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Intermediate Care Services	4,196	1,366	1,314	52
End of Life	192	74	97	(23)
Sub Acute	1,727	800	792	8
Urgent Care Centres	815	48	48	0
Joint Equipment Store	847	157	115	42
Contracts & SLA's	987	354	382	(28)
Intermediate Care Beds	596	298	339	(41)
BCF Schemes	1754	651	651	0
Adult Care:				
Residential & Nursing Care	21,695	9,402	9,149	253
Domiciliary & Supported Living	9,403	4,712	5,153	(441)
Direct Payments	5,284	2,849	3,297	(448)
Day Care	437	140	161	(21)
Carers Breaks	431	230	230	0
Meals on Wheels	227	106	98	8
Frailty Pathway	155	0	0	0
Contingency	518	0	0	0
Total Expenditure	49,264	21,187	21,826	(639)
Income				
Residential & Nursing Income	-5,059	-2,200	-2,533	333
Community Care Income	-1,840	-701	-659	(42)
Meals on Wheels Income	-245	-102	-76	(26)
Direct Payments Income	-254	-98	-180	82
BCF	-9,491	-4,745	-4,745	0
CCG Contribution to Pool	-12,846	-6,423	-6,423	0
Other CCG income	-114	-59	-56	(3)
ILF Grant	-723	-181	-181	0
Liability as per Joint Working Agreement	0	0	-147	147
Total Income	-30,572	-14,509	-15,000	491
Net Department Expenditure	18,692	6,678	6,826	(148)

Appendix 3 Financial Statements

Comments on the above figures:

The overall net department budget is £148,000 over budget profile at the end of the second financial quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement.

End of Life is over budget profile by £23,000 at the mid-point of the year, the year-end position is expected to be approximately £40,000 over budget. This is due to more hours of care being provided than originally agreed in the contract.

Intermediate Care Beds includes payments for 6 extra beds. Use of these beds was stepped down during the first quarter and ended in June therefore there will be no further spend on these, hence the reduction in the overspend from quarter one.

The Adult Health and Social Care budget is currently £284,000 over budget profile, which is a substantial increase from quarter one. This is due to an increase in short term residential respite, short term direct payments and adult placements where domiciliary providers were not able to provide a service.

In addition to these changes the Free Nursing Care rate has increased from April 2016 by 40%, from £112 to £156.25. This amounts to £350,000 additional costs for the current financial year, however to date no additional funding has yet been received from the Department of Health.

The total number of clients receiving a permanent residential care package decreased by 1.7% during the first half of the financial year, from 592 clients in April to 582 clients in September. However, the average cost of a permanent residential package of care increased from £557 to £581 for the same period.

The total number of clients receiving a domiciliary package of care reduced by 2.5% during the first half of the financial year, from 807 clients in April to 787 clients in September. However, the average cost of a domiciliary care package increased from £235 to £236 in the same period.

The total number of clients receiving a Direct Payment (DP) increased by 10.1% during the first half of the year, from 444 clients in April to 489 clients in September. The average cost of a DP package reduced from £271 to £254 for the same period.

Carers Breaks and Meals on Wheels have now been incorporated into the Pooled Budget. Work is ongoing to realign the Adult Health and Social Care budget in line with projected spend patterns and this will be completed during the next financial year.

Due to the volatile nature of the Adult Health and Social Care budget and the current pressures being experienced, steps are being taken to identify underspends in other areas to bring down spending so that it is back in line with budget and a balanced budget can be achieved.

Appendix 3 Financial Statements

Capital Projects as at 30th September 2016

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	635	315	190	445
Stair lifts (Adaptations Initiative)	250	125	164	86
RSL Adaptations (Joint Funding)	200	100	96	104
Madeline McKenna Residential Home	450	0	0	450
Total	1,535	540	450	1,085

Comments on the above figures:

Total capital funding consists of £1,378,000 Disabled Facilities Grant (DFG) for 2016/17, and £157,000 DFG funding carried forward from 2015/16, to fund ongoing expenditure. The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the overall capital allocation.

The £450,000 earmarked for the purchase of the Madeline McKenna residential home includes an allowance for the refurbishment of the premises.

Appendix 3 Financial Statements

COMMISSIONING & COMPLEX DEPARTMENT

Revenue Budget as at 30th September 2016

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (Overspend) £'000
<u>Expenditure</u>				
Employees	6,282	3,120	3,047	73
Other Premises	243	129	139	(10)
Supplies & Services	342	176	190	(14)
Other Agency Costs	620	297	295	2
Transport	190	95	77	18
Contracts & SLAs	151	87	89	(2)
Emergency Duty Team	94	47	48	(1)
Payments To Providers	3,031	1,024	1,024	0
Total Expenditure	10,953	4,975	4,909	66
<u>Income</u>				
Sales & Rents Income	-198	-130	-147	17
Fees & Charges Income	-232	-116	-77	(39)
Reimbursements & Other Grant Income	-492	-181	-190	9
CCG Contribution To Service	-360	-133	-86	(47)
Transfer From Reserves	-1,351	0	0	0
Total Income	-2,633	-560	-500	-60
Net Operational Expenditure	8,320	4,415	4,409	6
<u>Recharges</u>				
Premises Support	236	118	118	0
Transport	390	195	214	(19)
Central Support Services	1,088	521	521	0
Internal Recharge Income	-649	-269	-269	0
Net Total Recharges	1,065	565	584	(19)
Net Department Expenditure	9,385	4,980	4,993	(13)

Appendix 3 Financial Statements

Comments on the above figures

Net departmental expenditure is currently £13,000 above budget profile at the end of the second quarter of the financial year.

Employee costs are currently £73,000 below budget profile. This results from savings made on vacant posts above the targeted staff savings level of £300,000. The majority of these savings have been made within Day Services and Mental Health Services. Most of these posts were recruited to in the first two quarters of the financial year, and it is not anticipated that the level of savings above target will continue for the remainder of the year.

Premises expenditure is currently running above budget profile by £10,000. This budget will be monitored carefully during the year, given that the winter months will bring additional pressures on utility costs, and remedial action will be taken if necessary to ensure a balanced budget at year-end.

Income for the year to date is less than the budgeted income target. The income above target in relation to sales and rents relates to trading services provided by Day Services, which continue to perform well. However, income from charging service users for transport costs is significantly below target, resulting in a projected under-achievement of Fees and Charges income in the region of £60,000 for the year. Income received from the Clinical Commissioning Group also remains a concern. This income relates to Continuing 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. The shortfall is currently projected to be £90,000 for the year.

At this stage in the financial year, it is anticipated that net spend for the year will be in excess of the annual budget by approximately £25,000.

Capital Projects as at 30th September 2016

<i>Capital Expenditure</i>	2016/17 Capital Allocation £'000	Allocation to Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	299	0	0	299
Bredon Reconfiguration	356	7	7	349
Grangeway Court Refurbishment	343	200	193	150
Community Capacity Grant	57	0	0	57
Total Capital Expenditure	1,055	207	200	855

Comments on the above figures.

Building work on the ALD Bungalows is expected to be completed within the financial year, with spend to match allocation.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. Spend for the year is anticipated to be within the capital allocation.

Work to refurbish Grangeway Court is currently underway, and it is expected that the works will be completed within the calendar year. At this stage it is anticipated that total expenditure will remain within the capital allocation.

The Community Capacity Grant allocation represents unspent grant funding from previous financial years, which is available to fund new capital projects, or augment existing capital allocations.

Appendix 4 Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
Amber		Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

Direction of Travel Indicator

Where possible performance measures will also identify a direction of travel using the following convention

Green		<i>Indicates that performance is better as compared to the same period last year.</i>
Amber		<i>Indicates that performance is the same as compared to the same period last year.</i>
Red		<i>Indicates that performance is worse as compared to the same period last year.</i>
N/A		<i>Indicates that the measure cannot be compared to the same period last year.</i>