

Departmental Quarterly Monitoring Report

Directorate: Adult and Community Directorate

Department: Complex Care Services

Period: 1st July 2010 – 30th September 2010

1.0 Introduction

This quarterly monitoring report covers the Complex Care Services second quarter period up to 30th September 2010. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

2.0 Key Developments

Halton Home Improvement and Independent Living Services

Initially, the Handyperson Service was promoted through partner agencies and further publicity is to be arranged to increase take up. A monitoring review will also be held with Safe Partnerships in November.

Affordable Warmth Strategy

Affordable Warmth Coordinator post advertised, interviews planned and appointment to be made shortly.

Halton Supported Housing Network

An initial meeting of the project group has taken place and work to identify baseline service user and financial information is underway.

Adult Placement Service

A project is currently underway to investigate options for the future delivery of the service and will be presented to senior management and Members in due course.

Mental Health Services:

Review of Community Mental Health Services: In this quarter, steps have been taken to pull together each of the separate reviews that were reported on in the quarter 1 monitoring report. A single review process has been taking place, led by the 5Boroughs (with externally commissioned support), but with the active support of the PCTs and Local Authorities covering Halton, St Helens, Warrington and Knowsley. A new model for the delivery of community mental health services has been developed; this is intended to provide overarching consistency across the 5Boroughs footprint, but with scope for local variation according to local need. This model will be taken for consultation in the next few months. If implemented, the model will require re-design of the current teams which provide community mental health service, but should also provide efficiencies and reduction in bed use.

Personalisation: Significant steps have been taken locally to deliver the target of 30% of people who use mental health services to be on self-directed support, and it is likely that the target will be achieved. As with other service areas, all new referrals must receive a personalised approach, which leads to the delivery of an individual support plan. A Principal Manager has taken a lead role for the delivery of this within mental health services; all mental health teams have had briefings and workshops, individual “champions” have been identified within teams, and the Principal Manager has provided a mentoring role to staff who are undertaking new assessments. Work is in progress to transfer all people known to the Mental Health Outreach Team to individualised budgets, and additional short term support is being brought into the service – in the form of two social workers – to ensure that this challenging agenda is delivered by the end of March 2011.

Mental Capacity Act/Deprivation of Liberty Safeguards: All teams are now required to report the numbers of Best Interests Assessments they carry out under the Mental Capacity Act, and this performance information will be reported on a quarterly basis to the Quality and Performance Subgroup of the Safeguarding Adults Board. Work has begun through the use of the Mental Capacity Act Co-ordinator to ensure that residential and nursing care homes are using both the Act and the Deprivation of Liberty Safeguards appropriately. Following a Serious Case Review, particular focus is initially to be given to two establishments in Halton which take people with the highest levels of need and risk, but this will eventually be rolled out to all providers.

Older People’s Mental Health Services: Work has continued through a multi-agency steering group to deliver a new Assessment, Care and Treatment Service (ACTS) across Halton and St Helens for people diagnosed with dementia. The project manager has focused in this quarter on identifying the existing pathways into services. As expected, it is clear that these pathways are both complex and inefficient. On that basis, senior managers from the 5Boroughs and the Adults and Community Services Directorate of the Council will be redesigning the way these services are delivered.

3.0 Emerging Issues

Halton Supported Housing Network

A reviewing officer for tenants' finances for the Supported Housing Network has been identified and introductory work completed. Review work to be completed by end November 2010.

Mental Health Services:

New referral sources: It was identified in the previous monitoring report that an opportunity for service redesign had arisen within community mental health services because of the need to manage the quantity of referrals from the police about vulnerable adults. In addition, an approach has been made by Halton Housing Trust for mental health services to consider how they manage vulnerable tenants, and particularly those who present with anti-social behaviour. The implications of this will be considered in the next quarter.

Deprivation of Liberty Safeguards: Recent case law has extended the scope of the Deprivation of Liberty Safeguards, to include people who take on tenancies whilst they lack capacity to make specific decisions. The implications of this for services that are provided or commissioned by Halton will be considered in this quarter.

Autistic Spectrum Conditions (ASC): The national strategy for people with ASC was published in 2010, and a local strategy has been developed as a result. A multi-agency Steering Group has been set up to oversee delivery of this local strategy.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	3		3		0		0
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All key objective/milestones are on target as detailed in Appendix 1


4.2 Progress against 'other' objectives / milestones

Total	11		10		1		0
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There are no red objectives /milestones and only 1 amber. The amber relates to the Single Point of Access which is being developed with partners. Progress is being made but further redesign of the process may still be necessary as the scheme progresses. All other objective/milestones are on target and details are provided in Appendix 2.


5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	2		2		0		0
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1 key indicator is not available for reporting as it is part of a survey that will not be repeated again until 2011/12. The other 2 indicators are on target. Details of key indicators can be found in Appendix 3.

5.2 Progress Against 'other' performance indicators

Total	15		11		1		3
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2 'other' indicators are not available for reporting. One relates to the 'self reported measure of people's overall health and well being' and is part of the Place Survey which has ceased as of this year. The other indicator not being reported relates to healthy life expectancy at the age of 65. This is a nationally generated figure that has not been updated. 3 'other' indicators are unlikely to reach their target all of which relate to mortality rates. The remaining 11 'other' indicators are on target and details of all 'other' indicators can be found in Appendix 4.


6.0 Data quality statement


The author provides assurances 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 sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

7.0 Appendices

- Appendix 1 Progress Against 'key' objectives / milestones
- Appendix 2 Progress against 'other' objectives / milestones
- Appendix 3 Progress against 'key' performance indicators
- Appendix 4 Progress against 'other' performance indicators
- Appendix 5 Financial Statement
- Appendix 6 Explanation of use of symbols


Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective		
CCS 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 Q 2	Supporting Commentary	
Implement the Local Dementia Strategy, to ensure effective services are in place Mar 2011 . (AOF6 & 7)		Dementia project plan for implementation now complete, service pathway mapping is complete and stage two is the redesign of existing services that will take place over the next six months. In addition three dementia peer support groups have now been established in the borough.	

Ref	Objective		
CCS 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 Q 2	Supporting Commentary	
Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes Mar 2011 (AOF 32)		<p>The Dementia Journeys work has now been completed. This work involved consulting with a total of 44 people diagnosed with dementia and carers to establish their views and experiences since they were diagnosed. The report also outlined a range of recommendations that will be presented to the Dementia Care strategy group to implement.</p> <p>In addition a grant has recently been awarded by the North West Joint Improvement Partnership to develop Dementia Champions in the borough. This will be carried out through retailers in the borough, but we will also be consulting with a group of service users and carers to identify what impact the intervention has had for people diagnosed with dementia.</p>	





Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
CCS 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 Q 2	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement Mar 2011 (AOF 33,34 and 35)		Work still underway including proposals for realigned governance and planning arrangements.




Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 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 Q 2	Supporting Commentary
<i>Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder Mar 2011. (AOF 6)</i>		<i>Autism Strategy Group refreshed and progress made on all workstreams.</i>
<i>Consider implications of Autism Act 2009 and review working practices to ensure they are 'fit for purpose' Mar 2011. (AOF 7)</i>		<i>As above</i>
<i>Contribute to the implementation of the Council wide Volunteering Strategy as a means to improving services to communities Mar 2011 (AOF 21)</i>		<i>Work has been progressing with Legal and HR Services in terms of further development of an associated policy and procedures. Some outstanding issues remain which are in the process of being resolved, following which discussions will take place with Halton Voluntary Action in terms of the launch of the Policy and Procedures and how they can support the Council with the process</i>
<i>Review policies/procedures/pathways within the HHILLS Service to ensure they are 'fit for purpose' Mar 2011. (AOF6 & 7)</i>		<i>On target to complete by March 2011. Policies prepared to date: Disabled Facilities Grants, Minor and Major Works Assistance, Registered Social Landlord Partnership, Minor and Major Adaptations, Safer Handling, Blue Badge Scheme and Equipment. Policies in development: Repayment of Disabled Facilities Grant, Affordable Warmth, Handyperson, Adaptation provision for Adult Placement and Supported Housing Network. The Private Sector Housing Renewals Strategy is currently being updated and as a result some existing policies will require updating.</i>



Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 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 Q 2	Supporting Commentary
<i>Implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities Mar 2011. (AOF 7)</i>		<i>224 grants, for insulation and heating, through the Energy Zone and Health and Energy Action for Residents in their Homes (HEARTH) initiatives have been provided to date this year and a further 270 inquiries are being assessed. The appointment of the Affordable Warmth Coordinator will further support and coordinate implementation of the strategy.</i>
<i>Implement the redesign of the Supported Housing Network to ensure that it is meeting the needs of those with the most complex needs Mar 2011. (AOF6 & 7)</i>		<i>Baseline information being collected to inform redesign work.</i>
<i>Continue to develop the Single Point of Access to ensure that it delivers an effective mechanism for access into Services Mar 2011. (AOF 6 & 7)</i>		<i>The development of the Single Point of Access has continued and most key staff are now in place. The impact of the proposed redesign of community services by the 5Boroughson this service has yet to be assessed. Further consideration also needs to be given to the delivery of social care outcomes within this service, as potential referrals from other sources mean that redesign may be required.</i>


Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 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 Q 2	Supporting Commentary
<i>Continue to ensure there is a wide choice of pathways into volunteering opportunities to meet the needs of people with a Learning Disability Mar 2011. (AOF 6 & 21)</i>		<i>This continues to be delivered by the Community Bridge Building Team, which is continuing to achieve positive results for people with learning disabilities. The absolute numbers of new people supported in this way have dropped this year but this is because last year a large number of people who were previously in day care services accessed this support for the first time, so the cohort of people was artificially high.</i>
<i>Implement the recommendations following the Challenging Behaviour review/project to ensure services meet the needs of service users Mar 2011 (AOF 6 & 7)</i>		<i>Initial appointments made and work commenced with both children and adults.</i>

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
CCS 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 Q 2	Supporting Commentary
<i>Continue to implement a behaviour solutions approach to develop quality services for adults with challenging behaviour - Models of good practice to continue to be developed Mar 2011. (AOF7)</i>		As above

Ref	Objective
CCS 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 Q 2	Supporting Commentary
<i>Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach Nov 2010 (AOF 33)</i>		<i>Policy Revised. Joint working continuing with St Helen's Council and local Health providers.</i>







Appendix 3: Progress Against 'key' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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


Service Delivery							
<u>NI 145</u>	Adults with Learning Disabilities in Settled accommodation	81.99%	90%	92%			There are a total of 358 service users in this category and performance is improving from last year.
<u>CSS 8</u>	Adults with mental health problems helped to live at home (Previously AWA LI13)	3.93	3.50	3.90			Target achieved. Q2 performance relates to 290 clients, an increase of 18 from the previous year.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Fair Access							
CSS 2	Number of learning disabled people helped into voluntary work in the year (Previously AWA LI5)	56	43	21			In Q2 2009/10 30 people were helped into voluntary employment. The variance has resulted in a downward trend in Q2.
CSS 3	Number of physically disabled people helped into voluntary work in the year (Previously AWA LI6)	11	5	5			Target already achieved. There has also been an increase of 3 clients compared to the same quarter in 2009/10.
CSS 4	Number of adults with mental health problems helped into voluntary work in the year (Previously AWA LI7)	17	17	11			Indicator in line to achieve target. There has also been an increase of 8 clients compared to the same quarter in 2009/10.

Appendix 4: Progress Against 'other' performance indicators





Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
Quality							
CSS 5	% of items of equipment and adaptations delivered within 7 working days (Previously OP LI9)	91.24	93	97.25			Data quality issues with Helena Partnership have now been resolved and this PI can now be reported accurately. Target already achieved.
Service Delivery							
CSS 6	Adults with physical disabilities helped to live at home (Previously AWA LI11)	8.15	8.00	8.09			Q2 performance relates to 601 clients, 6 more than the previous year. Target achieved.
CSS 7	Adults with learning disabilities helped to live at home (Previously AWA LI12)	4.24	4.30	4.21			Q2 performance relates to 313 clients, 3 more than the previous year. Indicator in line to achieve target.

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Area Partner National Indicators:



The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.

NI 149	Adults in contact with secondary mental health services in settled accommodation	89.3	90	93.1%,		N/A	Mental Health Services in Halton continue to achieve a high rate of people in settled accommodation. This stands at 93.1%, higher than any of the other areas within the 5Boroughs. There is no information for Q2 last year so no direction of travel.
NI 150	Adults in contact with secondary mental health services in employment	-	N/A	12.4%		N/A	This figure stands in October 2010 at 12.4% and is again higher than any of the other areas within the 5Boroughs. This figure had increased from 10.6% in July 2010. There is no information for Q2 last year so no direction of travel.
NI 39	Hospital Admissions for Alcohol related harm	2548.6E	2309	1381.5			Q1 data has been updated and Q2 figure has been calculated using an estimated figure for September data and will be updated in the Q3 report. Significant work has been undertaken to collate, analyse and understand local activity and implications of hospital admissions data for alcohol related harm. This enables us to build a picture of need across the borough down to ward level.





Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
							<p>Consultation continues in relation to a model for a redesigned, integrated alcohol misuse treatment system. The model will incorporate a single point of access and will be tendered for start up date of 1 September 2011.</p> <p>All existing services have been subject to a review utilising 'lean' and QUIP principles. The review aimed to uncover waste and bottlenecks in the current system and assist in making the journey seamless for patients. The findings from the review will not only inform future service redesign but will inform short term service improvement programmes.</p> <p>Work has begun in relation to exploring the role and maximising the potential of alcohol workers in hospital settings. Planned activity includes increasing Tier 3 service capacity in Halton to implement Alcohol Treatment Requirements and establish links with the Problem Solving Courts.</p>




Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 120	All-age all cause mortality rate	Male: 803.8e Female: 597.3e	Male: 755 Female: 574	Male: 856.0 Female: 598.7			<p>The data for quarter 2 shows an annual figure for mortality up until the August 2010. There has been a slight increase in mortality for both males and females from Q1, this may be due to normal variation. Female mortality has reduced since 2008 the last official data release but progress appears to have slowed in 2010. There have also been significant reductions in males mortality since 2008 but there needs to be significant improvement in this area to get back on track with the target for the end of the year</p> <p>The two major contributors to all age all cause mortality are Circulatory diseases and Cancer and other areas that have an impact on all age all cause mortality are smoking, obesity and alcohol. A number of programmes are being delivered and improved upon in order to combat these issues.</p>



Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75	88.8e	78.31	97.9			<p>August figure used as a proxy for Q2 as Sept has not yet been released.</p> <p>There has been a slight rise in CVD mortality under the age of 75. This may be due to natural variation but needs to be monitored closely. However there has been an overall trend downward but there would need to be accelerated to meet the year end target.</p> <p>Several key initiatives have been put into place to accelerate progress.</p>
NI 122	Mortality from all cancers at ages under 75	166.8e	126.41	157.6			<p>The figures are provisional they are based on monthly death data reported locally (accumulated to rolling averages). This data is subject to national verification as an annual (calendar year) figure. The current most up to date verified figure is for the year 2008. Also, the monthly rolling average is available only up to the second month of each quarter,</p> <p>Despite a significant fall in cancer death rates from 185/ 100,000 in 1995/7, Halton's under 75 cancer mortality remains well above our target of 126.</p>

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 123	16+ current smoking rate prevalence – rate of quitters per 100,000 population	888e	1128	376			<p>The Q2 figure is incomplete due to nature of 6 week quitter programme and will be updated in Q3.</p> <p>Smoking cessation services continue to be successful in meeting projected targets. Smoking cessation is seasonal with most smokers quitting in the last quarter of January to March. Figures for this period have not yet been collated but when they are we expect to have exceeded the set target. Halton has one of the highest quit rates in the northwest.</p>
NI 124	People with a long-term condition supported to be independent and in control of their condition	N/A	18.2%	25.18%		N/A	<p>This has been extracted from the GP Patient Survey 2009-10 for Q4 2009/10. Further results have not been released yet.</p> <p>Performance for this indicator benchmarks at the national average. As the method of calculating the results has changed recently it is currently impossible to identify any longer term trends. The current performance is however, an improvement on the 18.2% reported for Q3.</p>

Appendix 4: Progress Against 'other' performance indicators

Ref	Description	Actual 2009/10	Target 2010/11	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
NI 126	Early access for women to maternity services	1319e	3229 85.5%	84.72%			<p>Work will be ongoing through the Maternity Matters Steering Group and Maternity Services Liaison Committee, the actions include:</p> <p>Ongoing audit of late bookings in order to target strategy and service to improve early access</p> <p>Pathway developed to improve early access, to reviewed and agreed via PCT management teams, followed by implementation plan</p> <p>Draft strategy under consultation Work with maternity providers to ensure external agencies are aware of the target and importance of early booking,</p> <p>Review data quality and process for data recording</p> <p>Review capacity and demand to ascertain if this is impacting on early access rates</p> <p>Quality review of capacity to deliver full health and social care assessment in line with NICE Guidelines and</p>

Appendix 5 Financial Statement

ADULTS & COMMUNITY – COMPLEX CARE Revenue Budget as at 30th September 2010

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<i>Expenditure</i>					
Employees	5,021	2,469	2,444	25	2,555
Other Premises	66	34	32	2	52
Food Provisions	4	2	1	1	1
Supplies & Services	1,981	557	608	(51)	676
Transport	707	254	242	12	310
Emergency Duty Team	100	25	24	1	24
Aids & Adaptations	113	57	69	(12)	162
Contribution to Joint Equipment Service	231	0	0	0	0
Community Care:					
Residential & Nursing Care	805	360	345	15	345
Home Care	416	180	182	(2)	182
Supported Living	239	59	54	5	54
Direct Payments	123	50	56	(6)	56
Day Care	8	3	9	(6)	9
Total Expenditure	9,814	4,050	4,066	(16)	4,426
<i>Income</i>					
Residential & Nursing Fees	-64	-32	-29	(3)	-29
Direct Payment charges	-3	-2	-1	(1)	-1
Fees & Charges	-52	-26	-28	2	-28
Rents Income	-28	-14	-5	(9)	-5
PCT contribution to services	-1,652	-10	-21	11	-21
PCT contribution to care	-683	-54	-100	46	-100
Capital salaries	-84	0	0	0	0
Government Grants:					
Drug Intervention Programme	-137	-34	-34	0	-34
Handyman Grant	-70	-70	-70	0	-70
DFG	-40	-30	-31	1	-31
Other Income	-205	-51	-52	1	-52
Total Income	-3,018	-323	-371	48	-371
Net Controllable Expenditure	6,796	3,727	3,695	32	4,055
<u>Recharges</u>					
Premises Support	32	6	6	0	6
Central Support Services	193	2	2	0	2
Asset Charges	1,372	0	0	0	0
HBC Support Costs Income	-109	0	0	0	0
Total Recharges	1,488	8	8	0	8
Net Department Total	8,284	3,735	3,703	32	4,063

Appendix 5 Financial Statement

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is under budget profile by £32k. This is due to expenditure on the staffing budget being slightly less than anticipated at the mid point of the financial year and the overachievement of income.

Expenditure on the staffing budget remains less than anticipated at the start of the year however the under spend reported at the end of quarter 1 has reduced due to several vacant front line service posts being recruited to.

The supplies and services budget is over budget profile, as expected, due to IT commitments for the Carefirst system including the annual maintenance charge to OLM.

The Aids & adaptations budget continues to be under pressure, as anticipated, as more service users are supported within their own homes as opposed to residential placements. This budget will be closely monitored throughout the year to ensure it is contained within the overall budget for the department.

The Community Care budget within this department has also been realigned and to date expenditure is £4k under budget profile, including income. However the Homecare, Direct Payments and Day Care budgets are under pressure as an increasing number of service users are being supported at home using home care and Telecare services or opting to choose a personal budget to enable them to arrange their own care package as this offers more flexibility and choice. This budget will continue to be monitored closely and work is underway to determine the year end budget position by analysing trends in social care over the past 12 months.

Income received is slightly higher than anticipated at budget setting time however the budget as a whole will be closely monitored during the next financial quarter to ensure the volatile community care budget is managed within the department.




COMPLEX CARE

Capital Budget as at 30th September 2010

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend Date £'000	To	Allocation Remaining £'000
User Led Organisation	55	0		0	55
Total Spending	55	0		0	55




Appendix 6 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</u> unless there is an <u>intervention or remedial action</u> taken.</i>

Direction of Travel Indicator

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

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