

## Departmental Quarterly Monitoring Report

<b><u>Directorate:</u></b>	Community Directorate
<b><u>Department:</u></b>	Prevention and Assessment Services
<b><u>Period:</u></b>	Quarter 2 - 1 <sup>st</sup> July 2011 – 30 <sup>th</sup> September 2011

### 1.0 Introduction

This monitoring report covers the Prevention and Assessment Services second quarter period up to 30<sup>th</sup> September 2011. It describes key developments and progress against objectives and performance indicators for the service.

The way in which symbols have been used to reflect progress is explained within Appendix 6.

### 2.0 Key Developments

#### **Environmental**

Following confirmation at the Health PPB, Smoke Free Playgrounds will be launched in Halton during the October half term. This voluntary code will ask that persons refrain from smoking in the vicinity of a children's playground.

#### **Self Directed Support**

Direct payments continue to be an important strand within self directed support. The Directorate teams continue to promote the use of direct payments to enable individuals and their carers to exercise choice and control.

#### **Brokerage Pilot**

The pilot has been completed and the learning has been evaluated. The learning will now inform future work in order to develop the role of the independent broker locally. The learning is to be shared with Merseyside Improvement and Efficiency Programme (MIEP) to inform future commissioning arrangements across the Mersey footprint.

#### **Modernisation of Oakmeadow**

The Business Plan for Oakmeadow has been completed and agreed at Executive Board. Working groups have been established to implement the business plan. There have been changes to the bed base at Oakmeadow to support the development of intermediate short term care. The refurbishment plan will support the development of Oakmeadow as a hub for a range of community based services and a venue for local groups to use.

### **Social Care in Practice 'SCIP'**

The Social Care in Practice project was commissioned by the Runcorn Practice Based Commissioning Consortium in February 2008 and has ran as a pilot to February 2011. The project has established formal links between Primary Care and Social Services within Runcorn, to reduce the barriers for health professionals referring people for social care issues, to provide more holistic assessments and enable more joint working. The Practice Based Commissioning Consortium has agreed to this project being extended for a further two years with an additional third year, subject to review. The Contract arrangements are in place. The Social Care staff are now recruited. They are co-located with District nurses and Community Matrons within general practices, and work closely with them to deliver services and support to the older practice population.

### **Integrated Adult Learning Disability Team**

The Integrated Adult Learning Disability Teams are working within the GP's surgeries to ensure that the Learning Disability register held by the surgery are up to date and people on the register are invited to attend for their health check. Health promotion workshops for groups of men and women have been carried out within day services and will be ongoing. Further events have been carried out with Halton Adult Learning Disability Support, (HALDS), a local family and carers support group. The Anticipatory Care Calendar via Merseyside and Cheshire Cancer network is being progressed through the supported housing network in Halton, and with targeted provider organisations. This development will be rolled out further once the initial training has been delivered in early November.

### **Learning Disability Partnership Board Annual Self Assessment**

The 2010/11 assessment of Halton's progress in implementing the Government Valuing People Now strategy has been completed and was presented to the Partnership Board prior to sign off by people with learning disabilities and family carers. Progress in increasing numbers in paid employment was noted.

### **Integrated Hospital Discharge Teams Warrington and Whiston Hospitals**

The Integrated Discharge Teams at Warrington Hospital and Whiston Hospital are operating. The Whiston team is progressing into the next phase to include complex discharge work and pathways into Intermediate Care. Review of the Warrington Team and resulting action plans will continue to progress the management and operation of this team.

## **3.0 Emerging Issues**

### **Integration of Health and Social Care Services**

This work is ongoing with health commissioners and Providers to transform community services. A provisional model for community multi-disciplinary teams that will draw on a range of services and professional staff to meet the needs of individuals has been developed. An operational group is working on the detail of the model with a plan to have teams operating by April 2012.

### **Development of a Sensory Hub**

Work has commenced with commissioners and the Third sector to establish a sensory hub locally. The aim of this work will be to establish a local centre of excellence to inform best practice, accessibility, service provision and support multi disciplinary working.

### **Blue Badge Reform Programme**

The Government has announced wide ranging reforms to the Blue Badge scheme. There has been a group established to oversee the implementation. Some of the reforms include :- eligibility to be extended to children under the age of 3 with specific medical conditions, provide a new way to provide and distribute badges, and change legislation to enable Local Authorities to decide on the charges for badges locally.

## **4.0 Service Objectives / milestones**

### **4.1 Progress against 'key' objectives / milestones**

<b>Total</b>	<b>6</b>		<b>6</b>		<b>0</b>		<b>0</b>
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All 'key' objectives / milestones are presently on track to achieve annual targets; additional information can be found within Appendix 1.

### **4.2 Progress against 'other' objectives / milestones**

<b>Total</b>	<b>7</b>		<b>7</b>		<b>0</b>		<b>0</b>
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All 'other' objectives / milestones are presently on track to achieve annual targets; additional information can be found within Appendix 2.

## **5.0 Performance indicators**


### **5.1 Progress Against 'key' performance indicators**

<b>Total</b>	<b>4</b>		<b>3</b>		<b>1</b>		<b>0</b>
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There are two new indicators for this financial year that cannot be reported at this time because there is no comparable data. Data for Air Pollution Controls will be

available at the end of the financial year. However, of the remaining indicators the majority remain on track to achieve annual targets. Additional details are provided in Appendix 3.

## 5.2 Progress Against 'other' performance indicators

Total	22		6		4		0
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There are twelve indicators for this financial year that cannot be reported at this time; due to there being no comparable data, data reporting issues or because the indicators relate to data that will not be available until the end of the financial year.

Of the remaining indicators six remain on track to achieve annual targets, although at this stage there is some uncertainty regarding Client group expenditure on domiciliary care services, delayed transfers of care, ethnicity of older people, and mortality rate from all circulatory diseases at ages under 75 and from all cancers at ages under 75. Further information can be found in Appendix 4.

## 6.0 Risk Control Measures

No 'high' risk, treatment measures were identified during the development of the 2011 -12 Service activity.

However, in light of an increase in financial costs borne by the Directorate, partly due to increases in service demand, measures continue to be applied in order to manage and control operational service expenditure levels. The measures put in place are intended to minimise the financial risk to the organisation as well as identifying areas for cost efficiency.

## 7.0 Progress against high priority equality actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

## 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, sourced externally, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## 9.0 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
<b>Service Objective: PA 1</b>	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 2	Supporting Commentary
Commence implementation of the Early Intervention/Prevention Strategy to improve outcomes for Older People in Halton. <b>Mar 2012.</b> (AOF6 & 7)		Project plan has been developed and implementation of the 19 areas is currently on target. This is being managed through the Prevention and Early Intervention Steering group. Performance will also be submitted through the Health Policy and Performance Board.
Commence implementation of Telecare strategy and action plan. <b>Mar 2012.</b> (AOF 6 & 7)		The Telecare Implementation Group has been established and recruitment to the Telecare team is ongoing. The implementation of the strategy is on target.
Continue to establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets. <b>Mar 2012</b> (AOF6)		Effective arrangements have been established and incorporated in care management arrangements. Further development is underway within Intermediate Care services and an audit of Self Directed Support is being undertaken to ensure learning is incorporated into practice.
Review and evaluate new arrangements for integrated hospital discharge. <b>Mar 2012.</b> (AOF 6&7)		Reviews of both services completed. Whiston Team will now include complex discharge and pathways into Intermediate Care. Warrington Team is strengthening its management and performance reporting frameworks.

**Appendix 1: Progress Against 'key' objectives / milestones**





Ref	Objective
<b>Service Objective: PA 1 (Continued)</b>	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 2	Supporting Commentary
Commence implementation of Business Plan for Oak meadow. <b>Mar 2012.</b> (AOF 6&7)		The Business Plan for Oak Meadow has been completed and agreed at Executive Board. Working groups have been established to implement the business plan. There have been changes to the bed base to support the development of intermediate care and there is a refurbishment plan, which will support the development of Oak Meadow as a hub for a range of community based services and a venue for local groups to use.

Ref	Objective
<b>Service Objective: PA 2</b>	To address air quality in areas in Halton where ongoing assessments have exceeded national air quality standards set out under the Environment Act 1995, in consultation with all relevant stakeholders

Milestones	Progress Q 2	Supporting Commentary
Develop Air Quality Action Plan. <b>April 2011-December 2012</b>		Preparation of the plan is underway and progress is according to the schedule set.

## Appendix 2: Progress Against 'other' objectives / milestones


Ref	Objective	
<b>Service Objective: PA 1</b>	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 2	Supporting Commentary
<i>Implement recommendations of the QIPP Review to ensure the Intermediate Care Service is meeting the requirements of the community of Halton. <b>Sept 2011.</b> (AOF7)</i>		This work continues with St Helens Council, Halton and St Helens PCT, Bridgewater Community Healthcare Trust and Warrington and Whiston Halton Hospitals.
<i>Develop a Business Plan to ensure that the Reablement service is meeting the requirements of the community of Halton. <b>Mar 2012.</b> (AOF6 &amp; 7)</i>		Business Plan in Development.
<i>Review Halton Home Improvement &amp; Independent Living Service (HHILS) to ensure 'fit for purpose'. <b>Mar 2012.</b> (AOF6 &amp; 7)</i>		Review commenced April 2011 with an initial scoping exercise.
<i>Continue to monitor activity of the joint Social Care in Practice (SCIP) service developed with Runcorn Practice Based Commissioning (PBC), to ensure services are effectively delivered. <b>Mar 2012</b> (AOF2 &amp; 4)</i>		The Practice Based Commissioning Consortium agreed this project being funded for a further two years. There are renewed contract arrangements in place. Staff have now been recruited to the service The service is monitored with agreed outcomes set out in the contractual arrangements.



**Appendix 2: Progress Against 'other' objectives / milestones**

Ref	Objective
<b>Service Objective: PA 1</b>	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 2	Supporting Commentary
<i>Implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. Mar 2012. (AOF 7)</i>		A number of front line staff from the Council and a range of partner agencies has received training in the issues surrounding fuel poverty and where to signpost for possible solutions. In addition, the trainer has attended team meetings at Halton People into Jobs and Affinity Sutton Housing Association. Plans are in place to attend future team meetings in the Older People's Team Widnes, Mental Health Outreach Team and the Think Family Team. An e-learning package is being developed by the Corporate Training Team in consultation with Energy Projects Plus and a Marketing Strategy is in the process of being developed. An article has been placed in the Private Landlords e-newsletter advising of the help and support available to heat and insulate their tenanted properties.

**Appendix 2: Progress Against 'other' objectives / milestones**

Ref	Objective
<b>Service Objective: PA 2</b>	To address air quality in areas in Halton where ongoing assessments have exceeded national air quality standards set out under the Environment Act 1995, in consultation with all relevant stakeholders



  

Milestones	Progress Q 2	Supporting Commentary
<i>Formal consultation and consequent development of Air Quality Action Plan. <b>Jan 2012</b></i>		Action plan is being drafted and will be ready for consultation in January 2012.
<i>Publication of the Air Quality Action Plan <b>March 2017</b></i>		Publication on schedule.



**Appendix 3: Progress Against 'key' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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**Cost & Efficiency**




<b>PA 1</b>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	98.07	99	47.8%			This is a cumulative figure and equates to 403 people in receipt of intermediate care in the 65+ age bracket for this quarter.
<b>PA 5</b>	Percentage of people fully independent on discharge from intermediate care/reablement services	N/A	40% (New Indicator).	42%	Refer to comment	Refer to comment	Quarter 2 figure may need to be revised due to data issues. This is a new indicator for this financial year; therefore no comparison can be made from previous years.

**Service Delivery**

<b>PA 6</b>	Number of people receiving Telecare Levels 2 and 3	166	164	44			A continued increase in referrals and subsequent connection onto service indicates that target for the year will be achieved
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**Appendix 3: Progress Against 'key' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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Quality							
<b>PA 14</b>	% of items of equipment and adaptations delivered within 7 working days (Previously CCS 5)	96.65	96	97.72			The quarter 2 figure does not include Deafness Resource Centre (DRC) equipment due to data issues.
<b>PA18</b>	a) % of scheduled Local Air Pollution Control audits carried out  b) % of Local Air Pollution Control Audits being broadly compliant.	-  -	New Indicator	Refer to comment		Refer to comment	This is a new indicator for this financial year; therefore no comparison can be made from previous years. This is an annual target and will be reported at the end of the year.



**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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<b>Cost &amp; Efficiency</b>							
PA 2	Percentage of client group expenditure (OP/ILS) spent on domiciliary care services (Previously PCS3)	33%	28%	33%	?		Whilst the percentage has remained the same from 10/11, the target is may not be achieved due to increases in service demand.
PA 3	Percentage of people referred to intermediate care/reablement who progressed to receive a service	-	60% (New Indicator)	65%	Refer to comment	Refer to comment	Services remain on track and have achieved target this quarter. This is a new indicator for this financial year; therefore no comparison can be made from previous years.
PA 4	Average length of stay for those accessing intermediate care/reablement services	-	34 days (New Indicator)	28 Days	Refer to comment	Refer to comment	This is a new indicator for this financial year; therefore no comparison can be made from previous years.





**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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<b>Service Delivery</b>							
PA 7	Admissions of Supported Residents aged 18-64 into residential/nursing care (Previously PCS 7)	0.13	0.4	0.0			There have been no admissions in Q2. A low figure indicators good performance.
PA10	Percentage of adults with Learning Disabilities in Settled accommodation (Previously NI 145 – Complex Care)	92%	90%	N/A	N/A	N/A	Data for this indicator is not available for Q2. It is expected that the data will be available for Q3.

<b>Quality</b>							
PA 15	Percentage of people receiving a statement of their needs and how they will be met (Previously PCS 5)	99.15	99	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place.
PA 16	Clients receiving a review as a percentage of adult clients receiving a service (Previously PCS 6)	79.15	80	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place.

**Appendix 4: Progress Against 'other' performance indicators**





Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
<b>Fair Access</b>							
PA 21	Ethnicity of Older People receiving assessment (Previously PCS 4b)	0.59	1.5	0.46			In Quarter 2 there was 1 client whose ethnicity was other than white. This indicator is subject to great fluctuation given the small ethnic population in Halton.
PA 22	Percentage of adults assessed in year where ethnicity is not stated Key threshold <10% (Previously PCS 4a)	0.9	0.5	4.27			The number of clients assessed where ethnicity is not stated relates to 26 clients, 7 more than the same period last year. Exception reports are produced of these clients for teams to action to ensure target will be met at year end.

**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	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 1<sup>st</sup> 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.



PA 23	All-age all cause mortality rate (Previously NI 120)	Male 853.1  Female 586.5	Male 858.8  Female 627.1	Male 825.7  Female 562.1			Q1 data was updated on 09.09.2011 by Public Health Intelligence Team (PHIT). Q2 data currently unavailable so situation at the end of August 2011 used as a proxy. Male and Female mortality continue to reduce throughout 2011, although this data is unverified and more deaths may yet be registered. In Halton cancer and circulatory diseases make up the biggest causes of deaths so initiatives for these areas are those that will have the largest impact on all age all cause mortality deaths. In relation to prevention tobacco control, alcohol, and weight management programmes will have the biggest impact on future prevalence of chronic diseases which impact on all age all cause mortality.
PA24	Mortality rate from all circulatory diseases at ages under 75 (Previously NI 121)	96.8	91.8	88.5			Q1 data was updated on 09.09.2011, by Public Health Intelligence Team (PHIT). Quarter 2 data not yet available so situation at the end of August 2011 used as a proxy. Performance continues to improve in respect to this target, with a marginal decrease in mortality due to circulatory diseases since Q1. We continue to examine the data to understand the causes of deaths, the age and where these deaths have occurred to enable better targeting of





**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PA25	Mortality from all cancers at ages under 75 (Previously NI 122)	149.5	145.0	145.2			<p>current programmes in place.</p> <p>Q1 data was updated on 09.09.2011 by Public Health Intelligence Team (PHIT). Quarter 2 data not yet available so situation at the end of August 2011 used as a proxy. Halton's under 75 (un-validated) cancer mortality figures have now shown a fall in four successive quarters, but rates remain higher than we want. The fall over the past two years is about 5/100,000 each year. This represents more than 5 lives saved each year.</p> <p>The introduction of Bowel Cancer Screening and the local early detection efforts that are under way, with improvements in treatment and falls in smoking amongst men, are amongst the most significant reasons for the improvement.</p> <p>We should welcome these encouraging provisional figures, without becoming complacent: We must not stop activities that have an evidence base, and we cannot be sure that all of our preventive and early detection activities are of sufficient scale or breadth to make enough of a difference.</p>
PA26	16+ current smoking rate prevalence – rate of quitters per 100,000 population (Previously NI 123).	1223.00	1223.55	357.20			<p>The Stop Smoking Service is meeting set targets and we expect it to continue to do so. In 2010/11 Halton had one of the highest quit rates in the NW. 2010/11 data has been updated with the verified annual data, by Public Health Intelligence Team (PHIT) on 05.09.2011.</p> <p>Q1 &amp; Q2 data is a snapshot as of</p>

**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
							06.10.2011 and will be updated in the Q3 report. Both the rate per 100,000 population, as per the NI123 definition, and the actual number of quitters have been included as per the request made at the Halton Health Partnership Performance group meeting on 30.06.2011. Halton Stop Smoking service is one of top performing services in the country. It is expected we will meet the Q4 target.
PA 29	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (1C) Previously NI 130	26.98%	35%	N/A	N/A	N/A	Figure for quarter 2 cannot be provided at this moment in time. This is due to the changes of recording carer services within the Carefirst database system currently taking place.
PA 30	Proportion of Adults with Learning Disabilities in paid employment (1E) Previously NI146	7%	7%	7.46%			Target exceeded. The number of adults this quarter in paid employment is 30.

**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PA 31	Permanent Admissions to residential and nursing care homes (18+) per 100,000 population (2A)	105.05	108.74	147.89	Refer to comment	Refer to comment	This is a new indicator in that it includes admissions in the 18+ age range rather than just the 65+ age range. This figure equates to 68 people having permanently been admitted to residential or nursing home in the last quarter.
PA 32	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (2B) Previously NI 125	68.83%  (Up to 31 <sup>st</sup> Dec 2010)	70%	Refer to comment	Refer to comment	Refer to comment	The data is not reportable until the end of the financial year – following the collection, submission and assessment of the Adult Social Care Combined Activity Return (ASC-CAR) in May 2012.
PA 33	Delayed transfers of care from hospital, and those which are attributable to adult social care (2C) Previously NI 131 (Weekly rate per 100,000 population aged 18+)	4.27	To be confirmed by PCT	1.86			Q1 data has been updated, Q2 data is not available. The situation at the end of August has been used as a proxy. The rate for Q2 is lower than the 2010/11 rate which demonstrates an improvement in performance.

**Appendix 4: Progress Against 'other' performance indicators**

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
PA 34	The Proportion of people who use services and carers who find it easy to find information about support (Adult Social Care Survey and Carers Survey)	65.6%	65%	Refer to comment	Refer to comment	Refer to comment	This is an annual survey which will be undertaken again in January 2012, with the results becoming available at the end of quarter 4.
PA 35	The Proportion of People who use services who feel safe (Adult Social Care Survey) 4a	53.1%	53%	Refer to comment	Refer to comment	Refer to comment	This is an annual survey which will be undertaken again in January 2012, with the results becoming available at the end of quarter 4.
PA 36	The Proportion of People who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) 4b	N/A	N/A	Refer to comment	Refer to comment	Refer to comment	This question was not asked in the 2010/11 Survey but will be included in the Survey in January 2012 so it will be reported in quarter 4.
PA 37	Proportion of adults with learning disabilities who live in their own home or with their family. 1G	N/A	N/A	Refer to comment	Refer to comment	Refer to comment	This information is obtained from the Adult Social Care Combined Activity Return (ASC-CAR) at the end of the financial year.

## Appendix 5: Financial Statement

### COMMUNITIES – PREVENTION & ASSESSMENT DEPARTMENT

#### Revenue Budget as at 30th September 2011

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£'000	£'000	£'000	(overspend) £'000
<b>Expenditure</b>				
Employees	7,682	3,582	3,511	71
Other Premises	67	24	18	6
Supplies & Services	696	486	512	(26)
Consumer Protection	443	222	218	4
Transport	144	71	62	9
Food Provision	19	10	2	8
Aids & Adaptations	113	37	46	(9)
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	9,448	3,970	4,465	(495)
Domiciliary & Supported Living	6,848	2,813	3,251	(438)
Direct Payments	2,463	1,264	1,229	35
Day Care	231	142	162	(20)
Other Agency	178	107	98	9
Contribution to Intermediate Care Pool	2,516	1,285	1,244	41
<b>Total Expenditure</b>	<b>31,079</b>	<b>14,013</b>	<b>14,818</b>	<b>(805)</b>
<b>Income</b>				
Other Fees and Charges	-119	-46	-38	(8)
Sales Income	-76	-76	-75	(1)
Reimbursements and Other Grant Income	-448	-68	-92	24
Residential & Nursing Income	-3,521	-1,600	-1,648	48
Community Care Income	-709	-404	-432	28
Direct Payments Income	-82	-61	-69	8
Transfer from Reserves	-343	0	0	0
LD & Health Reform Allocation	-4,272	-4,653	-4,653	0
PCT Contribution to Care	-621	-182	-104	(78)
PCT Contribution to Service	-1,691	-1,023	-1,023	0
<b>Total Income</b>	<b>-11,882</b>	<b>-8,113</b>	<b>-8,134</b>	<b>21</b>
<b>Net Controllable Expenditure</b>	<b>19,197</b>	<b>5,900</b>	<b>6,684</b>	<b>(784)</b>
<b>Recharges</b>				
Premises Support	336	106	106	0
Asset Charges	160	0	0	0
Central Support Services	2,727	877	877	0
Internal Recharge Income	-420	0	0	0
<b>Total Recharges</b>	<b>2,803</b>	<b>983</b>	<b>983</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>22,000</b>	<b>6,883</b>	<b>7,667</b>	<b>(784)</b>

## Appendix 5: Financial Statement

### **Comments on the above figures:**

In overall terms the Net Controllable Expenditure for Quarter 2 is £825,000 over budget profile excluding the Intermediate Care Pool.

Staff costs are less than expected at the mid point of the financial year. To date staff costs are £71,000 under budget profile due to vacancies in front line staff and also slippage on grants due to delays in appointing to new posts. The Staff saving target of £191,874 within the Department is likely to be met by year end.

The main pressure area is the Community Care budget which is currently £912,000 over budget profile net of income. This is an increase of £651,000 from Quarter 1. Community care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. The large increase in spend is partially due to Continuing Health Care disputes being resolved resulting in additional spend so far this financial year of £260,000. This has also been accompanied with a continued increase in the number of service users accessing the service. In Older People the increase this financial year is 8%. The increase in service users accessing the service in Learning Disabilities and Physical & Sensory Disabilities has slowed down in Quarter 2 and reduced in September.

A recovery plan is now in place for the whole Community Care budget within the Communities Directorate in order to bring spend back in line with budget however this will be on going for the next 18 months.

## Appendix 5: Financial Statement

### Contribution to Intermediate Care Pooled Budget

#### Revenue Budget as at 30<sup>th</sup> September 2011

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	1,390	873	875	(2)
Supplies & Services	446	207	165	42
Transport	10	8	7	1
Other Agency Costs	258	84	84	0
<b>Total Expenditure</b>	<b>2,104</b>	<b>1,172</b>	<b>1,131</b>	<b>41</b>
<b><u>Income</u></b>				
<b>Total Income</b>	-113	0	0	0
<b>Net Controllable Expenditure</b>	<b>1,913</b>	<b>1,172</b>	<b>1,131</b>	<b>41</b>
<b><u>Recharges</u></b>				
Central Support Charges	448	87	87	0
Premises Support	77	26	26	0
<b>Total Recharges</b>	<b>525</b>	<b>113</b>	<b>113</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>2,516</b>	<b>1,285</b>	<b>1,244</b>	<b>41</b>

The above figures relate to the HBC contribution to the pool only.

#### Comments on the above figures:




In overall terms revenue spending at the end of quarter 2 is £41,000 below budget profile, which in the main relates to expenditure on supplies & services that is £42,000 under budget. This is due to costs incurred on the Halton Intermediate Care Unit being less than anticipated at this stage of the year.

#### Capital Projects as at 30th September 2011

	2011/12 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<i>Social Care &amp; Health</i>				
Oakmeadow Phase 2	28	14	10	18
<b>Total Spending</b>	<b>28</b>	<b>14</b>	<b>10</b>	<b>18</b>




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

### Direction of Travel Indicator

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

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