

Departmental Quarterly Monitoring Report

Directorate: ADULT & COMMUNITY
Department: ENABLEMENT SERVICES
Period: 1st July 2010 – 30th September 2010

1.0 Introduction

This monitoring report covers the Enablement Services second quarter period up to period end 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 7.

2.0 Key Developments

Sure Start to Later Life

The following initiatives have been or are due to be launched finance permitting:

- 'Dream Workshop' for older people
- 'Age is just a Number' campaign

Integrated Hospital Discharge Teams- currently progressing with implementation.

A steering group has now been established to review and progress the modernisation plans for Oakmeadow.

3.0 Emerging Issues

Redesign of Older People's Community Day Services is currently being considered.

A new funding stream from Health has been identified to support further development in Re-ablement.

4.0 Service Objectives / milestones

4.1 Progress against 'key' objectives / milestones

Total	2		2		0		0
-------	---	---	---	---	---	---	---

Both key objectives/milestones are on target for details see Appendix 1

4.2 Progress against 'other' objectives / milestones

Total	10		10		0		0
-------	----	---	----	---	---	---	---

All 'other' objectives/milestones are on or have achieved target as detailed in Appendix 2



5.0 Performance indicators

5.1 Progress Against 'key' performance indicators

Total	0		0		0		0
-------	---	---	---	---	---	---	---

The **1 key indicator** detailed in Appendix 3 is **not available** this year. It is part of a survey that only takes place every 3 years. It was reported last year and will not be reported again until 2012/13

5.2 Progress Against 'other' performance indicators

Total	6		3		1		2
-------	---	---	---	---	---	---	---

3 'other' indicators are not available to report due to being part of the Place Survey that will not be taking place again, although consideration is being given to retaining some of the Place indicators locally. The amber symbol relates to 'emergency bed days', which is currently being recorded via the PCT, but covers the whole PCT. The PCT have yet to calculate a figure specifically for Halton. This also applies to NI 131 Delayed transfer of Care, so the figure for St. Helen's has been used as a comparator against the PCT figure resulting in a Red symbol. These issues should be resolved by Q3. Also, there are still higher than desirable admissions to permanent and residential nursing care, which accounts for the other red symbol. For details of all 'other' indicators see Appendix 4.

6.0 Risk Control Measures

During the production of the 2010-11 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives. Those identified as high risk can be found in Appendix 5

7.0 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.

8.0 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 Progress against risk control measures
- Appendix 6 Financial Statement
- Appendix 7 Explanation of use of symbols





Appendix 1: Progress Against 'key' objectives / milestones

Ref	Objective
EN1	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 Q 1	Supporting Commentary
Ensure intergenerational issues are taken into account whilst implementing the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton Mar 2011 . (AOF6 & 7)		Intergenerational C.D. now complete. Intergenerational Group 1 st meeting to be held in November
Following the evaluation of Telecare Services during 2009/10, develop and implement an action plan based on the recommendations to ensure the continued development and use of Telecare Mar 2011 (AOF 6 & 7)		Telecare strategy and implementation plan completed and agreed at executive board in July 2010. Job evaluation completed early October 2010. Recruitment to start in next week or two. Action plan to ensure the continuation of Telecare be devised and implemented between Lead Officer and Principal Manager.

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	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 Q 1	Supporting Commentary
<i>Maintain the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met Mar 2011. (AOF7)</i>		<i>Team to continue to provide/offer either joint or individual assessment to all carers involved with Intermediate Care service users Carers assessment to be identified earlier on in the Intermediate Care process as early as initial assessment completed by HICAT To be highlighted on a regular basis at team meetings</i>
<i>Complete initial evaluation of the redesigned Intermediate Care Services to ensure they are meeting the requirements of the community of Halton. Mar 2011</i>		<i>Evaluation stage completed. Stakeholder consultation event completed. All feedback/ recommendations integrated into draft report. Final report is out for consultation at senior management level. Evaluation of the redesign of Intermediate Care Services is on target.</i>
<i>Complete initial evaluation of the new Re-ablement service to ensure they are meeting the requirements of the community of Halton Mar 2011. (AOF6 & 7)</i>		<i>12 month evaluation completed and taken to SMT August 2010. Regional benchmarking exercise completed August 2010. Monthly evaluations on-going.</i>
<i>Develop an integrated hospital discharge team. Mar 2011 (AOF 6&7)</i>		<i>Final business case for both projects has been signed off, implementation process being developed for both projects. Principal manager for Warrington Project appointed and to be in post on 15th November. Recruitment process for Manager of Whiston project imminent. Project implementation for both projects on target for full implementation by March 2011 (likely to be both implemented by January 2011).</i>

Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN1	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
<i>Review/redesign the HICES to ensure the service is meeting the requirements of the community of Halton Mar 2011 (AOF 6&7)</i>	 <i>HICES has now integrated with St Helens, further work is required in relation to finance and future planning.</i>
<i>Review the current service provision within Oak meadow and make recommendations for future provision. Mar 2011 (AOF 6&7)</i>	 <i>Report was presented IN Sept 2010 to SMT re: Transitional beds at Oak Meadow 18 Transitional care beds became operational from September 2010, and an identified social care worker from care Management team attached to the beds to ensure the service users needs are met and throughput maintained through the service.</i>





Appendix 2: Progress Against 'other' objectives / milestones

Ref	Objective
EN 2	Effectively consult and engage with service users to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required


Milestones	Progress Q 1	Supporting Commentary
<i>Develop a proactive response to Health Inequalities within the Borough Mar 2011 (AOF 7)</i>		<i>Completed within Social Care Work with the PCT ongoing</i>
<i>As part of the implementation of the Early Intervention and Prevention Strategy aimed at improving outcomes for Older People, develop a meaningful engagement strategy with Service Users Mar 2011. (AOF 7 & 32)</i>		<i>Currently being developed for Older People's services and will be supported by Halton Older People's Empowerment Network (OPEN) A draft is due for submission by December, with a complete strategy available from March 2011. This will also include specific work around complaints and compliments.</i>
<i>Develop a quality assurance framework for all services to ensure SU views are taken into account when redesigning/evaluating services. Mar 2011 (AOF 7 & 32)</i>		<i>Draft proposals to be reported at SMT in December</i>
<i>Review activity of Halton OPEN to ensure that it continues to be effective in its engagement with Older People Mar 2011. (AOF7 & 32)</i>		<i>Continued improvement has been achieved with the development of Halton OPEN. A recent visit to Pensioners Parliament, a newsletter and 6 focus groups to look at issues facing local older people will contribute to completion of Halton OPEN's annual targets of achievement. This will be further enhanced by a new business plan for Halton OPEN and improved governance arrangements</i>

Appendix 4: Progress against 'other' performance indicators

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



Cost & Efficiency							
EN 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously OP LI1)	99.25	90	48.4			Q1, 436 + Q2, 391= 827 per 1000 population (65+). This is a cumulative figure and is on track to exceed this year's target.
EN 2	Now PCS 3						
EN 3	No. of days reimbursement as a result of delayed discharge of older people (Previously OP LI3)	0	0	0			There are no delays resulting directly from the Social Care element, but the Social Care Services are developing the interface between health and social care to ensure timely and appropriate discharge from hospital by all adults.
EN 4	Now PCS 4(b)						

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							
NI 131	Delayed Transfers of Care (DTC)	-	25	17.61		N/A	Q1 data has been updated to 8.75. This relates to the average weekly rate of delayed transfers and measures the impact of hospital services (acute and non-acute) and community based care in the timely and appropriate discharge from all hospitals for all adults. Q2 data is based on July data only, (8.86) and is recorded as a cumulative figure. This will be updated in Q3. No target has yet been determined for Halton so the red indicator is based on the St Helens Target of 7.36, which means DTC are increasing. This is due to the pressures experienced in the acute hospitals (Whiston Hospital Foundation Trust (WHHFT) and St Helen's and Knowsley Hospital Trust (SHKHT) and the capacity problems in Intermediate Care. A new integrated hospital discharge team will be in place in both hospitals by January 2011. The discharge process will commence earlier and be more closely aligned to the pathways outside of hospital.

Appendix 4: Progress against 'other' performance indicators

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


Service Delivery							
EN 5	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140 (Previously OP LI9)	45.68	60	64.47			55 older people have been admitted to permanent residential and nursing care to date. Lower admissions to residential and nursing care equates to good performance.

Appendix 4: Progress against 'other' performance indicators

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

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 129	End of life access to palliative care enabling people to choose to die at home	22.9e	21%	24.7%		N/A	<p>The Q1 figure has been updated and the August figure has been used as an indicator for Q2 as September data has not yet been released.</p> <p>Performance remains green-however we hope to stretch this target through Q3/4</p> <ul style="list-style-type: none"> • Extension of the Halton social care pilot-with increased tolerance to address demand • Implement and increase specialist palliative case consultant hours in Halton Borough • Develop outcomes focused deliverables for EOL facilitator post who will be in post from mid October • Increased sign up to GSF EOL tools • Development of the Hospice business case to increase palliative care provision on the community through an outcomes focus approach • Roll out specialist 24/7 advice line into Halton Borough • Develop and agree increase access top 9-5 provision across the Borough with Macmillan nurses and specialist palliative care teams with the Acute Trust
--------	--	-------	-----	-------	---	-----	--

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 134	The number of emergency bed days per head of weighted population	67317.0 8est.	N/A	27747.9	?	N/A	<p>Q1 data has been updated and Q2 figure has been calculated using an estimated figure for September and will be updated in the Q3 report when actual figures become available. A new borough specific target is required because the current target is for the whole PCT, whereas this national indicator requires the reporting of a rate per head of weighted population and it needs to be borough specific. PCT to determine the borough figure for Q3.</p> <p>The Trust has an action plan in place to target a reduction in non elective admissions and consequently bed days.</p> <p>Weekly 'Whole System' Capacity Meetings are being held from September onwards with all partners.</p>

Appendix 5: Progress against risk control measures

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
EN 1	Overall support to develop an integrated hospital discharge team may not be available from Acute Hospital (Mar 2011)	Operational Director to chair the steering group. Partnership approach to be adopted to support the development		Integrated teams are currently being implemented. Business cases agreed
EN 2	Inability to develop a proactive response to Health Inequalities within the Borough (Mar 2011)	Operational Director to lead on a Partnership approach to working with the PCT		Completed within Social Care. Work ongoing with the PCT.

Appendix 6: Financial Statement

ADULTS & COMMUNITY – ENABLEMENT

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	3,061	1,584	1,574	10	1,717
Other Premises	62	18	20	(2)	53
Supplies & Services	68	33	37	(4)	56
Transport	55	21	24	(3)	24
Food Provisions	47	12	8	4	36
Other Agency	1	1	0	1	2
Community Care:					
Home Care	21	4	4	0	4
Adult Stroke Services Grant	85	0	0	0	0
Contribution to Intermediate Care Pool	2,172	755	797	(42)	973
Total Expenditure	5,572	2,428	2,464	(36)	2,865
<i>Income</i>					
Other Fees & Charges	-214	-65	-62	(3)	-62
Other Reimbursements	-244	-32	-31	(1)	-31
ABG: Stroke Services Grant	-85	-85	-85	0	-85
Total Income	-543	-182	-178	(4)	-178
Net Controllable Expenditure	5,029	2,246	2,286	(40)	2,687
Recharges					
Asset Charges	55	0	0	0	0
Departmental Support Services	11	0	0	0	0
Internal Recharge Income	-487	-79	-79	0	-79
Total Recharges	-421	-79	-79	0	-79
Net Departmental Total	4,608	2,167	2,207	(40)	2,608

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is under budget profile by £2k, excluding the Intermediate Care Pool Budget.

Employee costs include JE back pay received in Period 2, which amounts to approximately £32k.

Supplies and Services spend is £4k over budget profile which is due to one off costs of advertising Sure Start to Later Life Services.

Transport spend is £3k over budget profile due to Lease Car's being taken up after the budget has been set on the Hospital Team and Sure Start to Later Life.

Note: A summary of the H.B.C. Contribution to Intermediate Care Pooled Budget can be found on the following page

ADULTS & COMMUNITY – ENABLEMENT

Appendix 6: Financial Statement

Contribution to Intermediate Care Pooled Budget

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	1,194	629	667	(38)	832
Supplies & Services	439	79	83	(4)	92
Transport	7	7	7	0	9
Other Agency Costs	266	1	1	0	1
Total Expenditure	1,906	716	758	(42)	934
	0	0	0	0	0
<i>Income</i>					
Total Income	0	0	0	0	0
Net Controllable Expenditure	1,906	716	758	(42)	934
Recharges					
Asset Charges	0	0	0	0	0
Central Support Charges	61	0	0	0	0
Departmental Support Services	205	39	39	0	39
Internal Recharge Income	0	0	0	0	0
Total Recharges	266	39	39	0	39
Net Departmental Total	2,172	755	797	(42)	973

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is over budget profile by £42k. This in the main relates to JE back pay to Principle and Practice Managers totalling £30k.




ENABLEMENT

Capital Budget as at 30th September 2010

	2010/11 Capital Allocation	Allocation To Date	Actual Spend To Date	Allocation Remaining
	£'000	£'000	£'000	£'000
<i>Social Care & Health</i>				
Oakmeadow Phase 2	35	0	0	35
Total Spending	35	0	0	35




Appendix 7: 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.