

# Public Document Pack



## Healthy Halton Policy and Performance Board

Tuesday, 13 November 2007 6.30 p.m.  
Civic Suite, Town Hall, Runcorn

A handwritten signature in black ink, appearing to read 'David W R', is centered on the page.

**Chief Executive**

### **BOARD MEMBERSHIP**

<b>Councillor Ellen Cargill (Chairman)</b>	<b>Labour</b>
<b>Councillor Kath Loftus (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Robert Gilligan</b>	<b>Labour</b>
<b>Councillor Trevor Higginson</b>	<b>Liberal Democrat</b>
<b>Councillor Margaret Horabin</b>	<b>Labour</b>
<b>Councillor Christopher Inch</b>	<b>Liberal Democrat</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Joan Lowe</b>	<b>Labour</b>
<b>Councillor Kelly Marlow</b>	<b>Liberal Democrat</b>
<b>Councillor Geoffrey Swift</b>	<b>Conservative</b>
<b>Councillor Pamela Wallace</b>	<b>Labour</b>

*Please contact Caroline Halpin on 0151 471 7394 or e-mail [caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 15 January 2008*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

1.1 To consider any questions submitted by the Public in accordance with Standing Order 33(5).

1.2 Details of any questions received will be circulated at the meeting.

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

3.1 Standing Order 34(11) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be submitted by 4.00 pm on the day prior to the meeting. At any meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
  - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
  - Is defamatory, frivolous, offensive, abusive or racist;
  - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
  - Requires the disclosure of confidential or exempt information.

- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter, which is not dealt with in the public part of a meeting.
- (vii) The Chairperson will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note that public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **6.1 Children and Young People in Halton**

**None**

##### **6.2 Employment, Learning and Skills in Halton**

**None**

##### **6.3 A Healthy Halton**

**None**

##### **6.4 A Safer Halton**

**None**

**6.5 Halton's Urban Renewal**

**None**

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

8.1 There are no background papers under the meaning of the Act.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** Strategic Director, Corporate and Policy

**SUBJECT:** Executive Board Minutes

**WARD(s):** Boroughwide

## **1.0 PURPOSE OF REPORT**

- 1.1 The Minutes relating to the Health Portfolio which have been considered by the Executive Board and Executive Board Sub since 11<sup>th</sup> September 2007 are attached at Appendix 1 for information.
- 1.2 The Minutes are submitted to inform the Policy and Performance Board of decisions taken in their area.

## **2.0 RECOMMENDATION: That the Minutes be noted.**

## **3.0 POLICY IMPLICATIONS**

None.

## **4.0 OTHER IMPLICATIONS**

None.

## **5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **5.1 Children and Young People in Halton**

None

### **5.2 Employment, Learning and Skills in Halton**

None

### **5.3 A Healthy Halton**

None

### **5.4 A Safer Halton**

None

### **5.5 Halton's Urban Renewal**

None

**6.0 RISK ANALYSIS**

6.1 None.

**7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

**8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

8.1 There are no background papers under the meaning of the Act.

**APPENDIX 1**

**Extract of Executive Board and Executive Board Sub Committee Minutes Relevant to the Healthy Halton Policy and Performance Board**

**EXECUTIVE BOARD MEETING HELD ON 6<sup>TH</sup> SEPTEMBER 2007**

**30. Joint Strategic Needs Assessment (JSNA)**

The Board considered a report of the Strategic Directors of Health and Community, and Children and Young People, and of the Director of Public Health – Halton and St. Helens Primary Care Trust (PCT), providing an overview of the requirement to produce a JSNA in line with Department of Health guidance.

It was noted that the JSNA was a process that resulted in the production of a document of significant strategic importance. The process, and subsequent documentation managed jointly by the local authority and PCT, described the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs over 3-5 years. The objective and nature of a strong and effective JSNA, together with the process to be undertaken, were outlined for the Board's consideration.

It was noted that discussions had already commenced with a range of key stakeholders and a timetable for completion of the JSNA had been produced. The Health Specialist Strategic Partnership (SSP) would be the responsible and accountable group to ensure that the document was produced in the timetables identified, with regular update reports to be made to the Executive Board, the Local Strategic Partnership, the PCT Board and the Healthy Halton Policy and Performance Board.

RESOLVED: That the process outlined in the proposed co-ordination section be supported and a draft JSNA be received in 2008.

**EXECUTIVE BOARD MEETING HELD ON 18 OCTOBER 2007**

**42. Halton Hospital Health Campus Consultation Process**

The Board considered a report of the Strategic Director – Health and Community outlining the proposals for consultation on the use of Halton Hospital Health Campus by Halton and St. Helens Primary Care Trust (PCT), and the proposals to fully involve the Council in this process.

It was noted that this consultation was in line with a recommendation in a report that had been commissioned by Halton



Borough Council in June 2006: the PCT was recommending a five-stage process, which was outlined for Members' consideration.

The Healthy Halton Policy and Performance Board had received a presentation from the PCT on 8<sup>th</sup> September 2007 and had raised a number of issues. Whilst the process had been endorsed, the Board was seeking to ensure that all Members were fully involved in the process and that each phase was robustly scrutinised by it. The possibility of a seminar for all Members of the Council, to inform them of the PCT's proposals and offer an opportunity to contribute to the consultation process, was also explored. This would be arranged for 2008.

In this respect, the Board received a verbal presentation from representatives of the Primary Care Trust, Rebecca Burkes-Sharples and John Bennett.

The Board was advised that the PCT would be consulting on the major priorities in the Borough; urgent and transitional care; lifestyle issues; cancer/coronary heart disease, social care/supported care; dentistry and sexual health in order to enhance health services in the community. There would be a new approach to consultation – enquiring by designing which would help to build a sustainable future for Halton hospital and bring health services together, designed by the population for the population. The enquire and design process (consultation) would take place over a twenty week period.

The Board was further advised that the next stage of the consultation process would be to consider who would deliver the services and how they would be delivered. There would be a fact base analysis undertaken on the current operating model and a more detailed development of the start up plan was available to the Members.

Arising from the discussion, the importance of good media management and raising awareness in the Borough of the quality and services that were currently available at Halton Hospital was noted. The importance of the process clearly outlining what services could and could not be available on the site was also noted.

RESOLVED: That

- (1) the contents of the report be noted; and
- (2) the proposal to consult, and the involvement of the Council within the consultation process, be agreed.

**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** Strategic Director, Health and Community

**SUBJECT:** North West Ambulance Service

**WARDS:** Boroughwide

## **1.0 PURPOSE OF THE REPORT**

1.1 The Board will receive a presentation from Paul Ferguson, Area Director (Cheshire and Merseyside) and Jill Harvey, Head of Service Modernisation & Performance Management.

## **2.0 RECOMMENDATION: That**

**(1) the presentation be received; and**

**(2) Members comment on the presentation.**

## **3.0 SUPPORTING INFORMATION**

1.2 3.1 The presentation will focus on:

- Current and forecasted performance, focussing on the needs of the local population;
- Understanding of the resourcing profile as well as demands on the ambulance service in the area; and
- An update on the investment plans for improving performance in the future.

## **4.0 POLICY IMPLICATIONS**

4.1 Not applicable

## **5.0 OTHER IMPLICATIONS**

5.1 Not applicable

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 *Children and Young People in Halton*

6.1.1 Not applicable

6.2 *Employment, Learning and Skills in Halton*

6.2.1 Not applicable

6.3 *A Healthy Halton*

6.3.1 Not applicable.

6.4 *A Safer Halton*

6.4.1 Not applicable

6.5 *Halton's Urban Renewal*

6.5.1 Not applicable

**7.0 RISK ANALYSIS**

7.1 Not applicable

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Not applicable

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF  
THE LOCAL GOVERNMENT ACT 1972**

9.1 There are no background papers under the meaning of this act.

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** Strategic Director Health and Community

**SUBJECT:** Procurement of Host Body for Local Involvement Networks (LINKs).

**1.0 PURPOSE OF REPORT**

1.1 To inform members of the main activities that need to be undertaken to ensure effective and appropriate procurement of a host body for LINKs.

**2.0 RECOMMENDATION**

RECOMMENDED: That

That members note the proposals and the principles and actions to be undertaken.

**3.0 SUPPORTING INFORMATION**

**3.1 Background**

*The White Paper Our health, our care, our say: a new direction for community services*, published in January 2006, set out the key elements required to deliver a 'stronger voice' for users of health and social care services, and for the wider public, in the development of those services. This was followed by *A stronger local voice*, published in July 2006, which set out government policy on the future development of the patient, user and public involvement system, including proposals to establish Local Involvement Networks (LINKs).

3.2 These networks will enable communities to engage flexibly with health and social care organisations, in ways that best suit the communities and the people in them. They will build on the best work of Patient Forums and many other user involvement activities, creating a strengthened system of user involvement, and will promote public accountability in health and social care through open and transparent communication with commissioners and providers.

3.3 As a consequence of the Local Government and Public Involvement in the Health Bill recently being passed by House of Lords, these proposals will receive Royal Assent in late October. Included in this Bill are proposals to abolish Patient & Public Involvement Forums (PPIFs) and to create in their place Local Involvement Networks (LINKs). Patient Forums are expected to be abolished in March

2008 with LINKs coming into place from April 2008.

3.4 Nine early adopter projects have been launched nationally to establish a number of different models as to what LINKs might look like. Manchester has been chosen due to its complexity and being a city; it is also the closest pilot site to Halton. Medway has been selected due to its unitary status and hence will face similar issues to Halton in establishing LINKs.

3.5 With respect to the funding of LINKs it was expected that around £150K might be made available to each local authorities to procure, commission, monitor and evaluate LINKs. More recent indications are that for small authorities, such as Halton, it could be significantly less. In the light of this more recent information more effective ways of achieving value for money are being explored such as procuring a joint host with St Helens BC. Whilst these monies will not be ringfenced, the amount given over will be public knowledge and the process for implementing LINKs will be subject to local scrutiny, as this report exemplifies.

3.6 **Why the need to change the structures for patient and public involvement?**

The main reason for recent reconfiguration changes to PCTs was to create a joint commissioning force with local authorities across the whole health and social care economy. LINKs have been introduced to ensure local people will be able to influence the commissioning of this more coherent system. Hence rather than there being a user involvement system based around an individual service, LINKs will be geographically based.

3.7 **What will LINKs do?**

Whilst the Department of Health is clear that the 'form' of LINKs will be developed locally, they have been prescriptive about their function, as follows:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of health and social care services.
- Obtaining the views of people about their needs for and experiences of local services.
- Conveying those views to organisations responsible for commissioning, providing, managing and scrutinising health and social care services and recommending how services can be improved.
- Enabling people to monitor and review the commissioning and provision of local services.

3.8 Given 'health' impacts on almost everything, there is every reason to expect LINKs to be involved in all aspects of the community.

In terms of the impact that the above is likely to have on health and social care commissioning, the 'Commissioning framework for health and well-being' should prove to be useful tool.

### 3.9 **Consultation on the regulations for LINKs.**

In addition LINKs will have the power to:

- Enter specified types of premises and assess the services provided as well as collecting the views and experiences of recipients of services.
- Request information and receive a response within a specified timescale.
- Make reports and recommendations and receive a response within a specified timescale.
- Refer matters to an Overview and Scrutiny Committee (OSC) and receive a response.

It is these powers which are the subject of a consultation by the Department of Health. The closing date for this consultation is 21 December 2007 and this report will form some of the response to this consultation.

### 3.9 **Differences between LINKs and PPIFs**

This process for procuring LINKs will ensure that the good work of PPI Forums is built upon. The experience and skills that lie within our local Forums are a valuable asset, as well as the good working relationships that have been established with the health service. All of these will be essential to the success of LINKs. There are, however, several fundamental differences between PPI Forums and LINKs such as:

- LINKs will cover social care services as well as health.
- They will be established for a geographical area rather than a specific organisation.
- They will decide locally how members should be appointed and how others will be able to contribute to their work priorities.
- LINKs are specifically designed to reach out to, and include, a wide range of existing local groups representing patients and the public and to provide a channel for local health and social care organisations to engage with those groups.

3.10 To achieve the above it will be important that LINKs are not be based on methods of involvement that exclude groups of people because of the time commitment involved or unfamiliar ways of working.

**3.11 Issues needing further examination**

In the lead up to the commissioning of a host organisation a substantial amount of work needs to be done on the content of the draft contract for LINKs. Whilst it not be for the local authority or the host organisation to determine the form of LINKs as this will be driven by local people who make up the LINK, it will still remain the case that a number of systems and processes will form part of the contract, such as:

- The relationship between LINKs and overview and scrutiny.
- The systems of governance and accountability of both LINKs and the host organisation.
- The systems of monitoring and evaluation of LINKs.
- The outcomes of LINK activity.

**3.12 Key actions required**

- (1) A Project Group has been established.
- (2) A Steering Group with wider representation has been established.
- (3) Conduct a mapping exercise of all user and carer involvement activities across health and social care.
- (4) Draft service level agreement for host organisation.
- (5) Conduct an equality impact assessment.
- (6) Run a series of workshops or conference bringing together local stakeholders to discuss issues of concern and comment of the draft contract.
- (7) The procurement process has been initiated.
- (8) Appoint host organisation to set up LINK (Spring 2008)

3.13 The process followed should ensure the following principles are followed:

- Effective use is made of all monies spent on user and carer involvement across health and social care to ensure there is minimal duplication and an appropriate interface with LINKs.
- PPIF members and staff, as well as other community or stakeholder groups, are involved throughout and at early stage in the procurement and commissioning processes.
- Lessons are learnt from previous PPI interventions and activities.
- Lessons are learnt from the early adopter sites.

**4.0 POLICY IMPLICATIONS**

4.1 Given LINKs are being established on the basis of flexibility, inclusivity and diversity, effective implementation could have far reaching implications for the wider user and carer involvement agenda in health and social care.

4.2 A key precedent to the introduction of LINKs is the influencing of the

commissioning process. Hence, there will be a need for commissioning systems and processes to be adapted accordingly. Similarly with health scrutiny, consideration will need to be given to an effective interface with LINKs.

- 4.3 The relationship between LINKs and HPPB is an important area of development as this will affect the approach undertaken and work of the HPPB.

#### 5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

- 5.1 Whilst it is unclear how much money will be earmarked for LINKs, there is likely to be a mismatch between these monies and realising the full potential of a LINK.

#### 6.0 **RISK ANALYSIS**

- 6.1 There is considerable disquiet amongst PPIF members over the abolishment of the Forums. The process recommended in the establishment of LINKs is one that values the experience, knowledge and skills that forum members bring to the revised PPI structures as well as acknowledging the valuable work that has been undertaken to-date.

#### 7.0 **EQUALITY AND DIVERSITY ISSUES**

- 7.1 An equality impact assessment has been included as one of the activities.



**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** John Gibbon

**SUBJECT:** Adult Social Care Comments, Compliments and Complaints

**WARDS:** All

## **1.0 PURPOSE OF THE REPORT**

1.1 To report and provide an analysis on complaints processed under the statutory Social Services Complaints Procedure for Adults during 2006/07.

## **2.0 RECOMMENDATION: That**

- (1) the report be accepted; and
- (2) the proposals for the development of the complaints procedures (nationally and locally) be noted.

## **3.0 SUPPORTING INFORMATION**

### **Context**

- 3.1 New Social Care complaints regulations came into force on 1<sup>st</sup> September 2006. The aims are to build on the preceding procedures and for people to have their complaints resolved swiftly, and wherever possible, by the people who provide the service.
- 3.2 Complaints procedures are currently being reviewed by the Department of Health with the aim to have NHS Health and Social Care services operating to the same procedures, initially targeted for introduction in 2009.

### **Complaint Stages and Timescales**

- 3.3 The current complaints procedure has a process of up to 3 stages:

Stage 1: Aims to resolve the problem as quickly as possible (within 10 working days, or 20 if complex) at the point of service delivery

Stage 2: If people are unhappy with the response at stage 1 they can ask for the complaint to be investigated by someone independent of the service area involved.

Stage 3: If still dissatisfied, people can ask for a Review Board to consider whether the local authority dealt with the complaint adequately. The Review Board is made up of 3 people. The chair must be independent of the local authority with at least one other independent person.

The table below shows the distribution of complaints across the stages:

ITEM	2005/ 06	2006/ 07	%age chang e
Activity in the year (no of complaints received)	60	63	+5%
Complaints completed at Stage 1 within 28 days (Local Resolution) <sup>1</sup>	64%	65%	+1.56%
Complaints proceeding to Stage 2 (Independent Investigation)	2	2	0
Complaints proceeding to Stage 3 (Review Board)		0 <sup>2</sup>	
Ombudsman Enquiries	2	0	-200%
Complaints about Independent Providers <sup>3</sup>	-	-	

<sup>1</sup> 50% of claims in 2006/07 were processed within 10 working days

<sup>2</sup> No Review Board hearings were held in 2006/07 although both Stage 2 complaints went on to be held at Review Board during 2007/08

<sup>3</sup> Providers in the independent sector deliver many of the services we arrange. Whilst these providers must address any complaints under their own procedures, we do not record, report and help facilitate those referred to us

### 3.4 Comments, compliments and complaints – Improving the Process

3.4.1 Comments, compliments and complaints provide essential information to help shape and develop services, and complements the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards).

3.4.2 During the last year, real improvements have been made to how we monitor, analyse and report comments, compliments and complaints:

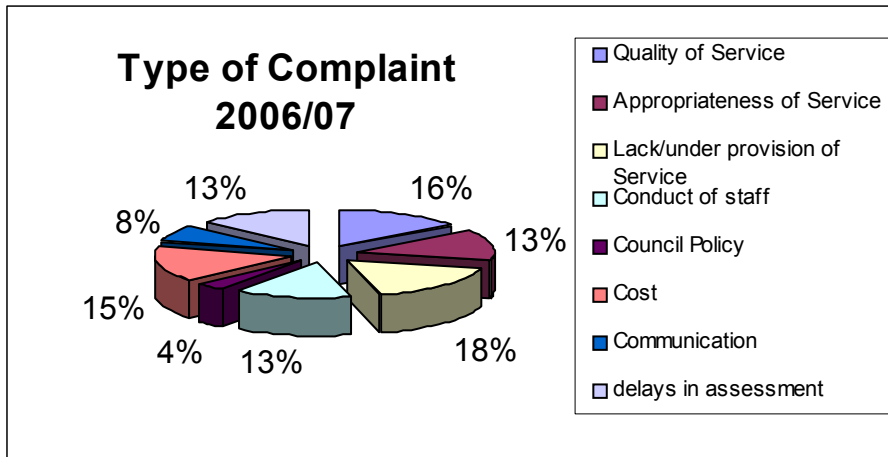
- We now have a traffic light system - that alerts managers if targets are in danger of not being met.
- We have a recording and action-planning system to identify lessons learned, plan and monitor remedial action and enable them to be reported.
- Information is provided to Senior and Divisional Management Teams to help inform the service development process, and alert them to any emerging issues (the comments, compliments and complaints process often being the quickest method).
- From the date of introduction of the new regulations in September 2006, additional monitoring has also been undertaken to help us analyse the complaints we receive and record and reflect upon the lessons that can be learned, to inform how the services we provide and commission develop.

3.4.3 The following initial information, and that reported in the equalities section (8), will continue to be developed to enable us to identify trends and emerging

issues. The resulting analysis will be reported to the Directorate's Senior Management Team on a quarterly basis and will continue to be reflected in this annual report.

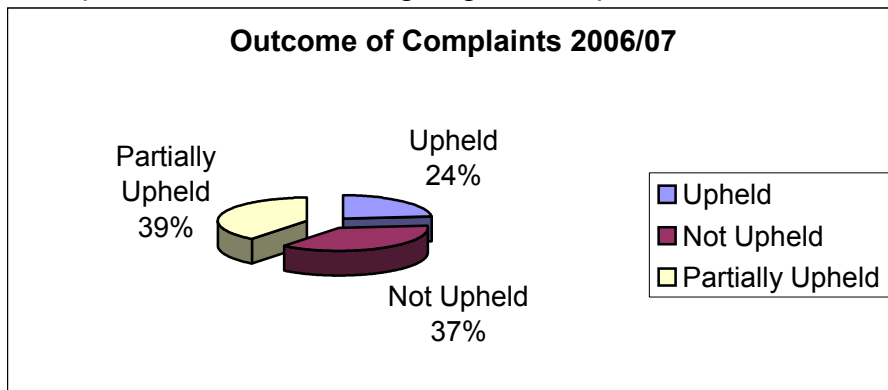
### Types of Complaint

3.5 The following graph gives an indication of the types of complaint received since monitoring began in September 2006:



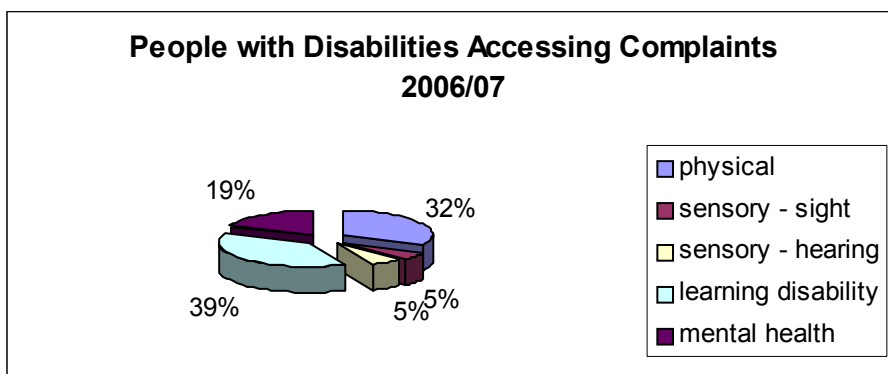
### Outcome of Complaints

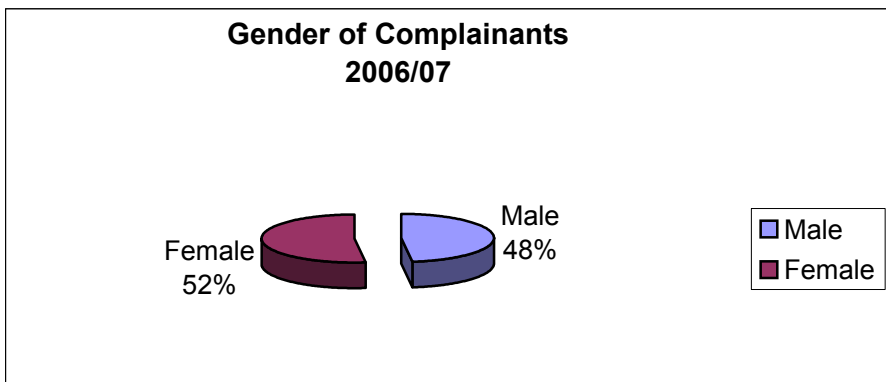
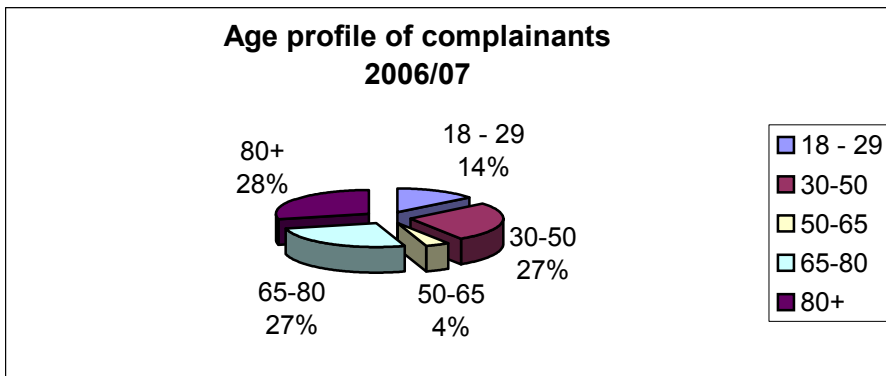
3.6 The following graph gives an indication of the outcome of the investigation of complaints since monitoring began in September 2006:



### 3.7 Monitoring Diversity

The following graphs give an indication of the data that is now being recorded and monitored for any significant themes:





### What we have learned from complaints

3.8 Complaints are a key source of information to help inform us how we develop the services we provide or commission. Analysis of data from 2006/07 has revealed that:-

3.8.1 Individually, complaints in the last year have enabled us to resolve various problems, for example:

- Identifying issues and solutions, to help people in their caring role
- Identifying and helping people apply for additional resources (eg Independent Living Fund), to enable them have greater control of their lives
- People have been reassured what we now have in place is something that ensures their complaint feeds in to the learning process and informs how services are developed

3.8.2 Themes have been identified which have provided evidence to develop what we do. Examples of changes that have resulted include:

- The modernisation programme of Halton's Major Adaptations Service

- Improved protocols between partners involved in the transition of children with disabilities moving into adulthood.
- Halton's medication policies being reviewed by the Service Development Team, to deliver an improved service across Halton, with a greater level of consistency in medicines delivery and ensuring that all service users receive their medicines promptly and safely.

3.8.3 Trends will be monitored following the greater detail of monitoring data that is now being recorded. This will enable “emerging themes” to be identified along with any relationship with particular client groups or other factors such as age, disability or gender.

### **Compliments and Comments**

3.9 It is important to learn about what people think that we do well, just as much as complaints. Similarly, others may just wish suggest a new initiative rather than complain. Consequently, such comments are also fed into the quarterly reports to the Directorate’s Senior Management Team.

### **Satisfaction with complaints handling**

3.10 A survey is currently being developed to measure how satisfied people are with how their complaints are handled. This will help us to review the effectiveness of the complaints procedure and develop how we operate it.

## **POLICY IMPLICATIONS**

4.1 Complaints, comments and compliments provide essential evidence to inform the development of Halton Borough Council policies.

### **4.0 OTHER IMPLICATIONS**

5.1 Improvement and quality assessment agendas increasingly consider the robustness of Complaints procedures and how they are demonstrably used to inform and drive change.

### **5.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

6.1 **Children and Young People in Halton** – Adult Social Care has a close relationship with Children and Young Peoples social care services, and will continue to work closely with each other on relevant complaint issues.

6.2 **Employment, Learning and Skills in Halton** – social care aims are often closely associated with these, to improve people’s life chances and to be as independent as possible.

6.3 **A Healthy Halton** – another core aim in social care is to prevent or delay reliance on institutional care, enabling people to be as independent as possible.

6.4 **A Safer Halton** – adult social care has a close relationship with protection procedures for the vulnerable adults, the frail etc.

6.5 **Halton's Urban Renewal** – many social care initiatives surround housing issues, enabling people to live as independently as possible in their community.

## **6.0 RISK ANALYSIS**

7.1 A weak complaints process will fail individuals who want to use it and the organisation from learning from complaints.

## **7.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Ethnicity of complainants is monitored. To date all complainants have been from the group where they described themselves as White British.

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 13 November 2007

**REPORTING OFFICER:** Strategic Director, Health & Community  
Strategic Director, Children & Young People

**SUBJECT:** Joint Strategic Needs Assessment (JSNA)

**WARDS:** Boroughwide

### **1.0 PURPOSE OF REPORT**

1.1 To provide an overview of the requirement to produce a JSNA in line with Department of Health guidance.

### **2.0 RECOMMENDATION:**

**That the Healthy Halton Policy & Performance Board support the process as outlined in the proposed co-ordination section and receive a draft JSNA in 2008.**

### **3.0 SUPPORTING INFORMATION**

3.1 The JSNA is a process that results in the production of document of significant strategic importance. The process and subsequent documentation managed jointly by the Local Authority and PCT describes the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs, over 3-5 years.

3.2 The Joint Strategic Needs Assessment will be:

- The basis of a new duty to co-operate between PCTs & Local Authorities from 'Local Government and Public Involvement in Health Bill', to develop a whole health & social care response;
- Shaped by, and to meet, needs of local population;
- In tune with commissioning cycles of LAA & SCS.

3.3 A strong and effective Joint Strategic Needs Assessment will:

- Show health status of the local community;
- Define what inequalities exist;
- Contain social and healthcare data that is well analysed and presented effectively;
- Define improvements and equality for the community;
- Send signals to current or potential providers, who could have other relevant information or proposals for meeting needs;
- Supporting better health and well being outcomes;

- Aid decision making, and stages of the commissioning cycle, esp. to use resources to maximise outcomes at minimum cost.

#### **4.0 THE PROCESS**

4.1 The process for producing and subsequently utilising the JSNA is a systematic one and is summarised in Appendix 1.

#### **4.2 Phase 1 – Information Gathering**

The collection of a complex set of data and information reports focused on the following sub-sets:

- Demography;
- Social and Environmental Context;
- Current known health status of the population;
- Current met needs of the population;
- Patient/Service user voice;
- Public Demands.

4.3 A detailed breakdown of information required is summarised in Appendix 2.

#### **4.4 Phase 2 – Secondary Analysis & JNSA Production**

Building from the information gathering exercise of Phase 1, is the objective analysis of the local economy information to result in four sub-sets. These are detailed in Appendix 3.

4.5 The result of this analysis will be the completion of the local economy Joint Strategic Needs Assessment Document.

#### **4.6 Phase 3-Outputs and Commissioning Improvement**

The third phase of the JSNA process is the utilisation of the document to provide a platform for the economy to work together on developing a series of impact based proposals and improvement programmes. These will include:

- Programme of health and social care service reviews;
- Prioritisation framework for contracting and procurement;
- Medium Term Market Development;
- Primary Care Investment Decisions;
- Capital Investment Plans.

The development of the JSNA will enable both Local Authority and PCT to establish improved commissioning relationships and provide the economy with progressive unity on commissioning and contracting priorities.



## **5.0 PROPOSED CO-ORDINATION**

- 5.1 The guidance from the Department of Health clearly stipulates that the Director of Adult Social Services, Director of Children & Young People Services, Director of Public Health and Director of Commissioning from the PCT have a responsibility for co-ordinating the production of the document. Discussions have already commenced with a range of key stakeholders and Appendix 4 has been produced which sets the timetable and process for its completion.
- 5.2 The Department of Health stressed the importance of the direct links with Elected Members, Local Strategic Partnership's and key people including Local Authority Chief Executive's, Environmental Health staff and staff involved in Research and Intelligence.
- 5.3 The Local Strategic Partnership have already received a similar report to own and understand the requirement to produced a JSNA. The Health Specialist Strategic Partnership will thereafter be the responsible and accountable group to ensure that the JSNA is produced. As the Health SSP already has key people on its membership, it is suggested that a small working group is tasked with producing a draft JSNA in the timescales identified.
- 5.4 Regular update reports to the Executive Board, Local Strategic Partnership, PCT Board and Health Policy & Performance Board will be produced which appraise individuals and groups of progress. The Health Policy & Performance Board will scrutinise the process and ensure that effective community consultation is undertaken. However, a similar report to every Policy & Performance Board will be presented to ensure they are aware of this matter and provide them with an opportunity to be engaged.

## **6.0 FINANCIAL IMPLICATIONS**

- 6.1 At this stage it is not clear what the financial implications will be, however, it is envisaged that the production of the draft will be bourne within existing resources.
- 6.2 There will be some financial costs to cover public consultation and these will need to be determined at a later date.

## **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **7.1 Children and Young People in Halton**

This will be a key strategic document to underpin progress against the revised priorities in the Children & Young People's Plan. The needs analysis will form an integral part of the implementation of the Joint Planning and Commissioning Framework and enable us to

target services based on need to improve outcomes for children and young people in Halton.

The development of integrated locality based services for children and young people through the Area Network model must be based on an analysis of need for each area, which can be distilled from this piece of work.

**7.2 Employment, Learning & Skills in Halton**

None identified at this stage.

**7.3 A Healthy Halton**

This will be a key strategic document which will address health and health inequalities in Halton.

**7.4 A Safer Halton**

None identified at this stage.

**7.5 Halton's Urban Renewal**

None identified at this stage.

**8.0 RISK ANALYSIS**

8.1 A full risk analysis will be undertaken as part of the process.

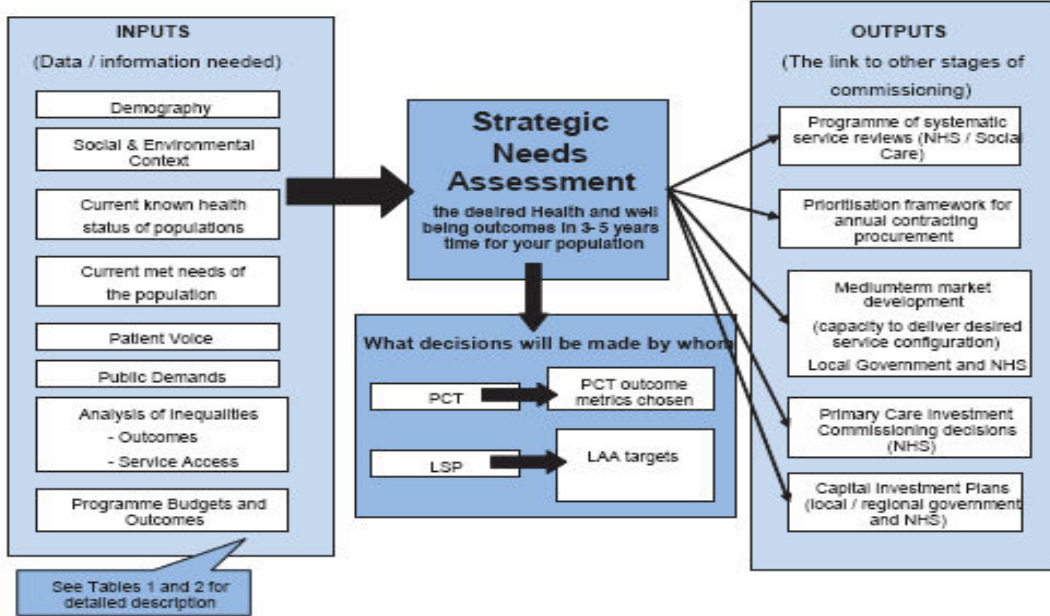
**9.0 EQUALITY AND DIVERSITY ISSUES**

9.1 The Strategy will ensure that the full range of equality and diversity issues are addressed and this will be scrutinised as part of the process.

**10.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

There are no background documents under the meaning of this Act.

### STRATEGIC NEEDS ASSESSMENT



## APPENDIX 2

Table 1: primary data needed for a Joint Strategic Needs Assessment

1	Demography	Population numbers	Current population estimates x5-year age bands and gender Population projections 3-5 years' time % Change
		Births	Current births and projected rates
		Older people	Current total aged 65+, male and female and five-year projection
		Ethnicity	Current numbers, percentages and projections
2	Social and environmental context	Benefits data	Children under 16 in households dependent upon Income Support
		Deprivation	IMD 2004
	Characteristics	Housing tenure	
		Living arrangements/over-crowding	
		No access to car or van	
		Employment data	
		Average incomes	
Rural or urban location			
3	Current known health status of population	Illness and lifestyle	British health survey 2004 Quality and Outcomes Framework GP QMAS data Risk factor data (smoking prevalence)
		Teenage conceptions	Age <16 rate plus 95% CI Age <18 rate plus 95% CI
		Census 2001	Standardised limiting long-standing illness ratio (persons in household)
4	Current met needs of the population	Social care	RAP 3: Source of referrals
			P1: Clients receiving community-based services
			RAP P2f: Clients receiving community-based services
		Primary care	RAP C1: Carers
			SWIFT
			Predicted prevalence versus known prevalence of x diseases
Hospital care (HES data)	Dental: % DMFT 5-year-olds – trend		
	Immunisation: Resident-based uptake rates		
	Top 10 causes of admission		
5	Patient/service user voice	Social care	Top 10 diagnoses consuming most bed days
			Average, median and range of length of stay
		Primary and community-based care	User surveys
			GPAQ
Hospital care	PALS/LINKs data (qualitative and quantitative)		
	Complaints data		
6	Public demands	Local authority	Self-reported health outcomes
			Patient satisfaction surveys
		NHS	Annual residents survey Health scrutiny reports Petitions received

## APPENDIX 3

**Table 2: secondary analysis of data for Joint Strategic Needs Assessment**

1	Analyses of current inequalities	Outcomes	by geography (e.g. life expectancy by ward)
			by ethnicity
			by gender
		Service access	by geography
			by ethnicity
			by gender
2	Projection of service use in 3-5 years' time based on historical trends and current activity		
3	Projection of outcomes in 3-5 years' time based on historical trends and current activity	Outcomes	
4	Value for money and return on investment	Programme budgets and outcomes	

JNSA																			
Project Plan																			
Tasks / Actions	Responsibility	Dependencies	Jul-07					Aug-07				Sep-07							
			2nd - 6th	9th - 13th	16th - 20th	23rd - 27th	30th - 3rd	6th - 10th	13th - 17th	20th - 24th	27th - 31st	3rd - 7th	10th - 14th	17th - 21st	24th - 28th	1st - 5th	8th - 12th		
			5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
<b>Phase One-Information Gathering</b>																			
Demography																			
Social & Environmental Context																			
Current known status of health population																			
Current met needs of the population																			
Patient/Service User Voice																			
Public Demands																			
Collation and presentation																			
<b>Phase Two-Analysis &amp; JNSA Production</b>																			
Analysis of Current Inequalities																			
Projection of Service Use in 3-5 years time																			
Projection of Outcomes in 3-5 years time																			
Value for Money and return on investment																			
Collation and presentation																			
<b>JNSA 1st Draft Publication</b>																			
<b>Consultation</b>																			
<b>Final Publication</b>																			
<b>Phase Three-Outputs and Commissioning Improvement</b>																			
Programme of health and social care service reviews																			
Prioritisation framework for contracting and procurement																			
Medium Term Market Development																			
Primary Care Investment Decisions																			
Capital Investment Plans																			







**REPORT TO:** Healthy Halton Policy and Performance Board

**DATE:** 13<sup>th</sup> November 2007

**REPORTING OFFICER:** Chief Executive

**SUBJECT:** Performance Management Reports to half-year  
30 September 2007

**WARDS:** Boroughwide

## **1.0 PURPOSE OF REPORT**

1.1 To consider and raise any questions or points of clarification in respect of the 2nd quarter performance management reports on progress against service plan objectives and performance targets, performance trends/comparisons, factors affecting the services etc. for:

- Older People's Services
- Adults of Working Age
- Health & Partnerships

## **2.0 RECOMMENDED: That the Policy and Performance Board**

- 1) Receive the 2<sup>nd</sup> quarter performance management reports;**
- 2) Consider the progress and performance information and raise any questions or points for clarification; and**
- 3) Highlight any areas of interest and/or concern where further information is to be reported at a future meeting of the Policy and Performance Board.**

## **3.0 SUPPORTING INFORMATION**

3.1 The departmental service plans provide a clear statement on what the services are planning to achieve and to show how they contribute to the Council's strategic priorities. The service plans are central to the Council's performance management arrangements and the Policy and Performance Board has a key role in monitoring performance and strengthening accountability.

3.2 The quarterly reports are on the Information Bulletin to reduce the amount of paperwork sent out with the agendas and to allow Members access to the reports as soon as they have become available. It also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be

raised to ensure the appropriate Officers are available at the PPB meeting.

**4.0 POLICY AND OTHER IMPLICATIONS**

4.1 There are no policy implications associated with this report.

**5.0 RISK ANALYSIS**

5.1 Not applicable.

**6.0 EQUALITY AND DIVERSITY ISSUES**

6.1 Not applicable.

**7.0 LIST OF BACKGROUND PAPERS UNDER SECTIONS 100D OF THE LOCAL GOVERNMENT ACT 1972**

7.1 There are no background documents under the meaning of this Act.

## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community  
**SERVICE:** Older People's Services  
**PERIOD:** Quarter 2 half-year to period-end 30 September 2007.

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Older People's Services Department second quarter period up to half year 30 September 2007. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 8

### 2.0 KEY DEVELOPMENTS

The Single Point of Access pilot operational as of 10<sup>th</sup> September 2007, evaluation is ongoing. Pilot end date is end of March 2008.

Review of day support ongoing. The use of the Bridge Building scheme by Older People is progressing. Oakmeadow day care is being reviewed as part of an overall review of the centre. Community Day Care service offers opportunity for redesign towards establishing Bridge Building and Sure Start for Later Life Schemes. The Sure Start Scheme is now operational, self-assessment component will be operational from October, this links to CSED project.

Dates to commence employment in September and October have been agreed with the newly recruited Occupational Therapists.

An initial meeting has taken place with Personal Social Services Research Unit and a proposal for the evaluation of the self-assessment for equipment service will be produced in October.

Mental Capacity Act: the steering group for the implementation of the Act continues to meet, and has good multi disciplinary representation. The training programme continues, and in 2008 will be targeting specialist service areas. Publicity continues to be developed, and information is available on the Borough Council web site.

Emergency Duty Team: the new service with St. Helens was successfully delivered on the 1<sup>st</sup> October 2007. Considerable work went on by the IT and Information Services in both councils, and safe

mechanisms for the access to and transfer of information have been devised. This continues to be under review. A partnership board is in place, with senior representatives from both councils, and this meets monthly. All staff have been appointed, and are in place at their base in the Halton Contact Centre.

Carers Assessments: these continue to be the focus of considerable attention. Meetings take place on a monthly basis with all services, and now include the new carers assessors, with a focus on performance of each team. The Council is on track to achieve its PAF target for carers (refer to PAF C62 in Appendix 3 of this report), and is working towards achievement of a LPSA target (refer to Appendix 4).

Bridge Building: this service has now been reviewed by the National Development Team, with very positive results. The initial target of 100 people to receive a service during the life time of the project has already been substantially exceeded, and feedback from service users is very positive. It is expected that this service will become mainstream in 2008.

### 3.0 EMERGING ISSUES

Further national guidance on Continuing Care is looking at the impact of people in the community who have significant health needs to consider whether NHS funding or joint funding is more appropriate for those with complex needs.

The service is working on pathways for transitional care, and with the Primary Care Trust (PCT) on developing an Intermediate Care facility in Halton Hospital to enable transfer of patients who have ongoing health needs, prior to decisions about longer term care needs. Unit hopefully operational by April 2008.

Continuing Care guidance is under review, a change in National Guidance means that new Local guidance needs to be developed with the PCT.




Consultants have been engaged to work with Care Services Efficiency Development (CSED) sub-group for Demand Forecasting and Better Brokerage to develop a Commissioning Strategy for Domiciliary Care. The strategy will set out Halton's intentions for the procurement of domiciliary care over the next five years and includes demand projections up to 2015. The deadline for completion of this work is January 2008.

In partnership with Halton and St Helens PCT, Halton has agreed to work with the Care Services Efficiency Development team (CSED) to further examine the option of developing a retail model of community equipment services locally.

The Invest to Save bid for Adult Placement Service was unsuccessful and a growth bid will be submitted to maintain and expand this service.

Deprivation of Liberty Safeguards; following the Royal Assent to the Mental Health Act 2007, the Mental Capacity Act 2005 has now been amended. This introduces safeguards for people who lack capacity, and who may be unable to leave their residential, nursing or hospital placements because of their capacity issues. This will require a detailed and complex process of implementation, which must be completed by the 1<sup>st</sup> October 2008. The Mental Capacity Act Steering Group is taking responsibility for both this and the delivery of the new Mental Health Act. In addition, agreement has been reached in principle with Halton & St Helens Primary Care Trust and St Helens Borough Council to pool revenue funding to develop a specialist Mental Capacity Act Co-ordinator post. This will now be considered by senior managers.

#### 4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

<b>Total</b>	<b>40</b>		<b>32</b>		<b>3</b>		<b>5</b>
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Of the forty milestones for the service, 32 are progressing satisfactorily at the half-year point. Five of the milestones have been assigned a red light – three as a result of some slippage in timescales, one because of a refocus from nursing and residential care to domiciliary care, and one due to an unsuccessful tendering process. Three milestones have been assigned an amber light, due to some uncertainty over the achievement of the milestone. For further details, please refer to Appendix 1.

#### 4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

There are no other objectives for the service. Twenty-one milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

#### 5.0 SERVICE REVIEW

An interim report on the CSED project will be presented to SMT in October, project plan in place. Care Management procedures will be updated when pathways are changed or developed further.

A review of Oakmeadow has commenced, rota review completed. Temporary increase in the number of Intermediate Care beds pending the overall review of Intermediate Care.

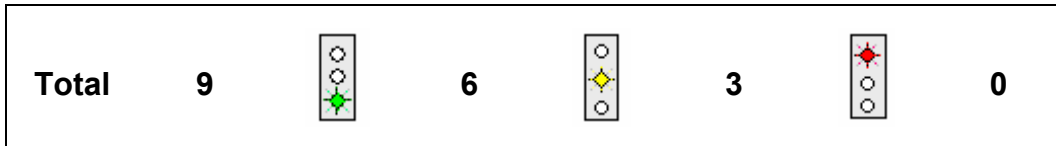
Gold standard for Intermediate Care due to be completed by the end of September and initial mapping completed by end of October.

The Adult Hospital Team are feeling the impact of changes to placements in acute hospitals with a slight shift from Warrington to Whiston. Managers utilising staff across both sites to support this. The homecare pathway to support effective discharges is being reviewed.

As part of the review of the major adaptations service further design work staff have been commissioned and the referral allocation process within the Independent Living Team will be streamlined from October to reduce delays identified by the process mapping work. Improving the role of Halton Direct Link in the process is being explored.

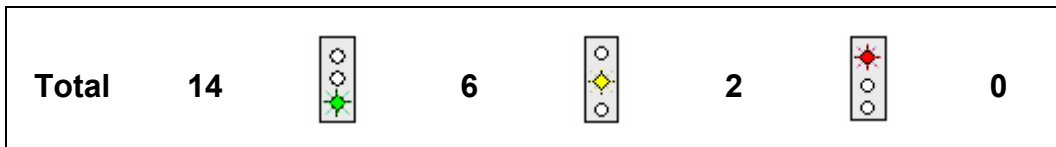
A review of the needs of service users at Bridgewater Day Centre is underway to identify long-term provision requirements.

**6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS**



Of the nine key performance indicators for the service, six are progressing satisfactorily at the half-year stage. The indicator that relates to people receiving a statement of needs (PAF D39) is slightly below target for the second quarter running, and an amber light has been assigned. Two further indicators (PAF D54 - delivery equipment and adaptations, and PAF E82 – assessments leading to provision of a service) are both showing a slight decline on both last years outturn and quarter 1 performance. For further details, please refer to Appendix 2.

**6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS**



Of the fourteen other indicators for the service, six are progressing satisfactorily. Progress against two of the indicators at the half-year stage shows some uncertainty around the target being achieved (PAF E47 and PAF E48 – both relating to ethnicity). Six indicators cannot be reported at the current time due to information not yet being available. (PAF C28, OP LPI 2 & PAF B11 are based on data from a sample week in September yet to be analysed) For further details, please refer to Appendix 3.

## **7.0 PROGRESS AGAINST LPSA TARGETS**

Progress against the LPSA targets for emergency bed days and support for carers is detailed in this monitoring report. For information and commentary, please refer to Appendix 4.

## **8.0 RISK CONTROL MEASURES**

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is monitored and reported.




The service is monitoring seven risk treatment measures, five of which are on track. Two are currently subject to some uncertainty. For further details, please refer to Appendix 5.

## **9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS**






During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority is reported in Appendix 6.




## **10.0 APPENDICES**





Appendix 1- Progress against Key Objectives/ Milestones  
Appendix 2- Progress against Key Performance Indicators  
Appendix 3- Progress against Other Performance Indicators  
Appendix 4- Progress against LPSA targets  
Appendix 5- Progress against Risk Control measures (Q2 & 4)  
Appendix 6- Progress against high priority equality actions (Q2 & 4)  
Appendix 7- Financial Statement  
Appendix 8- Explanation of traffic light symbols





Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS1	Plan and commission / redesign services to meet the needs of the local population	<i>Ensure service supports development of Halton domiciliary care commissioning strategy with at least one DM level representative for the steering group by October 2007 to ensure that the strategy is owned operationally as it develops.</i>		Project group established that includes two representatives at Divisional Manager level from Older People Services. Consultants have been engaged to work alongside the project group to develop a commissioning strategy for domiciliary care by January 2008. A detailed project plan has been developed, good progress has been made to date, with all actions on target for completion within the agreed timescales.
		<i>Ensure service supports development of the new specification for nursing and residential care beds for older people in Halton completed with at least one DM level representative for the steering group by September 2007 to ensure that the contract can be re-let.</i>		Focus for 2007 is on delivery of the domiciliary care strategy and subsequent tender for the provision of domiciliary care. In order to meet this, the target for work in relation to nursing and residential care has been revised to September 2008.
		Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008		Referrals to the Bridge Building Service from Bridgewater Day Centre continue with a total of 17 to date.











Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS1 Continued		Future role of Bridgewater & Oakmeadow identified within overall Day Services Review by July 2007 to ensure that we make best of all the community facilities available to the Council.		Social worker to identify long-term needs of users at Bridgewater has been appointed and reviews are underway. Links with community services continue to be developed and 17 referrals have been made to the Bridge Building Service.
		Priorities identified for improved accessibility by physically disabled people to community centres and other buildings by June 2007.		Priorities identified and report to Culture, Leisure and Sport Division for further action.
		<i>Tender completed and contract awarded for one EMI respite bed by June 2007 to ensure that EMI respite is available in Halton.</i>		Tender completed. Two tenders received. Neither tender met requirements. The Commissioning Manager is to reconsider future need.
		Increase capacity for Adult Placement Service to 24 carers by September 2007 to ensure that this service option is available as an option to those who could benefit from it.		There are now 19 approved carers for Adult Placement Service. The temporary reduction is due to carers retiring from the service. New carers are being assessed. The service provides a total of 101 placements per month, and is able to meet current demand.
		<i>Day care and short term beds provision at Oakmeadow reviewed by July 2007 to ensure that we have right number of beds for level of need.</i>		Initial SMT report identified the need for alternative use of some Intermediate Care beds – this has been actioned and completed. Further options appraisal to be completed by October 2007.
OPS1				



Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
Continued		<i>Identify housing needs for particularly vulnerable older people by September 2007 to ensure we commission the right amount of extra care as and when opportunities arise.</i>		Original target set for Older People Commissioning Manager not met. However, Supporting People are in the process of securing additional resources for the development of an Extra Care Strategy by January 2008.
		Accessible Homes Register established by September 2007 to ensure adapted homes are able to be managed across the borough and can be matched quickly against individuals.		The occupational therapist and administrative officer for the service are now in post. Policies and procedures are being developed in partnership with Registered Social Landlords. The service is in place and one match between a user and a property has already been achieved. The Register will be built up gradually as properties and potential users are identified. The process is being adapted to fit with the development of choice based letting systems that are being introduced by some of the Housing Associations.
		<i>Home Care services reviewed and redesigned to ensure improved value for money by November 2007 (links to completion domiciliary commissioning strategy).</i>		This has been completed, improved value for money identified. Awaiting outcome of job evaluation to complete further redesign.
OPS1 Continued				



Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS1 Continued		Report back on learning for Halton from CSED improving care management efficiency project by October 2007, report to identify opportunities to learn from best practice.		Report to SMT due in October. A project plan which encompasses best practice is now in place.
		<i>System established for quality assurance for all in-house services by September 2007 to ensure we continually monitor and get feedback from services that is used to improve those services.</i>		A quality assurance system is now in place for all Older People provider services.
		<i>Review of Equipment and HICES completed November 2007 to improve timeliness and delivery of equipment</i>		Ninety two per cent of equipment has been provided within seven days by the Halton Integrated Equipment Service since April 2007. A recent internal audit of HICES has recommended a further review of the service and this will be undertaken with neighbouring authorities and CSED as part of exploring the opportunities of the Governments "Transforming Community Equipment Services" programme.
		Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007		In place. Payments have been made to 4 Adult Placement Service panel members since the policy was introduced.

Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
		<i>Identify Approaches within VATF programme to develop services that promote physical activities in older age, including a men's health project.</i>		The Mens Health project is now operational, initial focus groups and service user consultation has taken place and the first Mens health clinics are being developed. Physical activity is also being promoted through the falls exercise programme, Recharge and the Sure Start to Later Life programme.
OPS2	To work in partnership and strengthen governance and joint working arrangements	<i>Draw up delivery plan for Local Area Agreement by May 2007</i>		Initial Local Area Agreement performance framework has been drawn up outlining key contributing services linked to the Local Area Agreement outcome 3. Similar frameworks are currently being developed for the remaining outcome areas.
		<i>Agree delivery plan for Local Area Agreement with partners by July 2007</i>		The Performance framework has been agreed through the Healthy Ageing sub-group, the multi-agency Older People's Local Implementation Team and is due to go to the Healthy Halton Partnership in November
OPS2 Continued		Contribute to the implementation of the development of 'Change for the Better', the 5BP's new model of care for older peoples mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008.		Older People's Mental Health project Manager to take up post on 1 <sup>st</sup> October 2007. Will progress OPMH strategy and 5BP 'Change for the Better' new model of care.





Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS2 Continued		<i>Agree a process for the review of therapy provision across Halton with PCT by March 2008 to ensure that the level of need for therapy input can be met.</i>		Halton and St Helens PCT will review the Therapy Services it commissions from five different service providers. Agreement has been reached with regard to the lead Director in the PCT. Timescale not yet agreed for review.
		Launch directory of services for older people by June 2008 to provide single easily accessible source of information on service is available to older people and staff.		Directory is available in electronic format through the Help4me website Paper based directory due for completion by December.
		Launch ageing well strategy by June 2008 to ensure that Halton has a single approach to aging within a consistent framework and intentions.		Delayed until November as Chief Officers Management Team requested some amendments. Due to go to Members on 1 <sup>st</sup> November.
		Redesign RARS and IC pathways and processes to take into account the new PCT and commissioning priorities i.e. more focus on preventing hosp admission, by December 2007.		Gold Standard due to be completed end of September and initial mapping end of October 2007.
		<i>Joint commissioning strategy developed for intermediate care by December 07</i>		On target for completion end of December 2007.
		Representation of Practice Based Commissioning (PBC) Bodies identified and agreed by June 2007		Representation at Steering Group and Runcorn PBC in place. Widnes PBC not yet meeting regularly, but representation agreed for when it commences.



Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS2 Continued		Joint policy, Pathway and training for Moving and Handling in place to improve coordination of services that support moving and handling by August 2007.		The Moving and Handling Policy is in final draft format. The Moving and Handling occupational therapist post was to be advertised but as the PCT now also have a vacancy discussions have begun to consider the development of a joint post, so an opportunity now to do further re-design work superseding the original milestone.
		<i>Identify options for future HICES/Equipment with other local authorities and PCTs. By November 2007 to improve efficiency and reduce duplication.</i>		Options for the future provision of Halton Integrated Community Equipment Service are being explored in partnership with Halton and St Helens PCT.




Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS2 Continued		<i>SAP rolled out to older peoples community social work teams by October 2007 in line with government policy.</i>		Stage 3 rollout which involved OPW/OPR/RARS/AHT, Discharge Planning, Community Matrons and District Nursing was scheduled to take place in September. An extraordinary Service Planning Day was organised to brief staff, but was cancelled due to difficulties with the joint procurement of the SAP Person Held Record folders, which was dependant on the coordination of purchase orders by the three organisations involved (Halton BC, St Helens MBC & Halton & St Helens PCT). Stage 3 rollout to be put back until delivery schedules are confirmed.
		<i>Agree and implement Joint Medication Policy with PCT by December 2007.</i>		Medication Policies have recently been agreed with Oakmeadow and Domiciliary Carer Services and are currently in the process of being drawn up for Bridgewater and the Adult Placement Service. Following which the development of a Joint Medication policy with the PCT will be progressed.

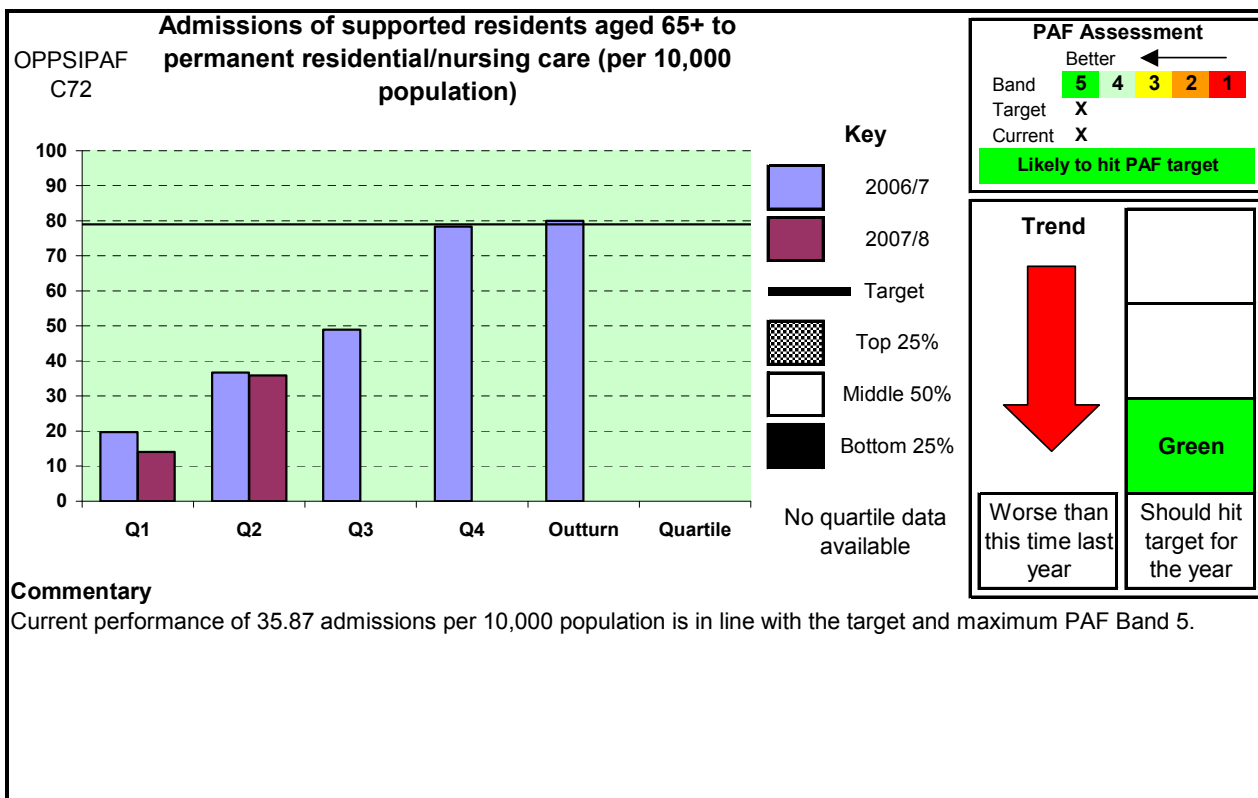
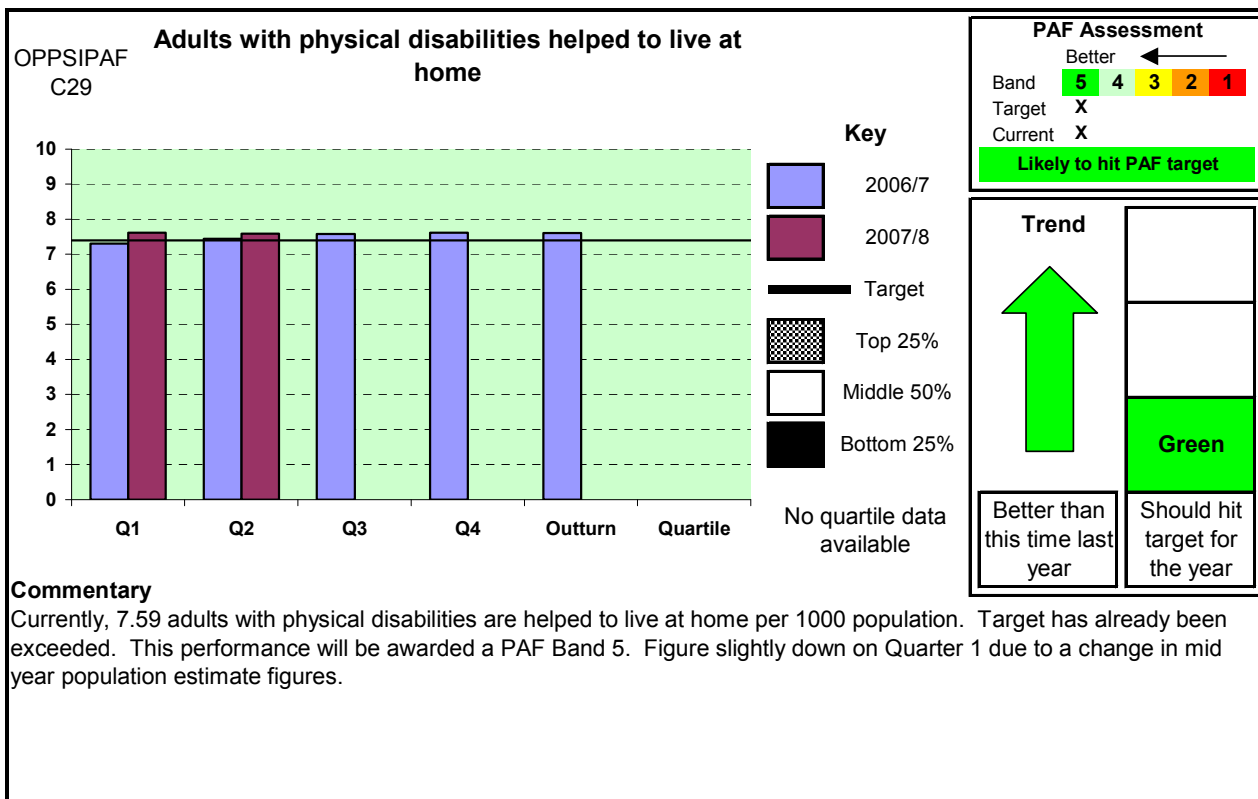
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS2 Continued		Complete Adaptations Review by October 2007 to ensure improved system and processes for adaptations.		The mapping exercise of the adaptation process has identified opportunities to streamline the process. Some changes have already been implemented, for example time scales for receipt of information from GPs and other changes, including streamlining the referral processes, are planned. The documentation used has been rationalised and further efficiencies will be achieved when the teams providing the service are integrated and an integrated IT system has been developed. Negotiations are underway to agree the staff structure for the integrated service. Funding for the refurbishment of the accommodation to enable integration of the teams has been agreed and plans for the proposed accommodation are to be drawn up.
		<i>Review social work provision within OPMH Team by January 2008 (dependent on future arrangements with 5BP).</i>		Older People's Mental Health Project Manager to review make up of Older People's Community Mental Health Team, including the Social Work component.

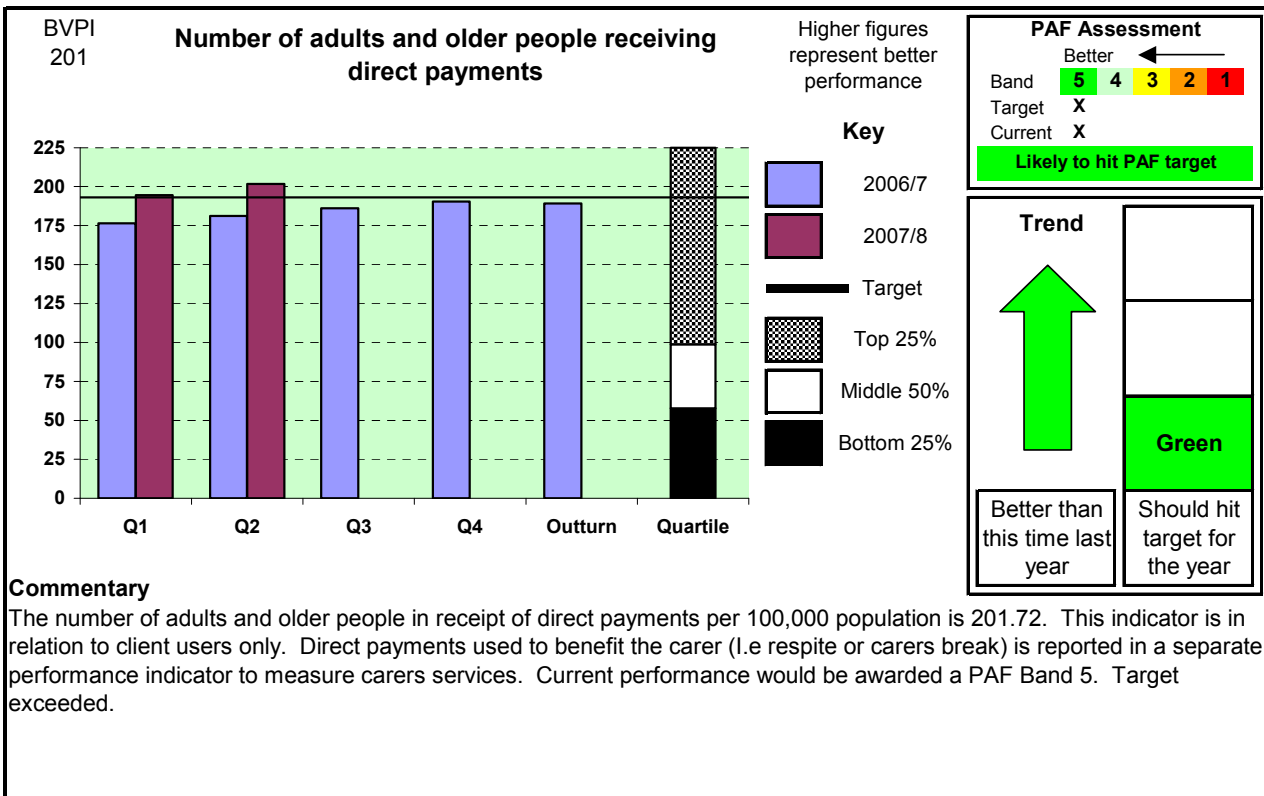
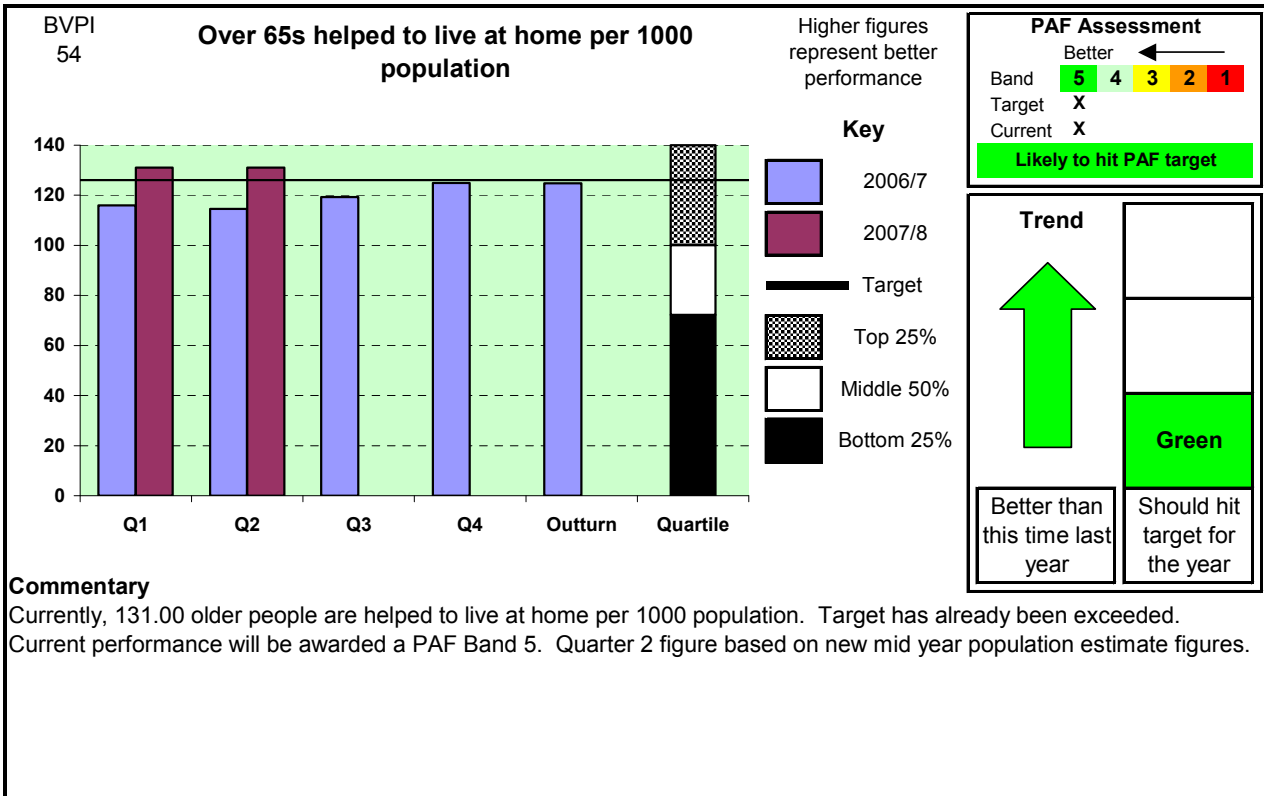


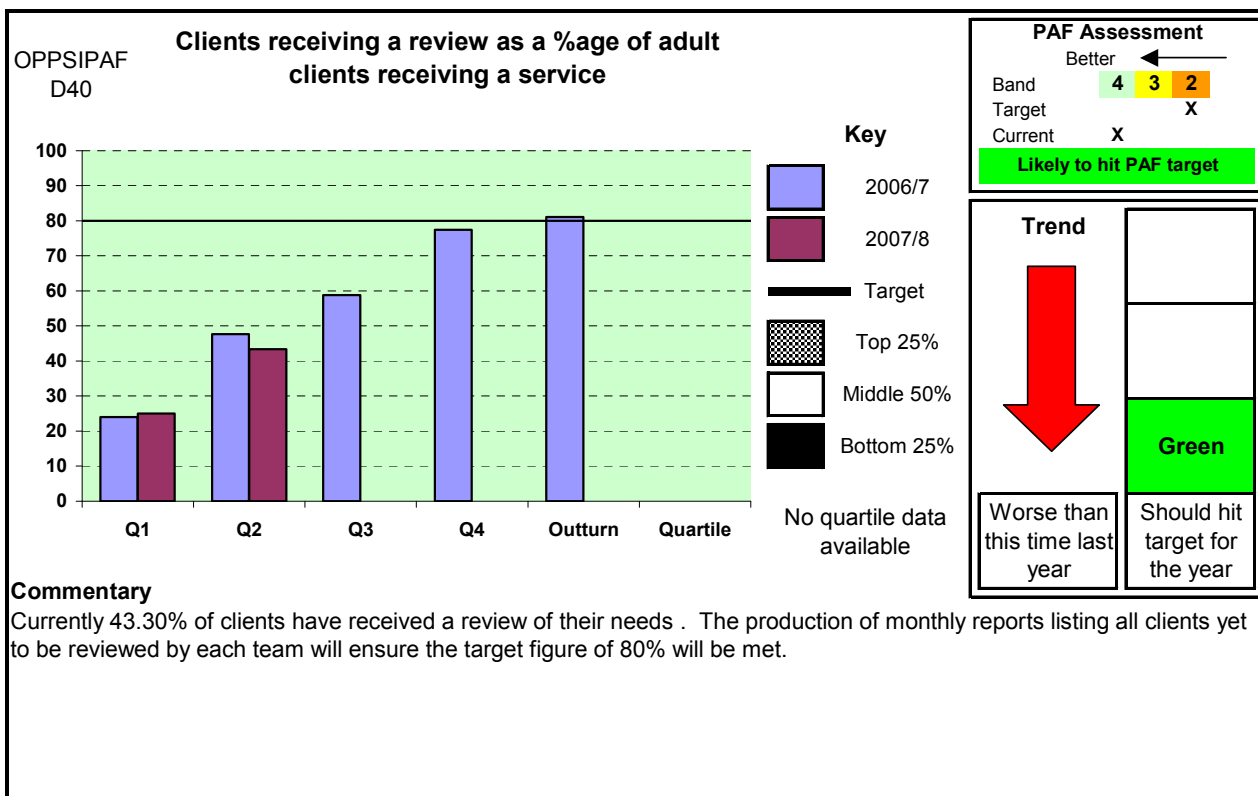
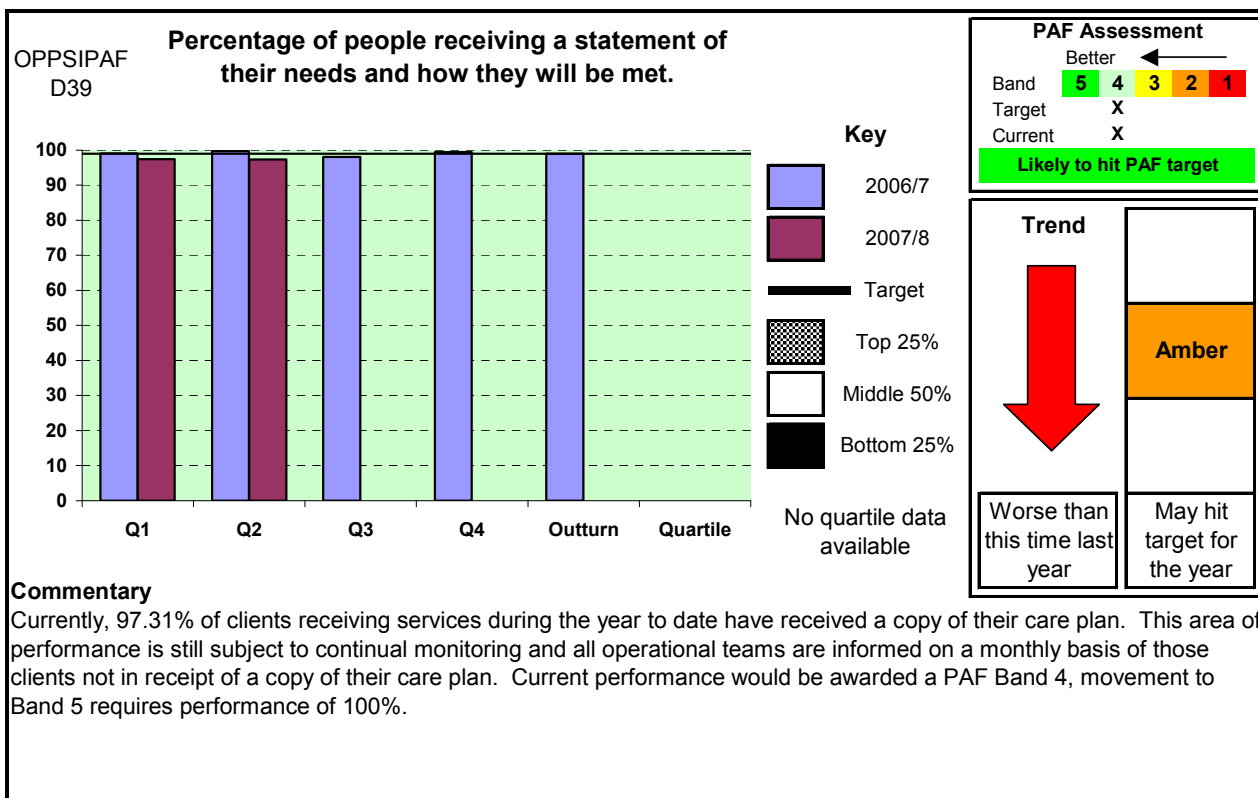
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
		Participate in the Urgent Care Pathway redesign work due to complete end of May 2007 to ensure social care perspective on how that journey can be improved and resourced.		Redesign is complete. A pilot is in operation, with work ongoing in relation to additional resource allocation by PCT.
OPS3	Ensure services are needs-led and outcome focussed and keep service users and carers, and those from hard to reach groups (including the black and minority ethnic community), at the centre of services	<i>Build on the success of both Carers Centres by developing new services for carers, eg, training course, extending complimentary therapies, to ensure Carers receive the help and support they need by March 2008.</i>		Carers continue to be provided with an extensive range of services by the Carers Centres. A range of new services have been developed including a bespoke employment scheme run by Halton People into Jobs.
		Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2008.		Carers assessors now in post, and are working on identifying additional carers towards meeting LPSA target.
		Create new sub-group of older people LIT and delegate carers grant to that group to manage by April 2007 to ensure better co-ordination and range of services for older carers and carers of older people.		Sub group in place, carers grant allocated as agreed by group.

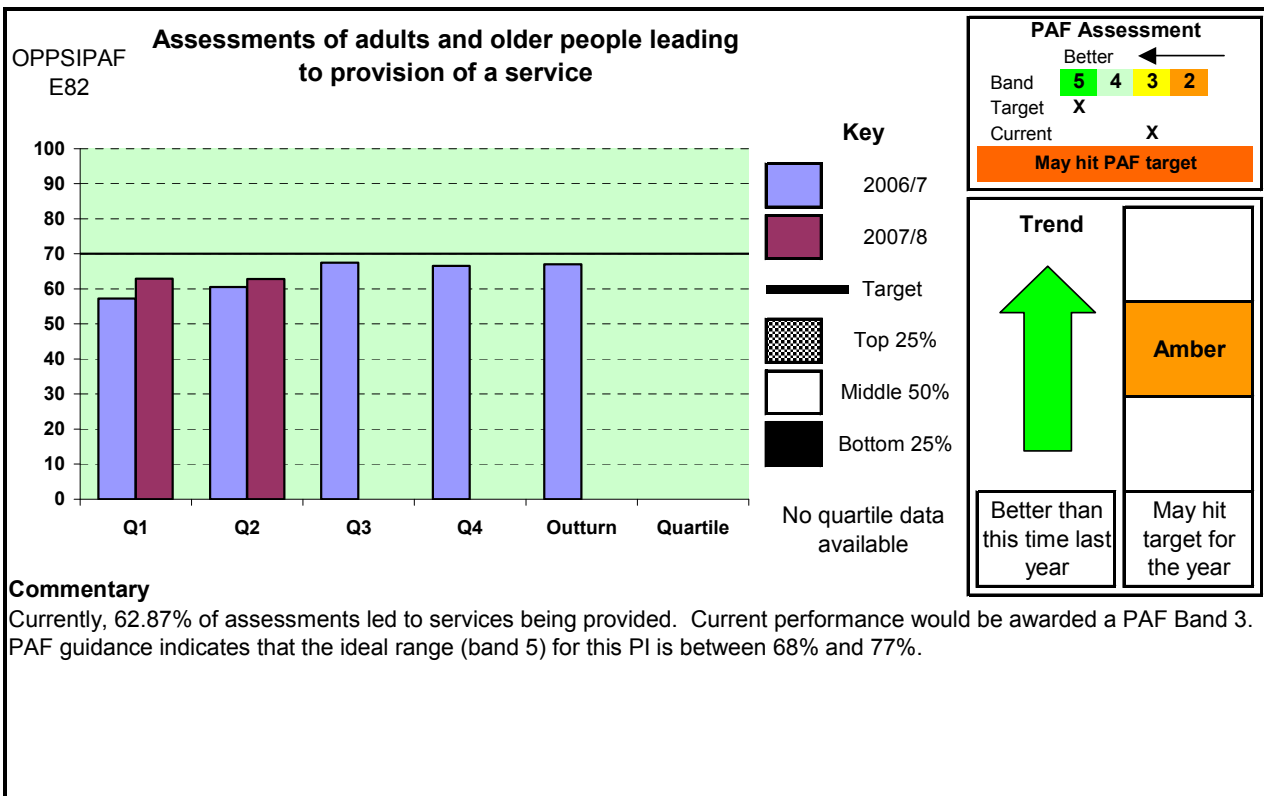
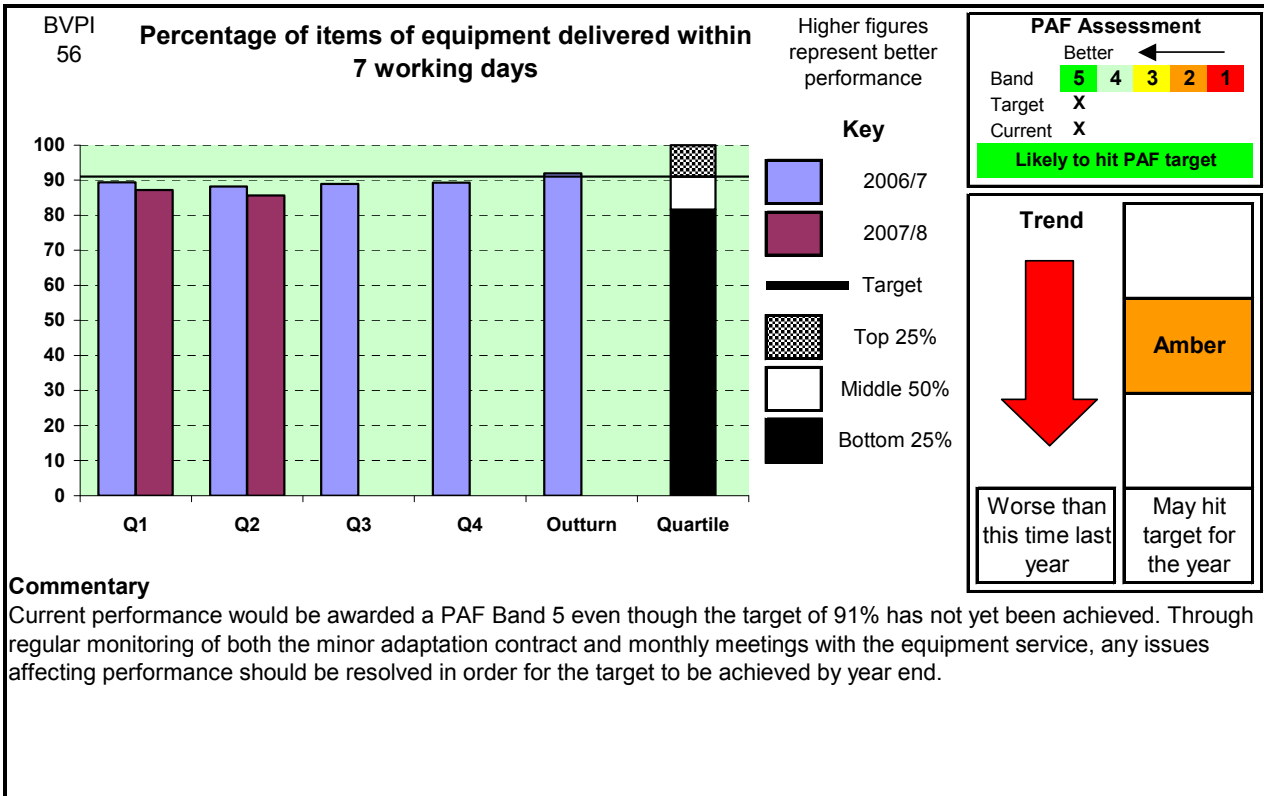
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS3 Continued		<i>A new services/initiative developed with Halton &amp; St Helen's PCT to identify carers via GP practices, hospitals and clinics, by December 2007 and ensure that older carers and carers of older people are identified. Work with Halton &amp; St Helen's PCT to improve the physical health of carers by Sept</i>		Proposals have been developed by Halton and St Helens PCT regarding how GP practices within the Halton and St Helens will provide an enhanced level of support to patients within their practices who are carers. Scheme awaiting approval by the Local Medical Committee.
		Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008		Numbers of carers of older people increasing. Detailed work continues with assessment teams within the directorate to ensure that increased numbers of carers receive an assessment, which leads to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are consider in detail at each meeting. Carers' assessors have been appointed to all social work teams. The directorate is on target to achieve its PAF target for this area and is working to achieve the carers LPSA target by 2009.

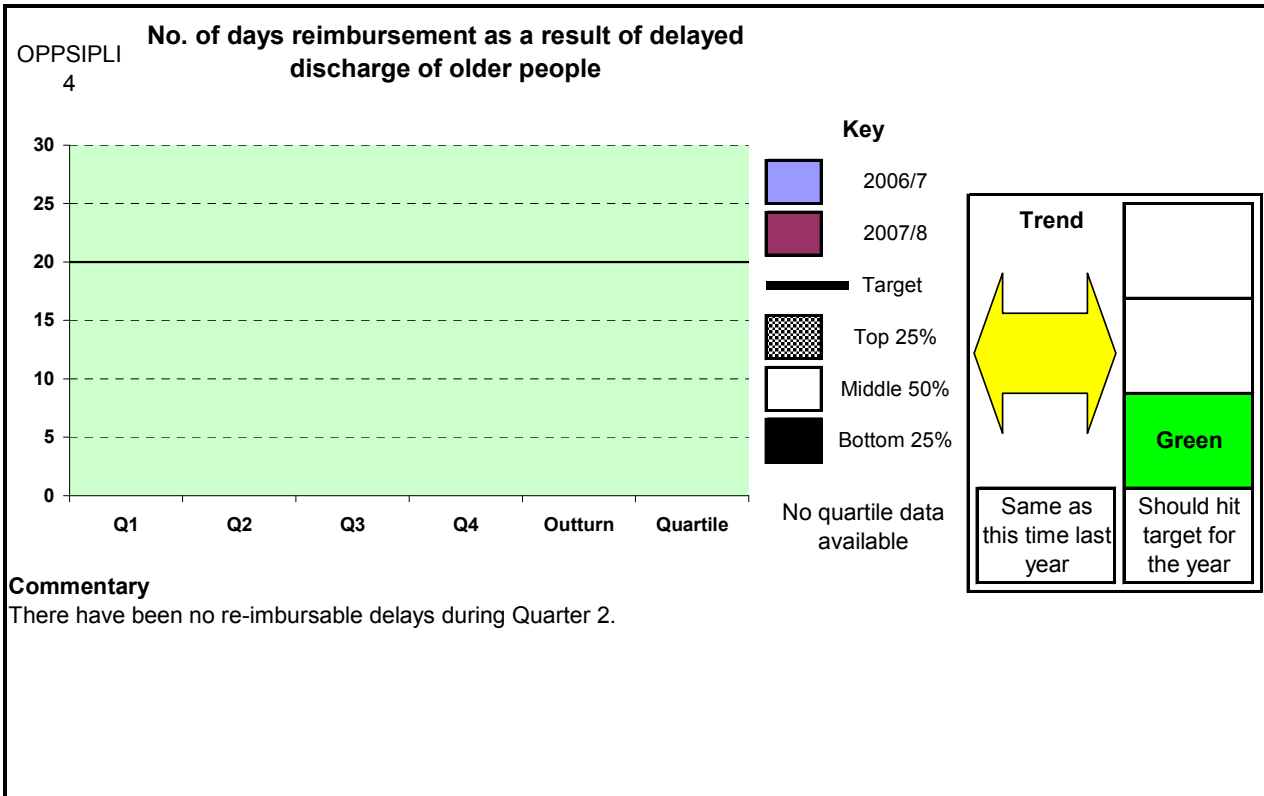
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
OPS3 Continued		Work with Cheshire Halton & Warrington Racial Equality Council (CHWREC) to increase carers services to the Black & Minority Ethnic (BME) community by June 2007		Work progressing with CHWREC regarding the promotion of carer services delivered by the Carers Centres etc to the BME community
		<i>Implement new model for carers Centres to increase access to additional funding by March 2009</i>		Project Manager commissioned to work with H&C, Carers & Voluntary Sector from Oct'07 to agree future model for delivery and facilitate transfer of Centres from Local Authority control by April 2008.
		<i>Working group developed with other LAs with similar BME population by December 2007</i>		Continue to develop and strengthen links with Cheshire, Halton, Warrington Racial Equality Council. A BME Inclusion Worker is due to start work during October, and has been employed to work with BME members of the community to identify and tackle any barriers which are preventing access to Social Care and Supporting People Services.




















Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress *	PAF band Target	PAF band Actual	PAF Progress *	Commentary
<b>Service Delivery Indicators</b>									
PAF C28/ BVPI 53/	Households (all adults) receiving intensive homecare (per 1000 population aged 65 or over) <i>Key Threshold &gt;8</i>	11.14	12	NYA	NYA	NYA	NYA	NYA	Indicator based on sample week in September and respective supplier invoices for actual delivery of home care. Available early November.
PAF C62/	No. of carers receiving a specific carers service as a %age of clients receiving community based services	10.2	11.5	7.29		4	3		The numbers of carers of older people is increasing. Detailed work continues with assessment teams within the directorate to ensure that increased numbers of carers receive an assessment leading to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are consider in detail ; each meeting. Carers' assessors have been appointed to all social work teams. The directorate is on target to achieve it's PAF target for this area and is working to achieve the carers LPSA target by 2009. (Links to objective AWA3 in Appendix 1)
<b>Quality of Service Indicators</b>									
PAF D37/	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		5	5		Single Rooms are available for all service users.
PAF D41/	No. of delayed transfers of care (all ages) per 100,000 population aged 65 or over	29	27	NYA	NYA	4	NYA	NYA	Data not yet available for this indicator.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress *	PAF band Target	PAF band Actual	PAF Progress *	Commentary
PAF D55/ BVPI 195/	Acceptable waiting times for assessment  <i>Key Threshold &gt;60%</i>	83.5	83	84.16		3	3		Progressing satisfactorily, the target is currently being exceeded.
PAF D56/ BVPI 196/	Acceptable waiting times for care packages  <i>Key Threshold &gt;60%</i>	92.6	93	89.57		5	4		Although the reported performance at the end of quarter 2 is below target, Sampling of this area of work from quarters 1 and 2 indicates that the target will be achieved by year-end.
<b>Fair Access Indicators</b>									
PAF E47/ SA11	Ethnicity of older people receiving assessment	0.73	1.10	0.37		3	2		Small numbers of people with ethnicity other than white (1) out of approximately 514 older people receiving an assessment. This indicator is subject to great fluctuation given the small numbers of non-white clients and in the general population.
PAF E48/ SA11	Ethnicity of older people receiving services following assessment	1.43	1.00	1.53		3	2		Out of approximately 342 assessments which led to provision of service, 1 client had ethnicity other than white. This indicator is subject to great fluctuation given the small numbers of non-white clients and in the general population.
OP LPI 2/ SA8 & 10	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	32.5%	27%	NYA	NYA	N/A – not a PAF indicator			Indicator based on a sample week in September and respective supplier invoices for actual delivery of home care. Available early November.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress *	PAF band Target	PAF band Actual	PAF Progress *	Commentary
OP LPI 3/ SA11	Percentage of adults assessed in year where ethnicity is not stated <i>Key Threshold &lt;10%</i>	0.5	0.2	2.92		N/A – not a PAF indicator			Current performance is 2.92% unknown ethnicity. The production of monthly reports listing all clients whose ethnicity is unknown by each team should ensure the target figure will be met.
OP LPI 5/ SA11	Percentage of adults with one or more services in year where ethnicity is not stated <i>Key Threshold &lt;10%</i>	0.2	0.2	0.31		N/A – not a PAF indicator			Current performance is 0.31% unknown ethnicity. Production of monthly exception reports will ensure the target will be met.
<b>Cost &amp; Efficiency Indicators</b>									
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	28	28	NYA	NYA	5	NYA	NYA	Indicator based on a sample week in September and respective supplier invoices for actual delivery of home care. Available early November.
PAF B12/ SA11	Cost of intensive social care for adults and older people	£471	£410	NYA	NYA	NYA	NYA	NYA	Actual unit cost not available until completion of accounts in June/July 2008
PAF B17/ SA11	Unit cost of home care for adults and older people	£14.80	£15.20	NYA	NYA	NYA	NYA	NYA	Actual unit cost not available until completion of accounts in June/July 2008.

LPSA Ref.	Indicator	Baseline	Target	Perform 06/07	Perform 07/08 Q2	Traffic light	Commentary
8	<b>Improved care for long term conditions and support for carers.</b>  1. Number of unplanned emergency bed days (Halton PCT registered population)	58,649 (04/05)	-6% to 55,130 (31/03/09)	51,977	34278		<p>The projected 07-08 year end estimated figure of emergency bed days for the over 65's is 34,278, 34% down on the same period in 2006-07.</p> <p>The data supplied for August and September 2007 are estimated months using the April to July available data. The Projected figure for the year includes some estimation, i.e. August 2007 – March 2008.</p>
	2. Number of carers receiving a specific carer service from Halton Borough Council and its partners, after receiving a carer's assessment or review	195 (last six months of 04/05)	600 (31/03/09)	419	270		<p>Numbers of carers of older people increasing. Detailed work continue with assessment teams within the directorate to ensure that increase numbers of carers receive an assessment, which leads to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are consider in detail at each meeting. Carers assessors have been appointed to all social work teams. The directorate is on target to achieve its PAF target (PAF C62) for this area and is working to achieve the carers LPSA target by 2009.</p>

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
OPS3	<p><b>Develop new model to increase access to new funding for Carers Centres by March 2008:</b>  <b>Risk Identified</b> - Carers may not support this.</p> <p><b>Risk Treatment Measure:</b>  Continue to work with carers, St Helen's and the Princess Royal Trust. Options appraisal and impact assessment to be undertaken.</p>	May 2007		An external consultant has been appointed to support the transfer which should be completed by March 2008
OPS3	<p><b>Work with Halton &amp; St Helen's PCT to improve the physical health of carers by Sept 2007:</b>  <b>Risk Identified</b> – Service development with PCT does not take place.</p> <p><b>Risk Treatment Measure:</b>  Work with PCT to identify Lead and regularly report back to PCT Management Team.</p>	Sept 2007		PCT has identified lead who attend Carers Strategy group

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007  (Sue Rothwell)		Secured funding through Supporting People for a post that will form part of the Community Bridge Building Team to work on this action and wider issues/needs for BME groups. The post should be appointed to by the end of Sept 2007 and is funded until March 2008.
Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007  (John Gibbon)		<p>In Progress. Within target timescale Communications and Marketing Team aim to have in place a welcome button on the front page of the website in 5 main languages (now including Polish) that will link to the attached</p> <p>यदि आप की पहली भाषा अंग्रेजी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फोन करें या hdl@halton.gov.uk पर ई-मेल भेजें</p> <p>Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk</p> <p>如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联系我们。</p> <p>اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0151 907 8300 پر فون یا hdl@halton.gov.uk پر ای میل کریں</p> <p><b>If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk</b></p>
Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008  (Janet Wood)		Two principal managers and one service user completed an audit of nine buildings in January 2007. Information is awaited from Property Services in relation to costings.

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans and monitoring reports.

## HEALTH &amp; COMMUNITY – OLDER PEOPLE

Revenue Budget as at 30<sup>th</sup> September 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Employees	5,107	2,554	2,466	88	2,584
Premises Support	241	0	0	0	0
Other Premises	40	10	7	3	7
Food Provisions	47	23	23	0	24
Supplies & Services	224	111	88	23	136
Transport	200	72	53	19	57
Departmental Support Services	1,506	0	0	0	0
Central Support Services	400	0	0	0	0
Community Care:					
Residential Care	7,817	3,232	3,143	89	3,143
Nursing Care	566	243	248	(5)	248
Home Care	2,085	894	868	26	877
Supported Living	404	173	146	27	146
Day Care	42	17	28	(11)	28
Meals	40	16	49	(33)	112
Direct Payments	237	101	137	(36)	137
Other Agency	437	70	27	43	27
Specific Grants	99	0	0	0	0
Access & Systems Cap. Grant	273	0	0	0	0
Asset Charges	50	0	0	0	0
<b>Total Expenditure</b>	<b>19,815</b>	<b>7,516</b>	<b>7,283</b>	<b>233</b>	<b>7,526</b>
<i>Income</i>					
Residential Fees	-3,025	-1,296	-1,286	(10)	-1,286
Pump Priming Grant	-50	0	0	0	0
Fees & Charges	-762	-381	-421	40	-421
Preserved Rights Grant	-106	-35	-34	(1)	-34
Supporting People Grant	-906	-206	-200	(6)	-200
Access & Systems Cap. Grant	-1,636	-955	-956	1	-956
Delayed Discharges Grant	-243	-121	-121	0	-121
Preventative Technology Grant	-132	-76	-75	(1)	-75
Nursing Fees - PCT	-467	-150	-143	(7)	-143
PCT Reimbursement	-20	-10	-10	0	-10
Joint Finance - PCT	-31	-15	-16	1	-16
Other Reimbursements	-6	-3	-88	85	-88
<b>Total Income</b>	<b>-7,384</b>	<b>-3,248</b>	<b>-3,350</b>	<b>102</b>	<b>-3,350</b>
<b>Net Expenditure</b>	<b>12,431</b>	<b>4,268</b>	<b>3,933</b>	<b>335</b>	<b>4,176</b>

**Comments on the above figures:**

In overall terms revenue spending on Older People's services is currently £335k below budget, including commitments. This is due to the under spend on community care and the overachievement of income.

Salary costs are slightly over budget at the mid point of the year. Strict control has been exercised over the use of agency staff and variances for Social Worker posts. Vacant posts have been recruited to promptly again reducing the dependency on agency staff for the service. The pay award for 2007/8 has still not yet been agreed and this will significantly reduced the under spend.

Community Care budgets have been realigned in quarter two, budgets has been transferred from Residential care to Homecare as more Older People are helped to live at home than in previous years. This budget is known to fluctuate throughout the year depending on client demand. However in the first six months of the year there was an increase usage of residential and nursing care than anticipated due to earlier discharges from hospital at an increasing level of need. Community care expenditure relating to meals is expected to be higher than budget at the end of the financial year which is reflected in the large commitment figure.

Fees and charges are currently higher than anticipated at this stage of the year due in the main to the Nursing fees budget overachieving. The proportion of service users paying higher contributions, or even the full cost of their care has increased, particularly within Runcorn.

Additional income has also been received in the form of reimbursements from the PCT to fund increased capacity in Intermediate care in line with the principle of 50% Health & Social Care funding.



## HEALTH &amp; COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30<sup>th</sup> September 2007




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Recipe For Health	29	14	7	7	7
Five A Day Programme	49	24	0	24	0
Vulnerable Adults Task Force	592	296	163	133	163
<b>Vol. Sector Counselling Proj.</b>	39	20	8	12	8
Info. Outreach Services	34	17	9	8	9
Reach for the Stars	34	17	8	9	8
<b>Carer Support Development</b>	49	24	12	12	12
Healthy Living Programme	98	49	24	25	24
Advocacy	63	32	28	4	28
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	28	14	18	(4)	18
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	27	13	7	6	7
Grassroots Development	18	9	5	4	5
Alcohol Harm Reduction	43	21	-21	42	-21
Domestic Violence	77	38	18	20	18
<b>Total Expenditure</b>	<b>1,180</b>	<b>588</b>	<b>286</b>	<b>302</b>	<b>286</b>

**HEALTH & COMMUNITY****Capital Budget as at 30<sup>th</sup> September 2007**

	Actual Spend to 30th Sept £000	2007/08 Capital Allocation £000
<b>Social Care &amp; Health</b>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	100	178
PODS (Utilising DFG)	0	40
Bredon Improvements	13	24
Improvement of Care Homes	127	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	0	12
<b>Total Spending</b>	<b>240</b>	<b>528</b>

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective will not be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target will not be achieved</u> unless there is an intervention or remedial action taken.</p>

## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community  
**SERVICE:** Adults of Working Age  
**PERIOD:** Quarter 2 half-year to period-end 30 September 2007.

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department second quarter period up to half year 30 September 2007. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 7

### 2.0 KEY DEVELOPMENTS

A project has been undertaken and its first phase completed to develop a pilot In Control/Individualised budgets for learning disabilities and physical and sensory disability services. An analysis of this early work will be undertaken and an action plan to take forward a second phase developed.

There is a project in learning disability services that is being taken forward with the North West Training Development Team and supported by Commission for Social Care Inspection(CSCI) to develop person centred reviews with people with Profound and multiple Disabilities This will be a tripartite project with neighbouring authorities and will focus on Person Centred Planning Review training and development for Care Managers this will commence in October.

A key development in physical and sensory disability services is agreement to begin a work topic with members to review the voluntary sector contracts, preparatory work has begun with the project work beginning in October.

A new sub group to support the achievement of the LPSA target on Physical and Sensory Disability carers has been established, this will identify targets and developments with the carers grant and other carers issues an action plan is to be developed.

Following the improvement review of Community Mental Health Services, an Action Plan was developed. This has been monitored regularly through the Mental Health Local Implementation Team(LIT),

and a Project Manager has been appointed to delivery some of the key targets. Progress on the Action Plan was monitored by CSCI and the Health Care Commission at a meeting on 5<sup>th</sup> October 2007, and it has been agreed as a result by the Inspectorate that they will no longer be monitoring the Action Plan. It is expected that all actions in the Action Plan will be completed by March 2008.

Part time Social Work posts in the Crisis Resolution/Home Treatment Service and the Primary Care Support Team: these posts are to be advertised in November 2007.

Mental Capacity Act: the steering group for the implementation of the Act continues to meet, and has good multi disciplinary representation. The training programme continues, and in 2008 will be targeting specialist service areas. Publicity continues to be developed, and information is available on the Borough Council web site.

“Change for the Better” – 5 Borough’s redesign: this continues to be implemented, and most of the changes have now taken place. Single sex wards are in place, Staff have been re-deployed, and new services are running. The patients from Frodsham and Helsby have now been transferred back to Cheshire. Progress against objectives is scrutinised each month by the Mental Health LIT.

Mental Health Partnership Board: this meets on a monthly basis, and has agreed that the full partnership will be implemented as from the 1<sup>st</sup> November 2007. As a result, all Health and Social Mental Health Services provided through the Council and 5 Borough’s will be fully accountable to the Partnership Board, and through the board to the separate organisations.

Emergency Duty Team: the new service with St. Helens was successfully delivered on the 1<sup>st</sup> October 2007. Considerable work went on by the IT and Information Services in both councils, and safe mechanisms for the access to and transfer of information have been devised. This continues to be under review. A partnership board is in place, with senior representatives from both councils, and this meets monthly. All staff have been appointed, and are in place at their base in the Halton Contact Centre.

Carers Assessments: these continue to be the focus of considerable attention. Meetings take place on a monthly basis with all services, and now include the new carers assessors, with a focus on performance of each team. The Council is on track to achieve it’s PAF target for carers, and is working towards achievement of a LPSA target.

Bridge Building: this service has now been reviewed by the National Development Team, with very positive results. The initial target of 100 people to receive a service during the life time of the project has already been substantially exceeded, and feedback from service users is very

positive. It is expected that this service will become mainstream in 2008.

### 3.0 EMERGING ISSUES




We are looking to improve the way we develop our joint working arrangements and integrated services in the learning disability specialist community team and a reconfiguration of services has been formally agreed by the council and PCT to be taken forward

A Joint Commissioning Strategy for People with Physical and/or Sensory Disability Services has been developed and now formally agreed.

A Draft Transition Strategy has been developed for those moving from the care of Children Services into Adults Services, and a launch event is arranged for October 2007.

Deprivation of Liberty Safeguards; following the Royal Assent to the Mental Health Act 2007, the Mental Capacity Act 2005 has now been amended. This introduces safeguards for people who lack capacity, and who may be unable to leave their residential, nursing or hospital placements because of their capacity issues. This will require a detailed and complex process of implementation, which must be completed by the 1<sup>st</sup> October 2008. The Mental Capacity Act Steering Group is taking responsibility for both this and the delivery of the new Mental Health Act. In addition, agreement has been reached in principle with Halton & St Helens Primary Care Trust and St Helens Borough Council to pool revenue funding to develop a specialist Mental Capacity Act Co-ordinator post. This will now be considered by senior managers.

### 4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES

<b>Total</b>	<b>17</b>		<b>17</b>		<b>0</b>		<b>0</b>
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All of the seventeen milestones for the service are progressing satisfactorily at the half-year point. For further details, please refer to Appendix 1.

### 4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES

There are no other objectives for the service. Eleven milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

## 5.0 SERVICE REVIEW

In learning disability services there has been a review of respite services and we are developing services to offer a menu of short breaks services. We have recruited a temporary project manager from September '07 to March '08 to accelerate this.

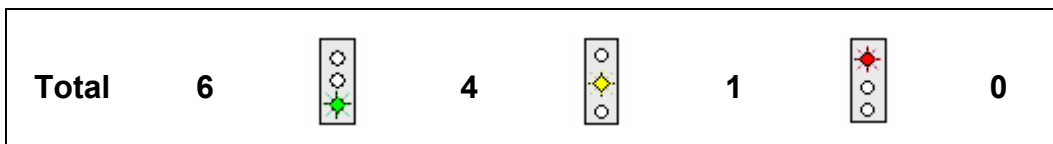
In learning disability services we have commissioned a Consultant Behaviour Analyst on a "behavioural solutions project" to continue to help us review the way services are delivered for people with complex needs, whose behaviour is experienced as difficult or challenging. We have a project brief, which will start incrementally by working with selected providers for two of the 24 hour supported living schemes for people with complex needs; the schedule of training and interventions commences in October 07 and continues into April 08.

In physical and sensory disability services the Progress in Sight benchmarking exercise is being completed and action plan will be implemented.

Improvement review of Community Mental Health Services: please refer to section 2.0 "Key Developments" above.

The review of Mental Health Day Services has now been completed, and is to be presented to senior management in November 2007.




## 6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



Of the six key performance indicators for the service, four are progressing satisfactorily at the half-year stage. The indicator that relates to people receiving a statement of needs (PAF D39) is slightly below target for the second quarter running, and an amber light has been assigned.

One further indicator (PAF B17 – unit cost of home care) has not been assigned a traffic light colour, as data will not be available until closure of accounts in June/July 2008. For further details, please refer to Appendix 2.

## 6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

<b>Total</b>	<b>18</b>		<b>13</b>		<b>3</b>		<b>0</b>
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Of the eighteen other indicators for the service, thirteen are progressing satisfactorily. Progress against three of the indicators at the half-year stage shows some uncertainty around the target being achieved (AWA 2 – learning disabled people into voluntary work, AWA 3 – physically disabled people into paid work, and AWA 5 – adults with mental health problems into paid work). Two indicators (PAF B11 and PAF B12) cannot be reported at the current time due to information not yet being available. These indicators will be reported at the earliest opportunity. For further details, please refer to Appendix 3.

## 7.0 PROGRESS AGAINST LPSA TARGETS

There are no LPSA targets for this service. The service contributes towards an LPSA around providing services to carers, which is in the Older People's Services service plan, and is reported in the Older People's Services quarterly monitoring report.

## 8.0 RISK CONTROL MEASURES

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is monitored and reported.

The service is monitoring seven risk treatment measures, five of which are on track. Two are currently subject to some uncertainty. For further details, please refer to Appendix 4.

## 9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS






During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority is reported in Appendix 5.



## 10.0 APPENDICES





Appendix 1- Progress against Key Objectives/ Milestones  
Appendix 2- Progress against Key Performance Indicators  
Appendix 3- Progress against Other Performance Indicators









Appendix 4- Progress against Risk Control measures Appendix 5- Progress against high priority equality actions Appendix 6- Financial Statement Appendix 7- Explanation of traffic light symbols
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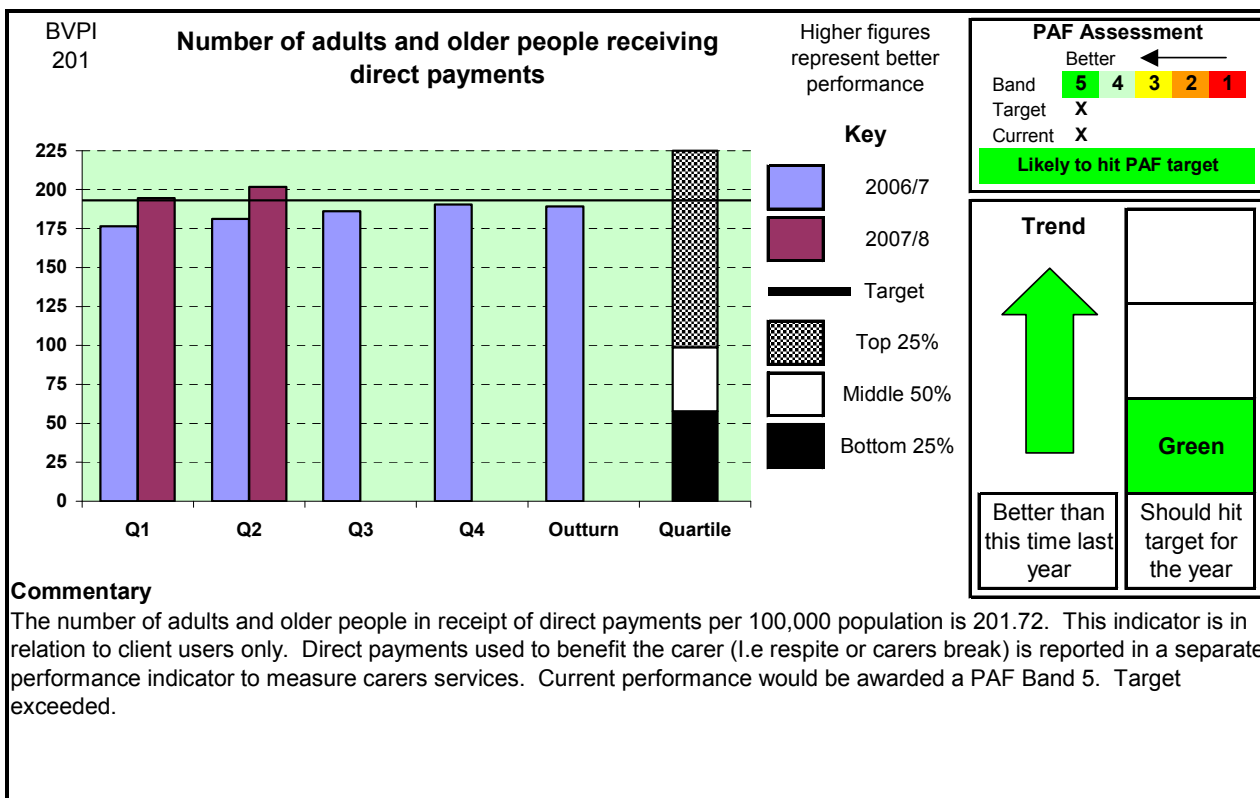
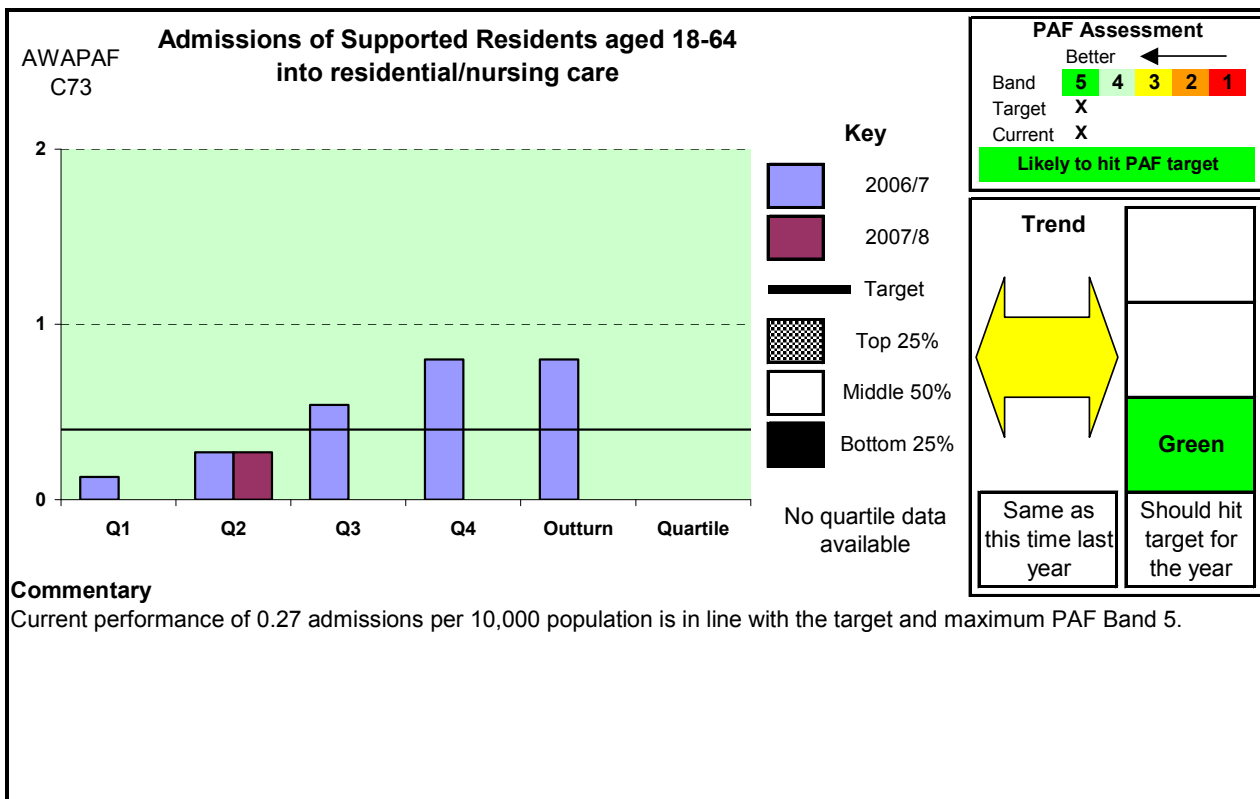
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date	Commentary
AWA1	To work in partnership across traditional boundaries, always keeping service users and carers at the centre of the service, to strengthen service delivery to hard to reach groups, including those from the BME community, and to ensure that services are needs-led and outcome focussed.	<i>Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007</i>		Expenses Policy is now being piloted across the Directorate and has been warmly greeted by service users.
		Consult the BME community with the assistance of the Cheshire Halton & Warrington Racial Equality Council (CHAWREC) to ascertain whether services are meeting the needs of this community by April 2007		Consulted with CHAWREC last year. As reported in quarter 1 a report was produced identifying areas to focus upon. In response to this training dates have now been identified.
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective by March 2008		A project team continues to carry out this work in agreed timescales and will be reviewed December.
		<i>Review the policies and protocols in place for transitional arrangements to ensure children moving from Children's to Adults services receive a seamless service by Sept 2007</i>		A Transition Strategy is currently the subject of consultation and will be launched in October. Protocols have been strengthened through an action plan.
		<i>Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring staff are familiar with and follow safeguarding processes by March 2008</i>		Team plans identify actions required to achieve this objective and are monitored through the Divisional Management team.

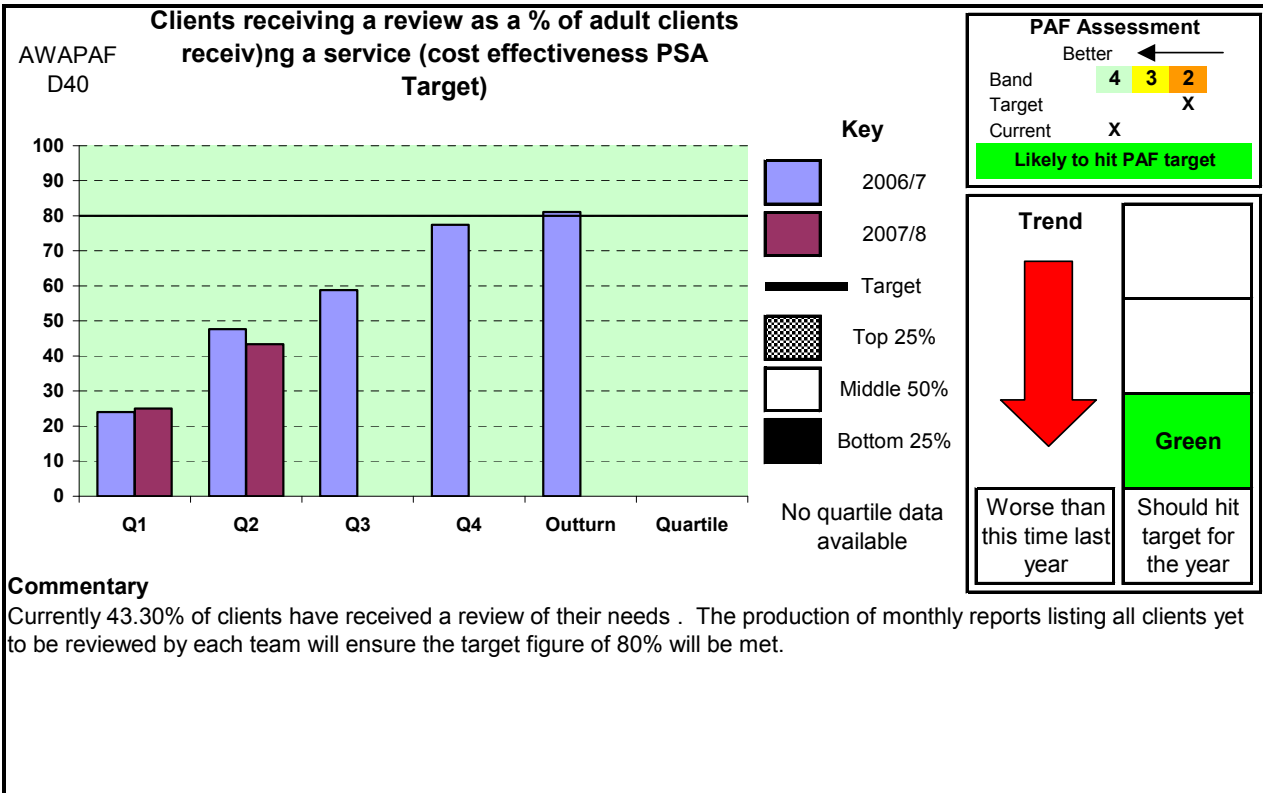
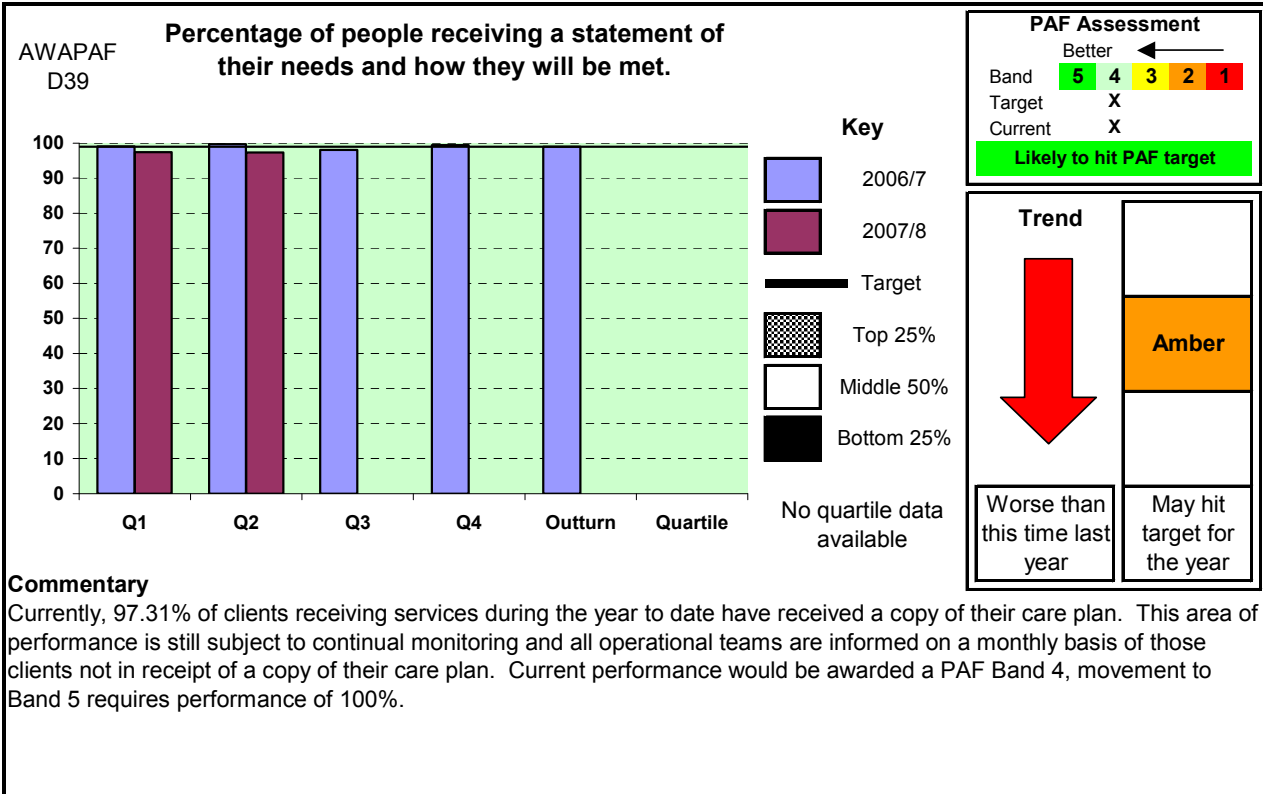
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date	Commentary
AWA2	To continue to modernise mainstream socially inclusive opportunities by implementing meaningful daytime activities and maximising employment opportunities for all vulnerable people to promote independence and community inclusion	Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008		15 service users have been referred to the Community Bridge Building service. 5 service users referral are on hold at their request. 10 service users are on the referral waiting list. 6 service users are actively pursuing personal choice based activities. 1 service users day service has reduced from 5 days to 3 as a direct result of the referral to Community Bridge Building team as they now access college. 1 direct referral has been received from the Care Management team for day services. 1 referral has been made for day services after the initial referral to the Community Bridge Building Team.
		<i>Implement action plan for the National Service Framework for Long Term Conditions by March 2008</i>		The action plan will now be refined and priorities agreed.

Service Plan Ref.	Objective	<b>2007/08 Key Milestone</b> <i>Italic = Q2 &amp; Q4 only</i>	Progress to date	Commentary
		<i>Contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008</i>		The Borough Council continues to be fully represented on the steering group to deliver the local changes for "Change for the Better". In addition, progress is monitored closely through the Mental Health Partnership Board. The development of the Bridge Building Service, and the review of Day Services, will contribute to enhance social inclusion for service users with Mental Health problems in Halton in 2008.
		Implement "In Control" model pilot for people with learning disabilities and physical/sensory disabilities by Sept 2007		The first phase of the project has been undertaken and a half-day event will be held in November with senior managers to agree how to take the next phase forward.
		<i>Continue to increase the number of people supported into employment, training, etc, by March 2008</i>		Expressions of interest are currently being sought to assist the service to develop a strategy with clear targets.
		<i>Complete review of the Independent Living Centre in partnership with the PCT by June 2007</i>		Review complete. The final report on the ERDF project is near completion and will be on time. The leasing arrangements of the ILC with the PCT is undergoing amendment and will be finalised within 3 months notwithstanding unforeseen events.

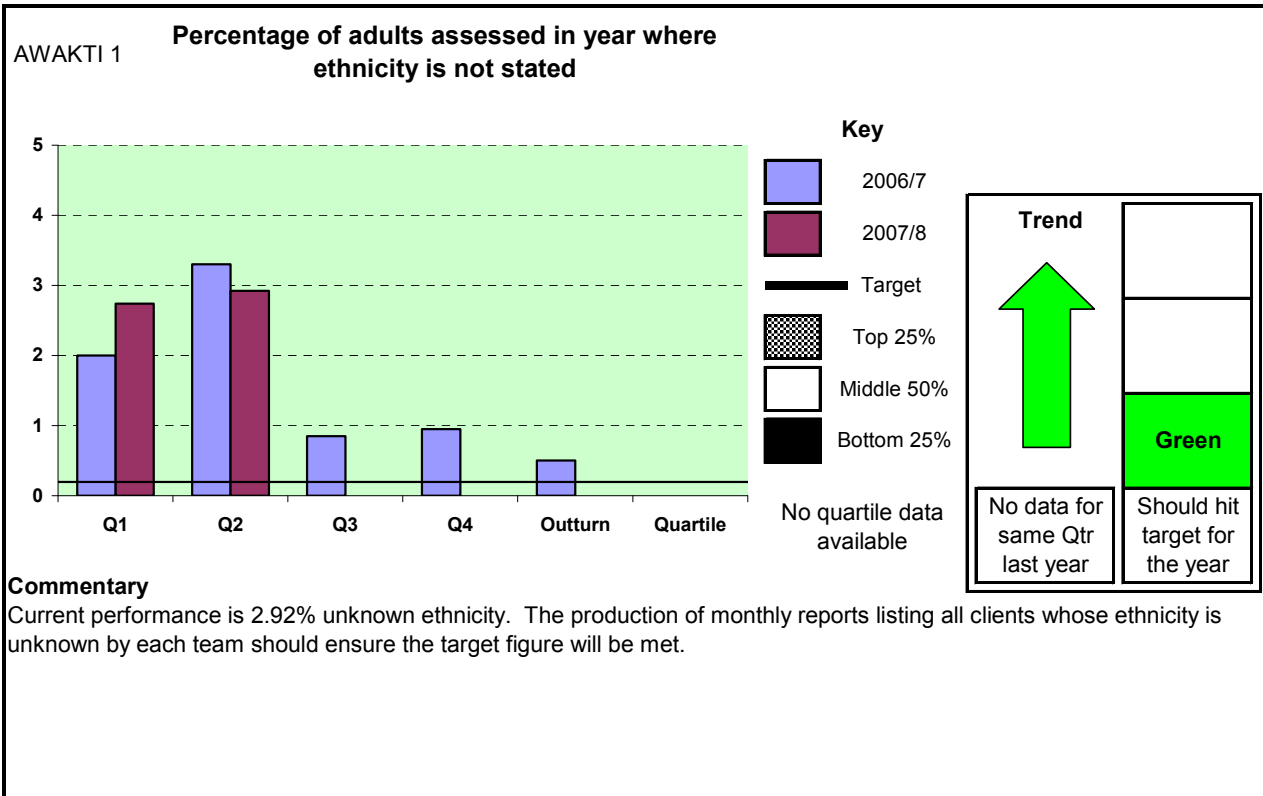
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date	Commentary
AWA3	To develop and improve a range of services and support for carers in accordance with the Carers Strategy to ensure carers needs are met and to support the delivery of the Carers LPSA Target	<i>Build on the success of both Carers Centres by developing new services for carers, eg, training courses, extending complementary therapies, to ensure Carers receive the help and support they need by March 2008</i>		Carers continue to be provided with an extensive range of services by the Carers Centres. A range of new services have been developed including a bespoke employment scheme run by Halton People into Jobs.
		Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2008		Carers assessors in post, identifying additional carers towards meeting LPSA target.
		<i>Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008</i>		Numbers of carers of older people increasing. Detailed work continues with assessment teams within the directorate to ensure that increased numbers of carers receive an assessment, which leads to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are consider in detail at each meeting. Carers assessors have been appointed to all social work teams. The directorate is on target to achieve its PAF target for this area and is working to achieve the carers LPSA target by 2009.
		<i>Work with the Cheshire Halton &amp; Warrington Racial Equality Council to increase carers services to the BME community by June 2007</i>		Work progressing with CHWREC regarding the promotion of carer services delivered by the Carers Centres etc to the BME community

Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date	Commentary
		Develop new model to increase access to new funding for Carers Centres by March 2008		Project Manager now commissioned to work with H&C, Carers & Voluntary Sector from Oct 07, to agree future model for delivery and facilitate transfer of Centres from Local Authority control by April 2008.
		<i>Work with Halton &amp; St Helen's PCT to improve the physical health of carers by Sept 2007</i>		The Health of Carers is a work topic for Healthy Halton Policy and Performance Board and will be reported back to the Board by March 2008.
















Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress	PAF band Target	PAF band Actual	PAF Progress	Commentary
<b>Service Delivery Indicators</b>									
PAF C29/ SA3	Adults with physical disabilities helped to live at home	7.6	7.4	7.59		5	5		Currently, 7.59 adults with physical disabilities are helped to live at home per 1000 population. Target has already been exceeded. This performance will be awarded a PAF Band 5.
PAF C30/ SA3	Adults with learning disabilities helped to live at home	4.3	4.3	4.31		5	5		Currently, 4.31 adults with learning disabilities are helped to live at home per 1000 population. Target has been met. This performance will be awarded a PAF Band 5.
PAF C31/ SA3	Adults with mental health problems helped to live at home	3	3.2	3.16		5	5		Currently, 3.16 adults with mental health problems are helped to live at home per 1000 population. This performance will be awarded a PAF Band 5.
PAF C62/	No. of carers receiving a specific carers service as a %age of clients receiving community based services	10.2	11.5	7.29		4	3		The numbers of carers of older people is increasing. Detailed work continues with assessment teams within the directorate to ensure that increased numbers of carers receive an assessment leading to the provision of a service. Monthly meetings take place with the services, which are attended by the carers assessors, and performance and recording agendas are considered in detail at each meeting. Carers' assessors have been appointed to all social work teams. The directorate is on target to achieve its PAF target for this area and is working to achieve the carers LPSA target by 2009. (Links to objective AWA3 in Appendix 1)




Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress	PAF band Target	PAF band Actual	PAF Progress	Commentary
<b>Quality of Service Indicators</b>									
PAF D37/	Availability of single rooms for adults & older people entering permanent residential / nursing care	100	100	100		5	5		Single Rooms are available for all service users.
PAF D55/ BVPI 195/	Acceptable waiting times for assessment <i>Key Threshold &gt;60%</i>	83.5	83	84.16		3	3		Progressing satisfactorily, the target is currently being exceeded.
PAF D56/ BVPI 196/	Acceptable waiting times for care packages <i>Key Threshold &gt;60%</i>	92.6	93	89.57		5	4		Although the reported performance at the end of quarter 2 is below target, Sampling of this area of work from quarters 1 and 2 indicates that the target will be achieved by year-end.
<b>Fair Access Indicators</b>									
AWA KTI 2/ SA2	Percentage of adults with one or more services in the year where ethnicity is not stated <i>Key Threshold &gt;10%</i>	0.6	0.2	0.31		<i>N/A – not a PAF indicator</i>			Current performance is 0.31% unknown ethnicity. Production of monthly exception reports will ensure the target will be met.
AWA 1/ SA5	Number of learning disabled people in work per 10,000 population 18-64	4.30	2.70	3.72		<i>N/A – not a PAF indicator</i>			Currently there are 28 clients in paid work. Target has been exceeded.
AWA 2/ SA5	Number of learning disabled people in voluntary work per 10,000 population	9.26	10.1	6.91		<i>N/A – not a PAF indicator</i>			Currently there are 52 clients in voluntary work which equates to an indicator value of 6.91. To achieve the target of 10.1, a further 23 clients are required.
AWA 3/ SA5	Number of physically disabled people in paid work per 10,000 population	5.5	7.4	3.85		<i>N/A – not a PAF indicator</i>			Currently, there are 29 clients in paid work which equates to an indicator value of 3.85. To achieve the target of 7.4, a further 27 clients are required.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress	PAF band Target	PAF band Actual	PAF Progress	Commentary
AWA 4/ SA5	Number of physically disabled people in voluntary work per 10,000 population	2.42	2.0	1.60		N/A – not a PAF indicator			Currently, there are 12 clients in voluntary work which equates to an indicator value of 1.60. To achieve the target of 2.0, only 3 further clients are required and it is anticipated that the target will be achieved.
AWA 5/ SA5	Number of adults with mental health problems in paid work per 10,000 population	4.7	6.7	4.12		N/A – not a PAF indicator			Currently, there are 31 clients in paid work which equates to an indicator value of 4.12. To achieve the target of 6.7, a further 20 clients are required.
AWA 6/ SA5	Number of adults with mental health problems in voluntary work per 10,000 population	2.42	2.0	1.73		N/A – not a PAF indicator			Currently, there are 13 clients in voluntary work which equates to an indicator value of 1.73. To achieve the target of 2.0, only 2 further clients are required and it is anticipated that the target will be achieved.
AWA 7/ SA2	Percentage of carers on the carer's database as a percentage of the number of carers identified in the 2001 census in Halton	29%	25%	31%		N/A – not a PAF indicator			The total numbers of Carers in Carerfirst 4,246. This sum divided by the numbers of carers identified in the 2001 census (13,528) provides a percentage of 31%
AWA 8/ SA3& 4	Percentage of Carer assessments completed for adults	29.38 %	50%	32.11%		N/A – not a PAF indicator			This is cumulative indicator. At the half year stage, progress is satisfactory. Carers' assessments are monitored on a monthly basis via monthly reports and performance meetings.
<b>Cost &amp; Efficiency Indicators</b>									
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	28	28	NYA	NYA	5	NYA	NYA	Indicator based on a sample week in September and respective supplier invoices for actual delivery of home care. Available early November.

<b>Ref</b>	<b>Indicator</b>	<b>Actual 06 / 07</b>	<b>Target 07 / 08</b>	<b>Quarter 2</b>	<b>Progress</b>	<b>PAF band Target</b>	<b>PAF band Actual</b>	<b>PAF Progress</b>	<b>Commentary</b>
PAF B12/ SA11	Cost of intensive social care for adults and older people	£471	£410	NYA	NYA	NYA	NYA	NYA	Actual unit cost not available until completion of accounts in June/July 2008.

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
AWA 2	<p><b>Continue to modernise mainstream socially inclusive opportunities:</b></p> <p><b>Risk Identified</b> – Resistance to move away from traditional segregated services leads to services remaining unchanged, with poor outcomes for service users.</p> <p><b>Risk Treatment Measures:</b></p> <ul style="list-style-type: none"> <li>- In Control facilitates move towards individual, outcome focussed services</li> </ul>	March2008		A project has been established and action plan developed in its first phase within Adult Learning Disability and Physical and Sensory Disability services.
	<ul style="list-style-type: none"> <li>- Development of Bridge Building service influences community capacity building and partnership work.</li> </ul>	March2008		Community Bridge Building service commenced on 15 <sup>th</sup> January 2007 as a project funded until the 31 <sup>st</sup> March 2008. In the first two weeks of this service an intensive capacity building and community mapping exercise commenced and has been ongoing for the past 10 months. Informal partnerships have been developed with teams from statutory organisations, health partners, independent and voluntary organisations and mainstream services.
	<ul style="list-style-type: none"> <li>- Current day service modernisation develops meaningful daytime activity within community settings</li> </ul>	March 2008		The Project group will implement the action plan following the Work Topic on this reported to Healthy Halton PPB in June 2007. The action plan will continue to be implemented through 2008
	<ul style="list-style-type: none"> <li>- Joint working with Employment &amp; Enterprise Service creates wider opportunities for people to access employment.</li> </ul>	March 2008		A strategy is to be established with targets to increase employment opportunities by march 2008
	<ul style="list-style-type: none"> <li>- Mental Health Partnership Board consolidates integrated, community services with the 5BP.</li> </ul>	December 2007		Agreement has been reached in the Partnership Board to integrate Community Mental Health Teams by the end of the calendar year

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
AWA 3	<p><b>Develop new model to increase access to new funding for Carers Centres by March 2008:</b>  <b>Risk Identified</b> - Carers may not support this.</p> <p><b>Risk Treatment Measure</b> – Continue to work with carers, St Helen’s and the Princess Royal Trust. Options appraisal and impact assessment to be undertaken by May 2007.</p>	May 2007		An external consultant has been appointed to support the transfer which should be completed by March 2008
	<p><b>Work with Halton &amp; St Helen’s PCT to improve the physical health of carers by Sept 2007:</b>  <b>Risk Identified</b>– Service development with PCT does not take place.</p> <p><b>Risk Treatment Measure</b> – Work with PCT to identify Lead and regularly report back to PCT Management Team.</p>	Sept 2007		PCT has identified lead who attend Carers Strategy group

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007  (Sue Rothwell)		Secured funding through supporting people for a post that will form part of the Community Bridge Building Team to work on this action and wider issues/needs for BME groups. The post should be appointed to by the end of Sept 2007 and is funded until March 2008.
Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007  (John Gibbon)		<p>In Progress. Within target timescale Communications and Marketing Team aim to have in place a welcome button on the front page of the website in 5 main languages (now including Polish) that will link to the attached</p> <p>यदि आप की पहली भाषा अंग्रेजी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फोन करें या hdl@halton.gov.uk पर ई-मेल भेजें</p> <p>Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk</p> <p>如果您的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联系我们。</p> <p>اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 0151 907 8300 پر فون یا hdl@halton.gov.uk پر ای میل کریں</p> <p><b>If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk</b></p>
Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008  (Janet Wood)		Two principal managers and one service user completed an audit of nine buildings in January 2007. Information is awaited from Property Services in relation to costings.

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans and monitoring reports.



## HEALTH &amp; COMMUNITY – ADULTS OF WORKING AGE (ALD, MH, PSD)

Revenue Budget as at 30<sup>th</sup> September 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Staffing	2,688	1,344	1,327	17	1,454
Premises	139	0	0	0	0
Other Premises	59	31	27	4	27
Joint Equipment Service	110	0	0	0	0
Other Supplies & Services	247	107	58	49	115
Food Provisions	10	5	5	0	6
Aid & Adaptations	124	62	46	16	127
Transport of Clients	559	279	215	64	363
Other Transport	18	9	10	(1)	10
Departmental Support Services	840	0	0	0	0
Central Support Services	183	0	0	0	0
Contract & SLAs	757	379	408	(29)	463
Emergency Duty Team	117	0	0	0	0
Community Care:					
Residential Care	1,232	528	516	12	516
Nursing Care	53	22	16	6	16
Home Care	360	155	250	(95)	250
Direct Payments	491	210	322	(112)	322
Supported Living	206	88	33	55	33
Day Care	26	11	8	3	8
Meals	3	1	1	0	11
Specific Grants	327	0	0	0	0
Asset Charges	192	0	0	0	0
Contribution to ALD Pooled Budget	6,062	2,459	2,987	(528)	3,073
<b>Total Expenditure</b>	<b>14,803</b>	<b>5,690</b>	<b>6,229</b>	<b>(539)</b>	<b>6,794</b>
<i>Income</i>					
Residential Fees	-205	-87	-47	(40)	-47
Fees & Charges	-93	-46	-49	3	-49
Preserved Rights Grant	-113	-113	-113	0	-113
Supporting People Grant	-364	-49	-23	(26)	-23
Mental Health Grant	-513	-330	-329	(1)	-329
Carer Grant	-518	-442	-443	1	-443
Mental Capacity IMCA Grant	-55	-55	-55	0	-55
Aids Support Grant	-5	-2	-8	6	-8
Nursing Fees – PCT	-53	-15	-9	(6)	-9
PCT Reimbursement	-203	-102	-180	78	-180
Other Income	-158	-79	-108	29	-8
<b>Total Income</b>	<b>-2,280</b>	<b>-1,320</b>	<b>-1,364</b>	<b>44</b>	<b>-1,264</b>
<b>Net Expenditure</b>	<b>12,523</b>	<b>4,370</b>	<b>4,865</b>	<b>(495)</b>	<b>5,530</b>

**Comments on the above figures:**

In overall terms spending at the end of quarter 2 (excluding the ALD pool budget) is £33k under budget however the ALD Pool is over budget by £528k, therefore Adults services is actually overspent by £495k against budget profile at this mid point stage of the year.

Although the staffing budget is currently more or less on track it must be remembered that the pay award has yet to be agreed and so this budget must continued to be monitored closely in order to achieve a balance budget including the staff savings targets.

Expenditure (including commitments) on the aids and adaptations budget is over budget, this area is difficult to predict as it depends on how many applications are put to panel. It is anticipated that this budget will be overspent at year-end but consideration is being given to a potential grant from Disabled Facilities.

Community care budgets are known to fluctuate throughout the year dependent upon client demand. Whilst residential care is currently under spending there are significant overspends in homecare and direct payments for adults with physical and sensory disabilities and those clients with learning disabilities within the pool.

Residential fees income as at quarter 2 is less than anticipated which is expected, as the trend continues in caring for people in their own homes rather than in residential homes. This is also reflected in residential spend being less than budget.

Reimbursements from the PCT are more than anticipated at budget setting time, especially in respect of mental health services, however this is not expected to continue next year.

It must be noted that the inter-authority income is no longer being achieved and this budget of £147k is expecting a shortfall at year-end.

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

## HEALTH &amp; COMMUNITY – ADULTS WITH LEARNING DISABILITIES

## Contribution to ALD Pooled Budget

Revenue Budget as at 30<sup>th</sup> September 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<i>Expenditure</i>					
Nursing Care	47	19	20	(1)	20
Residential Care	952	408	472	(64)	472
Supported Living	1,821	898	923	(25)	926
Home Care	1,506	645	737	(92)	737
Direct Payments	454	187	340	(153)	340
Day Services	1,920	847	761	86	787
Specialist LD Team	425	212	210	2	239
Management Costs	1,107	94	85	9	87
Respite	593	118	134	(16)	136
Other Expenditure	0	0	1	(1)	25
<b>Total Expenditure</b>	<b>8,825</b>	<b>3,428</b>	<b>3,683</b>	<b>(255)</b>	<b>3,769</b>
<i>Income</i>					
Rents & Service Charges	-66	-16	-6	(10)	-6
Community Care Fees	-98	-42	-41	(1)	-41
Residential Fees	-136	-35	-38	3	-38
Direct Payments	-17	-9	-17	8	-17
Preserved Rights Grant	-489	-29	-27	(2)	-27
Supporting People Grant	-1,617	-746	-539	(207)	-539
CITC – Astmoor	-52	0	0	0	0
CITC – Special Needs	-6	-1	0	(1)	0
Other Client Income	-61	0	0	0	0
Nursing Care – PCT	-47	-16	-15	(1)	-15
Reimbursement					
Other Fees & Charges	-174	-75	-13	(62)	-13
<b>Total Income</b>	<b>-2,763</b>	<b>-969</b>	<b>-696</b>	<b>(273)</b>	<b>-696</b>
<b>Net Expenditure</b>	<b>6,062</b>	<b>2,459</b>	<b>2,987</b>	<b>(528)</b>	<b>3,073</b>

## HEALTH &amp; COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30<sup>th</sup> September 2007




	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Recipe For Health	29	14	7	7	7
Five A Day Programme	49	24	0	24	0
Vulnerable Adults Task Force	592	296	163	133	163
<b>Vol. Sector Counselling Proj.</b>	39	20	8	12	8
Info. Outreach Services	34	17	9	8	9
Reach for the Stars	34	17	8	9	8
<b>Carer Support Development</b>	49	24	12	12	12
Healthy Living Programme	98	49	24	25	24
Advocacy	63	32	28	4	28
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	28	14	18	(4)	18
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	27	13	7	6	7
Grassroots Development	18	9	5	4	5
Alcohol Harm Reduction	43	21	-21	42	-21
Domestic Violence	77	38	18	20	18
<b>Total Expenditure</b>	<b>1,180</b>	<b>588</b>	<b>286</b>	<b>302</b>	<b>286</b>

**HEALTH & COMMUNITY****Capital Budget as at 30<sup>th</sup> September 2007**

	Actual Spend to 30th Sept £000	2007/08 Capital Allocation £000
<b>Social Care &amp; Health</b>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	100	178
PODS (Utilising DFG)	0	40
Bredon Improvements	13	24
Improvement of Care Homes	127	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	0	12
<b>Total Spending</b>	<b>240</b>	<b>528</b>

It is anticipated the capital budget will be fully committed by the end of the year.

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective</u> will not be achieved within the appropriate timeframe.</p>	<p>Indicates that the <u>target</u> will not be achieved unless there is an intervention or remedial action taken.</p>

## QUARTERLY MONITORING REPORT

**DIRECTORATE:** Health & Community

**SERVICE:** Health & Partnerships

**PERIOD:** Quarter 2 half-year to period-end 30 September 2007.

### 1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department second quarter period up to half year 30 September 2007. It describes key developments and progress against all objectives and performance indicators for the service.

The way in which traffic lights symbols have been used to reflect progress to date is explained within Appendix 7

***It should be noted that this report is presented to a number of Policy and Performance Boards. Those objectives and indicators that are not directly relevant to this Board have been shaded grey.***

### 2.0 KEY DEVELOPMENTS

#### Housing

Government has launched a new housing green paper “Homes for the future: more affordable, more sustainable” with proposals to increase the housing supply nationally to meet growing demand, and to increase the proportion of affordable housing. Proposals include –

- £8billion investment in affordable housing over next 3 years, with £6.5b of that for social housing.
- Planning Delivery Grant is to be refocused on delivery of land supply and housing completions.
- 5 new eco towns are proposed, and further “growth points”.
- All new homes to be zero carbon by 2016.
- Targets for affordable housing in rural areas.
- Options for LAs to participate more in the delivery of new housing.
- More help for first time buyers.
- A continued focus on brown field development.

Responses are due by the 15<sup>th</sup> October.

Following consideration of the issues surrounding the development of a permanent transit site by Urban Renewal PPB, the issue is to be re-considered by Executive Board on 1 November 2007.

**Consumer Protection**

The final phase of grading and drainage work to prepare the Widnes cemetery western strip as a burial section should be completed before Christmas.

During Quarter 3, officers of the Consumer Protection team will be heavily involved in the joint Halton/Warrington project aimed at developing a single Trading Standards Service to serve both Boroughs

**Direct Payments & Appointee & Receiverships**

The number of service users in receipt of Direct Payments continues to increase and in total has exceeded this year's target. At 30<sup>th</sup> September, there are 185 service users and 193 carers receiving their services via a Direct Payment.

The new Mental Capacity Act 2005 is now in force from 1st October 2007 for the appointee and receivership service, with the role of the Local Authority now changed to Court Appointed Deputies. Key appointments have now been made following restructuring of these two teams to meet demand, ensure compliance, and progress the individualised budget pilot

**Contracts and Supporting People**

A number of new short-term services have been developed including a floating support service for domestic violence, a sanctuary scheme to support victims of domestic violence and a service to support older people with alcohol misuse issues.

Senior Management Team have approved a new monitoring framework for voluntary sector contracts.

**Commissioning**

Commissioners within HBC have contributed to a review of Partnership Working carried out by Halton and St Helens PCT from June to Sept 07- initial findings of the review are expected in Oct 07.

**3.0 EMERGING ISSUES**

**Information Technology**

Corporate ICT are investigating Liquid Logic's EasyCare Solution to SAP. This will allow for a standardised Single Assessment System across several sites, issues relating to internally or externally hosting the product.




A LIVE implementation date for CareFirst 6 has been agreed for Oct 2008, Corporate ICT are currently in the process of drawing together a Project Group to identify resources required for implementation.



Corporate ICT have agreed to carry out a Business Process Re-engineering exercise focusing on the objectives that need to be delivered by Social Care IT. The exercise is to commence Dec 2007, it was highlighted that a plan of this size would take considerable time.

Corporate ICT have reported that a complete feasibility study regarding a move away from Citrix will not be completed until all infrastructure changes relating to the Schools network traffic is complete, this work is due for completion Apr 2008.

**4.0 PROGRESS AGAINST KEY OBJECTIVES / MILESTONES**

<b>Total</b>	<b>15</b>		<b>11</b>		<b>3</b>		<b>1</b>
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Of the 15 milestones for the service, 11 are progressing satisfactorily at the half-year point. One of the milestones has been assigned a red light as a result of some slippage in timescales. Three milestones have been assigned an amber light due to some uncertainty around the milestone being achieved within set timescales. For further details, please refer to Appendix 1

**4.1 PROGRESS AGAINST OTHER OBJECTIVES / MILESTONES**

There are no other objectives for the service. Nine milestones within the key objectives are designated 'non-key'. Those milestones are reported in Appendix 1 and are designated by the use of *italic* text.

**5.0 SERVICE REVIEW**

**Consumer Protection**

As a result of the new Scheme for Registration in Halton, which came into effect on 4<sup>th</sup> July 2007, the Deputy Chief Inspector of Registration carried out a review of the first two months to ascertain that Halton was meeting all the necessary standards. He was very satisfied with the measures that had been put into place and would not require any further feedback until the Annual Stewardship Report to the Registrar General to be prepared at the end of March 2008.

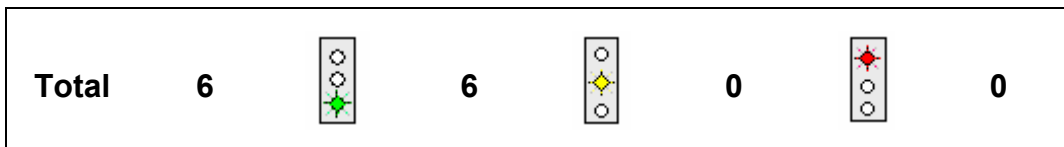
**Review of Grant funded Posts**

Given the uncertainties over the continuation of grant funding, of which £1.735 million relates to grant funding for Adult Social Care, exit strategies for funding core front line services in the Directorate are being reviewed to take account of the possibility that some funding could cease in March 2008. Priorities and the impact on services are being reconfirmed, should reductions be actioned in preparation for announcements of the CSR on the 9<sup>th</sup> October 2007 and further detailed information, which becomes available in late November 2007.

**Contracts and Supporting People.**




Internal audit completed a review of contract monitoring and procurement processes within Health and Partnerships between June-Sept 07. Recommendations for improvement following the review are expected in Oct 07.

**6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS**



At the half-year stage, all of the six key performance indicators for the service are making satisfactory progress. For further details, please refer to Appendix 2.

**6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS**

<b>Total</b>	<b>22</b>		<b>0</b>		<b>0</b>		<b>0</b>
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Of the twenty other indicators for the service, eleven are progressing satisfactorily. Progress against eight of the indicators at the half-year stage shows some uncertainty around the target being achieved. Two indicators cannot be reported at the current time due to information not yet being available. (BVPI 213 and HP LPI 13). One indicator has been assigned a red light (HP LPI 15). For further details please refer to Appendix 3.

**7.0 PROGRESS AGAINST LPSA TARGETS**

There are no LPSA targets for this service.

**8.0 RISK CONTROL MEASURES**

During the production of the 2007-08 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is monitored and reported.



The service is monitoring a number of risk treatment measures, linked to two objectives. For further details, refer to Appendix 4





**9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS**





During 2006/07 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority is reported in Appendix 5

**10.0 APPENDICES**


Appendix 1- Progress against Key Objectives/ Milestones  
 Appendix 2- Progress against Key Performance Indicators  
 Appendix 3- Progress against Other Performance Indicators  
 Appendix 4- Progress against Risk Control measures (Q2 & 4)  
 Appendix 5- Progress against high priority equality actions (Q2 & 4)  
 Appendix 6- Financial Statement  
 Appendix 7- Explanation of traffic light symbols

Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
HP1	Ensure that high level strategies are in place, and working to deliver service improvements, and support frontline services to deliver improved outcomes to the residents of Halton	<i>Develop and implement Joint Commissioning Strategies to ensure that we identify our commissioning intentions linked to financial planning by September 2007</i>		New Joint Commissioning Strategy (CS) for People with Physical and Sensory disabilities complete Joint CS for Mental health reviewed and updated. 3yr Directorate Financial Plan developed that links to identified commissioning priorities.
		<i>Develop robust contract management and monitoring arrangements across all service areas by March 2008</i>		On target –progress to date includes: <ul style="list-style-type: none"> <li>• Development of service risk matrix which targets contract monitoring resources to services in need of improvement</li> <li>• Introduction of generic contract monitoring documentation across Supporting People, Social Care Contracts and Direct Payment teams.</li> <li>• SMT approval of a new monitoring framework for voluntary sector contracts</li> </ul>

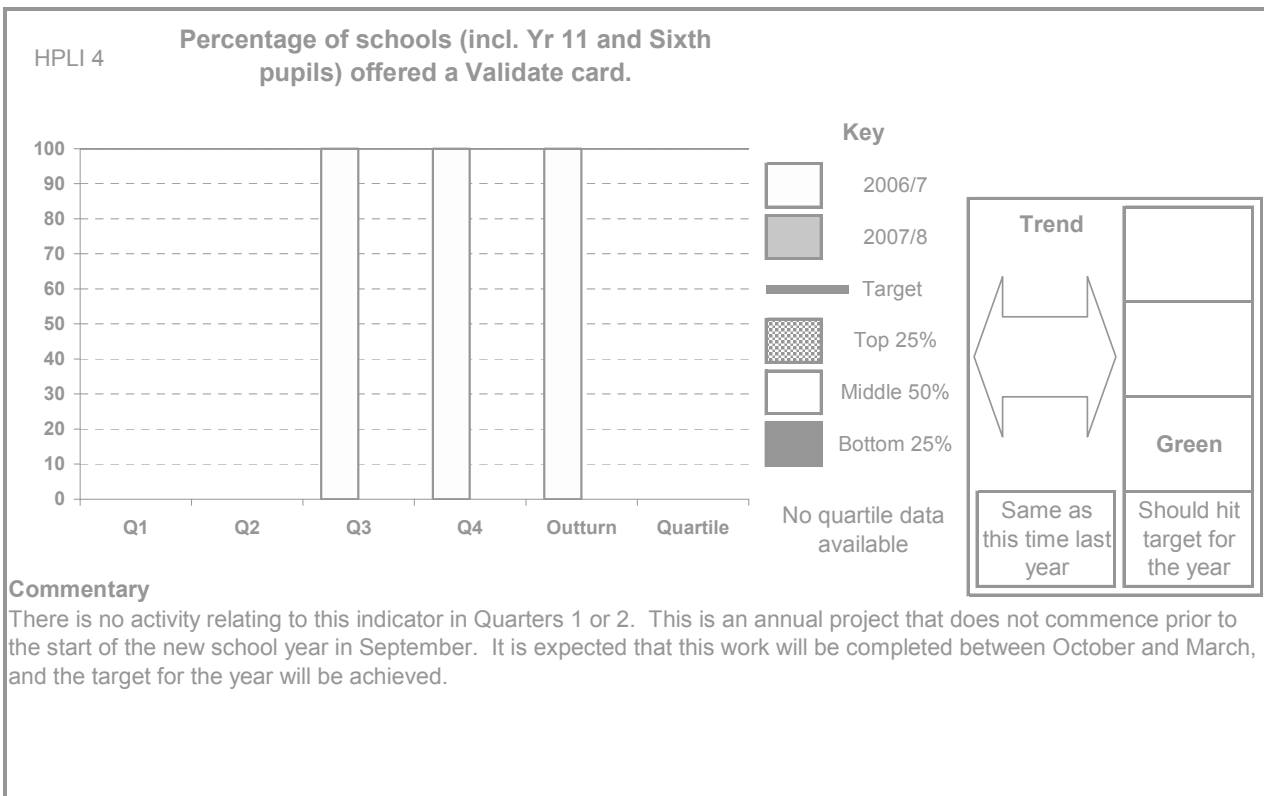
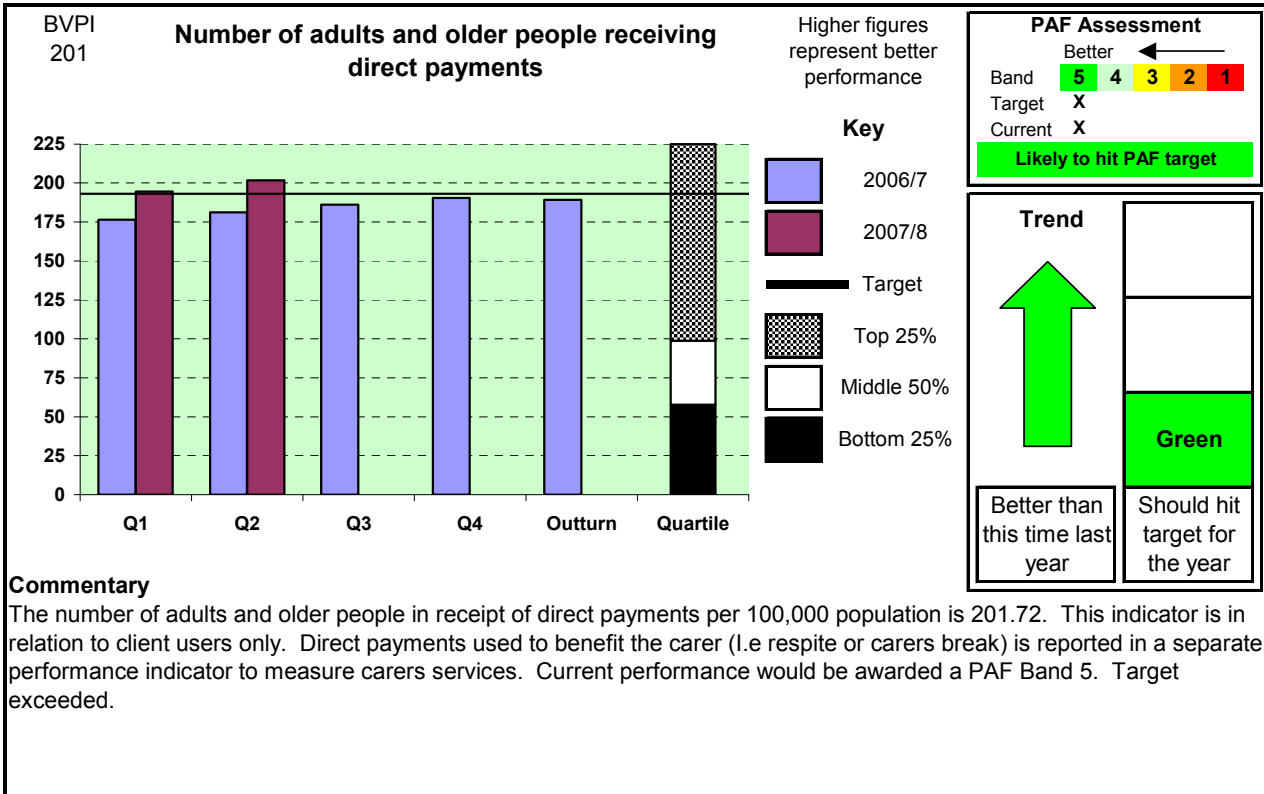
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
		Update the Housing and Homelessness Strategy's to reflect findings of 2006 needs assessment and revised strategy and action plan by March 2008		Work to review and update the housing strategy has begun, as have discussions with the Planning Department on the development of an affordable housing policy. A scoping exercise has been completed to identify the requirements needed to undertake the review of the homelessness strategy. Drafts of both documents should be produced by the end of March.
		Review 5 year Supporting People Strategy to ensure diverse and flexible housing support services are in place to support people to live at home by July 2007		Targets met-New agreements reached for the following services: <ul style="list-style-type: none"> <li>• Home improvement agency</li> <li>• Floating support services to support people with Mental Health, Substance mis-use and anti-social behaviour issues.</li> </ul>
		<i>Develop a Training Plan to deliver effective and efficient learning interventions, to ensure staff are equipped with the appropriate skills and knowledge by October 2007</i>		Training & Development Plan 2007/8 produced. Update on 6 month progress towards IT implementation scheduled for SMT in October 2007
		<i>Embed the guidance from the 2 White papers 'Our Health Our Care Our Say' (OHOCOS) and 'Strong and Prosperous Communities' in delivering the Health Strategy for Halton to improve partnership working and outcome measures by September 2007</i>		The OHOCOS Outcomes Meeting has and continues to monitor actions arising from the White Paper. These actions have not been incorporated in to the Health Strategy as this is serving a different purpose.

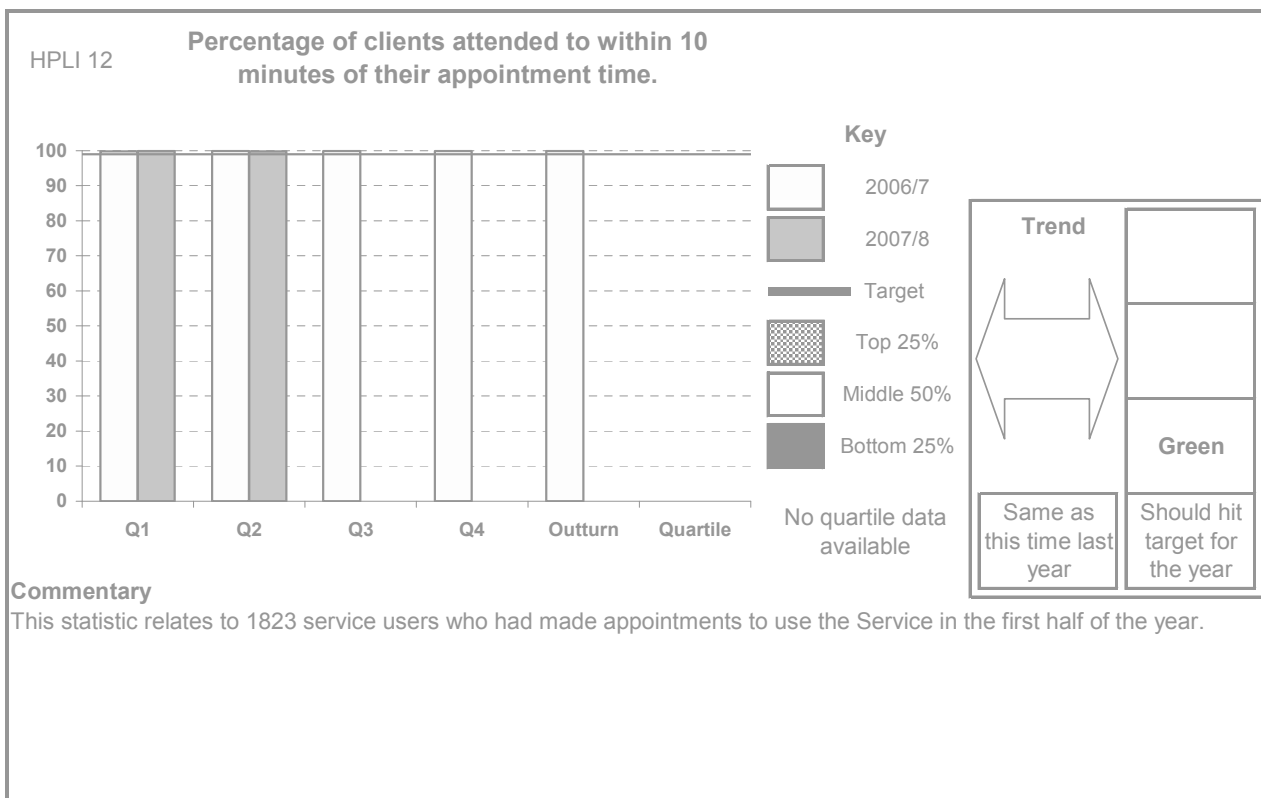
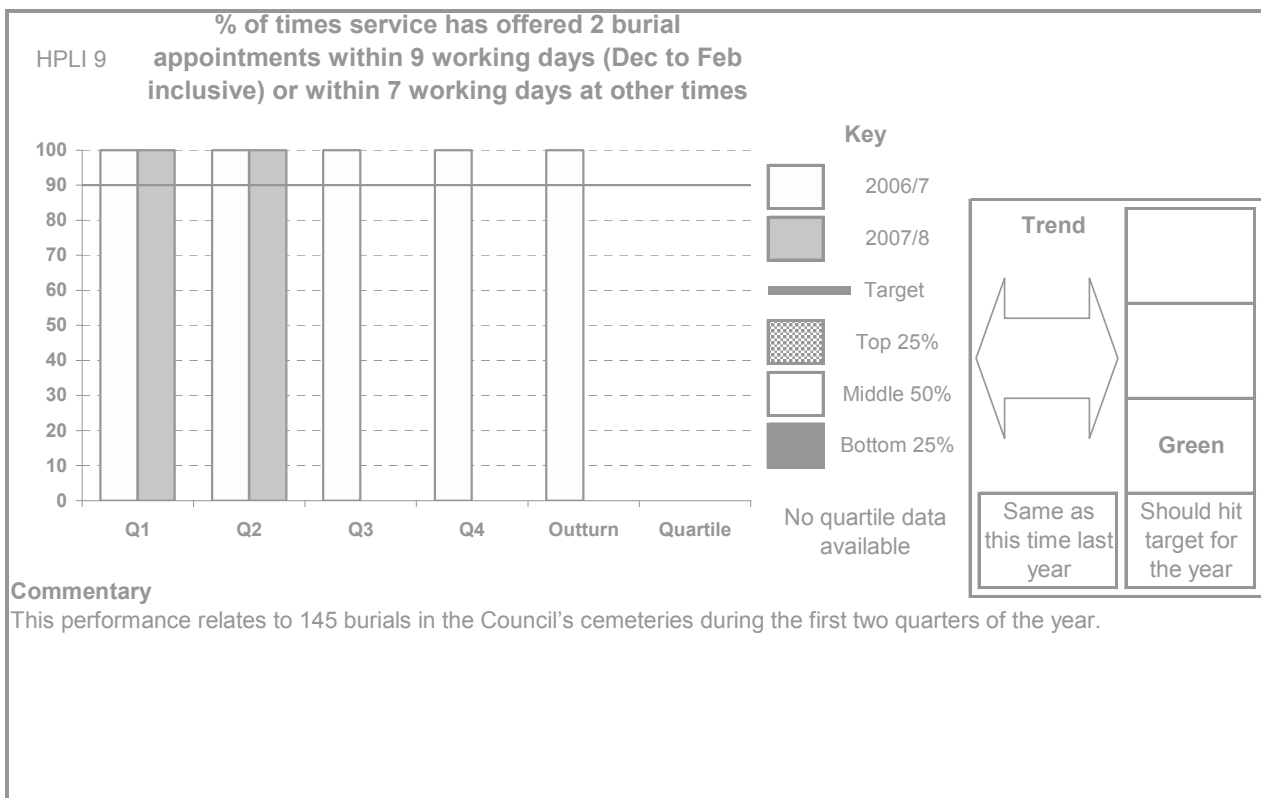
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
HP2	Work with operational managers to design a performance management framework that will provide high quality performance monitoring and management information, to help improve service delivery and assist services to continuously improve	Develop a performance monitoring framework to meet the requirements of changing National priorities including outcomes and non care managed services by June 2007		The outcomes framework is currently in early development. Acton Shapiro consultants have been appointed to provide a series of workshops based on Outcomes into Practice development work, which will commence in December and be completed by 31 <sup>st</sup> March 08.
		Establish an IT strategy in conjunction with Corporate IT so that Carefirst6, Carestore and CareAssess are implemented in accordance with agreed timescales so that Carefirst users have access to more effective data input systems – October 2007		Agreed that CareFirst 6 would be fully implemented into a LIVE environment by Oct 2008, Corporate ICT are currently in the process of drawing together a Project Group to identify required resources for roll out, it has been agreed that CF6 will be rolled out on a like-for-like basis in terms of Business Processes. Implementation of CareStore is still on-hold. C&YP are still looking to use CareAssess as a long-term ICS solution
		<i>Implement an electronic performance framework that is accessible to managers via the intranet to facilitate the availability of real time information to support decision making – May 2007</i>		Health & Community Dashboard has been created and is available to the Directorate via the internal intranet. Dashboard is automatically updated monthly to allow for real time data. A number of demonstrations have been set up and attended.
HP3	To deliver high quality Bereavement, Consumer and Registration Services, that are fit-for-purpose and meet the needs, dignity and safety of the Halton community	Ensure that sufficient longer-term cemetery provision exists to meet the needs of the Halton people, by initially completing an options appraisal and securing member decision by 31 March 2008		The completed options appraisal has been considered by the Safer Halton P & P Board and the Chief Officer's Management Team. Further cost benefit analysis work is underway to inform the final member decision.

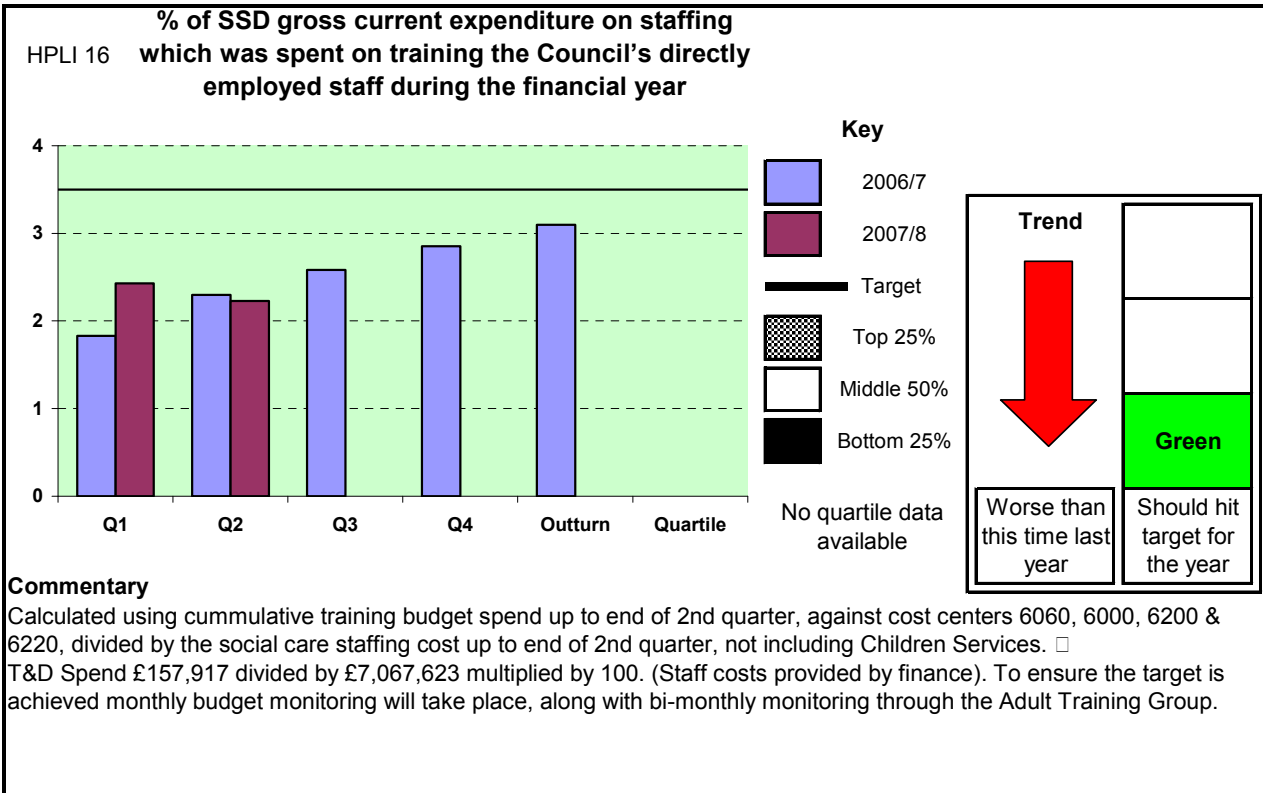
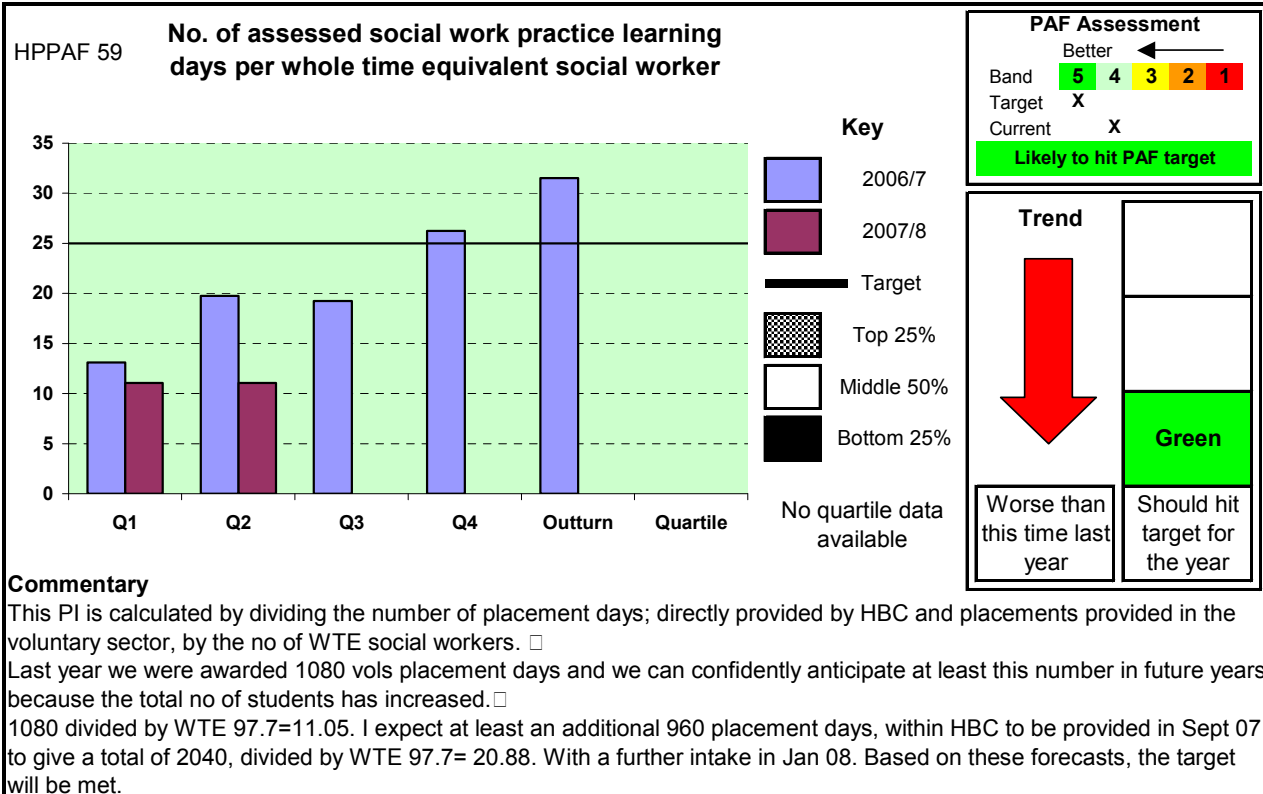
Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
		<i>Research and develop an action plan by 31 December 2007, for the implementation of an intelligence-led approach to delivering Consumer Protection services</i>		The action plan is scheduled to be finalised during Q3.
		<i>Progress the modernisation of the Registration Service by securing the installation of a new Registration Scheme by 30 September 2007</i>		The new scheme came into effect on 4 <sup>th</sup> July 2007. Three of the five statutory members of staff were transferred to local government employment status on that date
HP4	Ensure that effective financial strategies and services are in place to enable the directorate to procure and deliver high quality value for money services that meet people's needs	Develop, by April 2007, a 3-year financial strategy, to ensure that funding is matched to changing service requirements		Completed. Details of the Governments Comprehensive Spending Review and further information awaited 9th October and late November to align /prioritise funding to future strategies and assess the impact of potential grant loss for staff both temporary and permanent in grant funded posts.
		<i>Develop, by October 2007, financial products that support the modernisation of inclusive services</i>		Alternative funding options are currently being explored as part of the exit strategies for grant-funded posts and to support the voluntary sector.



Service Plan Ref.	Objective	2007/08 Key Milestone <i>Italic = Q2 &amp; Q4 only</i>	Progress to date*	Commentary
		<i>Review, by October 2007, the Fairer Charging Policy to ensure that charges meet strategic objectives</i>		Significant progress has been made on quantifying potential increases in charges across a range of areas. However, staffing vacancies have lead to delays in reviewing / comparing our policies with neighbouring local authorities and consulting service users. Feedback will also be obtained from the North West Support Services Group. This objective still on track for review by Exec Board Sub in line with Corporate budget timescales.



















Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
<b>Service Delivery Indicators.</b>						
BVPI 166b	Score against a checklist of enforcement best practice for Trading Standards	100%	100%	100%		This 'year end' best value performance indicator provides an indication of the performance of Halton's Consumer Protection Service when measured against a checklist of enforcement best practice. The checklist has regard to written enforcement policies, risk based inspection programmes and sampling and surveillance regimes, educational and information programmes, customer complaint/enquiry processes, benchmarking and consultation arrangements and performance reporting mechanisms.
BVPI 64	Number of private sector dwellings returned into occupation or demolished as a direct result of action by the local authority.	2	2	1		Outputs against this BVPI have always been reliant on Council grants for Landlords to refurbish and let out previously empty dwellings that they acquired. Under current grants policy only accredited landlords can access assistance, and no such applications are in the pipeline. There is therefore a risk of not meeting even the low target that has been set.

Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
BVPI 183a	The average length of stay in B&B accommodation of homeless households that are unintentionally homeless and in priority need (weeks)	5.33	3.0	4.8		Figures are based on April to August. The average period has started to reduce from the 5.33 weeks reported for 2006/07 and should continue to decline as the year progresses, as fewer households are placed in B&B for shorter periods due to homelessness prevention initiatives.
BVPI 183b	The average length of stay in hostel accommodation of homeless households that are unintentionally homeless and in priority need <sup>1</sup>	0	0	0		As Grangeway Court fails to meet the definition of a hostel, and domestic violence refuges are excluded from the calculation, this BVPI will always be reported as 0.
BVPI 202	Number of Rough Sleepers	0	0	N/A		A formal rough sleepers count is planned for Spring 08 to inform the year-end BVPI
BBPI 203	The % change in the average number of families placed in temporary accommodation	18.75%	-15%	-2.6%		This BVPI is calculated by averaging the numbers in temporary accommodation (B&B and Grangeway Court) at the end of each quarter in 2007/08, and then comparing that figure with the same calculation for the previous year. A complete picture will not therefore be available until year-end but a snap shot comparison of Q1 this year to Q1 last year shows a 2.6% decrease, which is a move in the right direction compared to the +18.75% in 2006/07.


<sup>1</sup> Halton does not have any accommodation that falls within the definition of a hostel as stated in the guidance for this indicator.




Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
BVPI 213	The number of households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (expressed as the number divided by the number of thousand households in the Borough)	0.42	1.42	N / A	N/A	With the recent introduction of a Homeless Prevention Team, a new Performance Management Framework is being established, it will therefore only be possible to report performance against this BVPI in Quarter 3.
BVPI 214	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	1.24%	1.20%	0		Figures are based on April to August. No repeat homelessness cases have been recorded so far this year.
HP LPI 18	Has there been a reduction in cases accepted as homeless due to domestic violence that has previously been re-housed in the last 2 years by that LA as a result of domestic violence (BVPI 225, part 8)	Yes	Yes	0		No repeat cases of homelessness attributed to domestic violence have been recorded so far this year.
HP/ LPI 2	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	9.21%	8%	8.22%		Reducing the sickness rate within the Health and Community Directorate is a management priority. Supplementary Guidance for managers around the issue of absence management is currently being consulted on with the unions and with Corporate HR. In addition, once approval is obtained from the unions, a new sickness recording and monitoring procedure will be implemented across the Directorate, which will ensure accurate and timely information on sickness levels.




Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
HP/ LPI 1	Percentage of SSD directly employed staff that left during the year.	7.69%	8%	9.98%		<p>Leavers figures taken from 1<sup>st</sup> October 2006 to August 2007. Figure used for September 2007 was an estimate as this information is not yet available. The baseline staffing figure is from 2006. An updated figure will be supplied in Q3.</p> <p>We monitor and analyse all exit interview questionnaires every six months to continually improve our systems and processes to further aid retention, as well as regularly reviewing policies and procedures in relation to retention, such as Exit Interview Policy, Procedure and Practice, Recruitment and Retention Strategy, etc.</p>
HP/ LPI 3	% of Halton pupils completing a survey on the supply of age restricted products	70%	60% of appropriate school year	0%		The survey is on schedule to be completed by year 10s during Quarter 3.
HP/ LPI 11	Applications for current certificates processed on the day of receipt.	99.7%	99%	98.6%		The temporary relocation of the Register Office to the Civic Building of Runcorn Town Hall caused some problems in the same-day delivery of current certificates. It is hoped that there will be no further disruption caused by the building work. Out of a total of 571 applications for current certificates, some 563 benefited from same-day turn-around.




Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
HP/ LPI 17 (Based on BVPI 8)	The percentage of undisputed invoices which were paid in 30 days (BVPI 8)	96%	96%	97%		Target achieved due to improved monitoring and weekly chasing by the Financial Services team to ensure prompt payment.
<b>Quality of Service Indicators.</b>						
HP/ LPI 7	Percentage of consumer service users satisfied with the Trading Standards Service, when last surveyed	80%	89%	80%		Only 10 responses were received for the last consumer survey and whilst 8 respondents were either satisfied or very satisfied with the service, two users felt fairly dissatisfied. It should be noted that service users can feel dissatisfied if the advice they are given isn't the advice they want to hear.
HP/ LPI 8	Percentage of Business service users satisfied with the Trading Standards Service, when last surveyed	100%	89%	100%		Business users continue to be satisfied with the Trading Standards services they receive
HP/ LPI 10	Percentage of Bereavement Service users who rated the staff courteousness / helpfulness as reasonable / good / excellent when last surveyed	100%	92%	100%		Some 81% of respondents provided a rating of the staff's courteousness / helpfulness and the year to date figure is based on the rating provided by these 81% of respondents.









Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
HP/LPI 13	Percentage of couples who felt that they received an excellent or good service from staff on the day of their marriage / partnership, when last surveyed.	100%	90%	N/A	Refer to comment	This data for this performance indicator is collected on a sampling basis. Couples who married in September, or who formed a civil partnership during the period April to September 2007, will receive survey forms during October. Responses will be analysed by 31 December 2007 and will be available for the Q3 Monitoring Report.
HP/LPI 14	Percentage of other Registration Service users who rated the staff's helpfulness / efficiency as excellent or good, when last surveyed.	100%	92%	100%		45 customers who visited the office during w/c 29.2.07 were surveyed in March. The analysis was completed at the end of July and 100% rated our helpfulness and efficiency as Excellent or Good (96% said excellent). The previous year, there were 65 respondents, and of these 94% rated us Very Good, and 6% Good (there was no option of excellent then) Typical comments this year: "You provided a quick, efficient and friendly service, thank you." "Excellent treatment and very courteous and friendly" "Excellent service. All staff - job well done, would recommend"


Ref	Indicator	Actual 06 / 07	Target 07 / 08	Quarter 2	Progress*	Commentary
<b>Fair Access Indicators.</b>						
HP/ LPI 5	No. of initiatives undertaken to raise the profile of the Service in the 5 most deprived wards	13	4	5		Two sessions have been held at a doctor's surgery in Castlefields and two radio programmes on consumer issues were broadcast at Halton Hospital. An email scam alert system has been introduced between Castlefields Community Forum and the Service's Doorstep Crime lead officer.
<b>Cost &amp; Efficiency Indicators.</b>						
HP/ LPI 15	% of SSD directly employed posts vacant on 30 September	11.78%	9.5%	14.89		The above % figure includes vacancies within the following services, Adults of Working Age, Older People, and Health & Partnership and is based on the number of posts within all the service areas. All the vacancies are in the process of being advertised.
HP/LPI 6	% of HR Development Strategy Grant spent on Council staff	73%	73%	26%		Due to the revised allocation of the HRD Strategy Grant on the independent sector (£35k), the spend on Council staff is on track for 64.5% by 31 <sup>st</sup> March 2008.




Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
HP2	<p><b>Risk Identified:</b> Failure to provide IT systems that record activity and care services provided places both the organisation and service users/carers at risk</p>			
	<p><b>Risk Treatment Measures</b> Data quality checking mechanisms to reconcile data to care arranged and payments made.</p>	March 2008		A report timetable has been drawn up to clearly identify all Data Quality Checks currently taking place within the IT Systems & Performance Monitoring Team. Where appropriate all reports are sent out to Data in-putters and a response monitored.
	<p>Managerial control of data inputters to ensure data is loaded accurately in a timely manner.</p>	March 2008		The temporary extended responsibilities for the Data Quality Project Co-ordinator post, concerning supervisory management of data inputting staff have now been confirmed as critical for the success of the post. The current post holder will continue to undertake these extended responsibilities under the revised scope of the post.
<p>Quarterly performance monitoring reports to SMT</p>	March 2008		Quarterly Monitoring reports are used to communicate to Senior Management team on a regular and timely basis of any issues regarding IT systems and data processing of operational data.	

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
HP1	<p><b>Risk Identified:</b> Review of 5 year Supporting People Strategy does not take place, adversely affecting future service delivery.</p> <p><b>Risk Treatment Measures</b></p> <p>1. a) Develop local eligibility criteria in line with revise ODPM grant conditions and apply during SP review to evaluate strategic relevance and cost effectiveness of existing services b) carry out full financial risk assessment</p> <p>2. a) Evaluate grounds for legal challenge and establish legal defence b) Work collectively with neighbouring 'high cost' authorities to secure services of barrister. c) Work to reach agreement with key partners to secure alternative sources of funding for existing services d) Consult with service recipients, carers and their families to resolve to their satisfaction any disruption/disturbance incurred as a result of funding changes to their service.</p> <p>3. a) Agree alternative sources of funding for existing services prior to review b) Consult with providers over the new SP eligibility criteria c) Agree action plans with providers to achieve required 'savings'</p>	<p>March 2008</p> <p>March 2008</p> <p>March 2008</p>	<p></p> <p></p> <p></p>	<p>1. a) completed b) completed Both to be reviewed following announcement of long term funding arrangements for SP anticipated in Oct 07</p> <p>2. a) and b) most authorities established an appeal process. Halton's process aligns with that adopted in Knowsley, Warrington and Sefton. HBC and Warrington have included a reciprocal arrangement to hear appeals on each other's behalf. Arrangements to secure services of a barrister to be arranged by legal as and when required. c) and d) for ALD clients-Retractation Plan approved and submitted to DCLG. Project team est. in Sept 06-good progress to date. d) SP reviews now complete. Negotiations with providers/Service completed.</p> <p>3. a) Retraction Plan approved and submitted to DCLG. Project team est. in Sept 06-good progress to date. Negotiations with Health ongoing re alternative funding for former health services. b) Eligibility criteria widely disseminated and</p>

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
	<p>4. a) Develop 10 year financial plan which takes account of the need for an expansion of services, the cost effectiveness of current services and the anticipated reduction in grant allocation b) Conduct full financial risk assessment</p> <p>5. a) Work to reach agreement with key partners to secure alternative sources of funding for existing services b) Develop 10 year financial plan which takes account of the need for an expansion of services, the cost effectiveness of current services and the anticipated reduction in grant allocation c) Work with key partners to investigate alternative funding sources for new services</p> <p>6. a) Work to reach agreement with key partners to secure alternative sources of funding for existing services b) Develop 10 year financial plan which takes account of the need for an expansion of services, the cost effectiveness of current services and the anticipated reduction in grant allocation c) Work with key partners to investigate alternative funding sources for new services</p>	<p>March 2008</p> <p>March 2008</p> <p>March 2008</p>	<p></p> <p></p> <p></p>	<p>communicated to providers c) SP reviews now complete. Negotiations with providers/Service completed.</p> <p>4. a) five year projections produced including projected savings and growth b) full financial risk assessment to be carried out when DCLG announce long term funding arrangements for SP grant – Oct 07</p> <p>5. a) five year projections produced including projected savings and growth b) full financial risk assessment to be carried out when DCLG announce long term funding arrangements for SP grant –Oct 07 c) key areas for expansion agreed within 5yr strategy. Five-year projections take potential growth into account. To be revisited following announcement of long term funding arrangements.</p> <p>6. a) key areas for expansion agreed within 5yr strategy. Five-year projections take potential growth into account. To be revisited following announcement of long term funding arrangements. b) good progress on negotiations with providers c) good progress with delivery of SP retraction plan for ALD services</p>

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
	<p>7. a) Work to reach agreement with key partners to secure alternative sources of funding for existing services b) Work with key partners to investigate alternative funding sources for new services c) Consult with service recipients, carers and their families to resolve to their satisfaction any disruption/disturbance incurred as a result of funding changes to their service.</p> <p>8. a) Establish open lines of communication with key partners b) Ensure that any financial planning is carried out in partnership c) Identify potential risks to all parties resulting from withdrawal from partnership arrangements d) Develop contingency plan to sustain partnership arrangements</p> <p>9. a) Develop 5 year financial plan which takes account of the need for an expansion of services, the cost effectiveness of current services and the anticipated reduction in grant allocation b) Conduct a Council wide financial risk assessment c) Prioritise all areas of growth and identify savings against low priority growth areas as potential contingency fund</p>	<p>March 2008</p> <p>March 2008</p> <p>March 2008</p>	<p></p> <p></p> <p></p>	<p>7. a) key areas for expansion agreed within 5yr strategy. Five-year projections take potential growth into account. To be revisited following announcement of long term funding arrangements. b) good progress with delivery of SP retraction plan for ALD services c) good progress on negotiations with providers</p> <p>8. a) good communication established with partners b) Joint CM fully informed of implications. Looking to develop financial strategy for ALD services c) report on financial implications from SP reviews presented to ALD partnership board in Feb 06 d) Retraction Plan approved by all partners- good progress made to date. Negotiations ongoing re alternative funding for former health services.</p> <p>9. a) good communication established with partners b) Joint CM fully informed of implications. Looking to develop financial strategy for ALD services c) report on financial implications from SP reviews presented to ALD partnership board in Feb 06 d) Retraction Plan approved by all partners- good</p>

Key Objective (Service Plan Ref. Only)	Risk Control Measures	Target / Deadline	Progress	Commentary
	10. a) Secure additional support for team via 'specialist' teams in Social Services and Health. b) Identify resources required c) Audit of capacity/ benchmarking of staff d) Secure additional staffing resources e) Commission Training programme developments	March 2008		<p>progress made to date. Negotiations ongoing re alternative funding for former health services.</p> <p>10. a) Project team established drawing resources from specialist ALD team.            b) SP reviews complete-provider negotiations completed            c,d and e) –not applicable now programme of reviews complete.            SMT have approved merger of H&amp;C contracts and SP teams to maximise staff resources and mainstream the SP service.</p>

HIGH Priority Actions	Target (Resp. Officer)	Progress (Traffic lights)*	Commentary
Undertake a mapping exercise of informal and formal networks for BME groups	Sept 2007  (Sue Rothwell)		Secured funding through supporting people for a post that will form part of the Community Bridge Building Team to work on this action and wider issues/needs for BME groups. The post should be appointed to by the end of Sept 2007 and is funded until March 2008.
Improve Corporate website to ensure basic information/welcome in the four main languages in Halton, highlighting language and sources of information	Nov 2007  (John Gibbon)		<p>In Progress. Within target timescale Communications and Marketing Team aim to have in place a welcome button on the front page of the website in 5 main languages (now including Polish) that will link to the attached</p> <p>यदि आप की पहली भाषा अंग्रेजी नहीं है और आप हमारी सेवाओं के बारे में जानकारी किसी अन्य भाषा में चाहते हैं तो कृपया हमें 0151 907 8300 पर फोन करें या hdl@halton.gov.uk पर ई-मेल भेजें</p> <p>Jeżeli angielski nie jest Twoim pierwszym językiem i potrzebujesz informacji o naszych usługach w innym języku, prosimy o zatelefonowanie do nas pod numer: 0151 907 8300 lub wysłanie maila do: hdl@halton.gov.uk</p> <p>如果你的母语不是英语，而你希望得到有关我们服务的其它语言版本的信息，请致电0151 907 8300或者发送电邮至 hdl@halton.gov.uk联系我们。</p> <p>اگر آپ کی پہلی زبان انگریزی نہیں ہے اور آپ ہماری خدمات کے بارے میں معلومات کسی دوسری زبان میں چاہتے ہیں تو براہ کرم ہمیں 8300 907 0151 پر فون یا hdl@halton.gov.uk پر ای میل کریں</p> <p><b>If your first language is not English and you would like information about our services in another language, please call us on 0151 907 8300 or email hdl@halton.gov.uk</b></p>
Revisit original DDA audit of buildings to assess current situation and develop costed, prioritised programme of improvements	Mar 2008  (Janet Wood)		Two principal managers and one service user completed an audit of nine buildings in January 2007. Information is awaited from Property Services in relation to costings..

Please note that these actions apply to all three adult social care services (Adults of Working Age, Older People's Services and Health & Partnerships), and are detailed in each of the three plans and monitoring reports.



## HEALTH &amp; COMMUNITY - HEALTH AND PARTNERSHIPS

Revenue Budget as at 30<sup>th</sup> September 2007

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	3,146	1,545	1,404	141	1,404
Premises Support	164	0	0	0	0
Other Premises	77	35	27	8	27
Supplies & Services	529	249	255	(6)	255
Training	166	16	14	2	14
Transport	24	12	11	1	11
Departmental Support Services	132	0	0	0	0
Central Support Services	1,052	0	0	0	0
Agency Related	117	59	68	(9)	68
Supporting People Payments to Providers	9,234	3,750	3,739	11	3,739
Specific Grants	129	0	0	0	0
Asset Charges	905	0	0	0	0
<b>Total Expenditure</b>	<b>15,675</b>	<b>5,666</b>	<b>5,518</b>	<b>148</b>	<b>5,518</b>
<b>Income</b>					
Sales	-13	-6	-6	0	(6)
Receivership	-18	-9	-28	19	(28)
Rents	-64	-59	-115	56	(115)
HR Development Grant	-99	-98	-99	1	(99)
National Training Strategy Grant	-159	-159	-159	0	(159)
Information Management Grant	-103	-10	-8	(2)	(8)
Supporting People Main Grant	-9,233	-5,330	-5,332	2	(5,332)
Supporting People Grant	-132	-67	-68	1	(68)
Disabled Facilities Grant	-40	-20	-19	(1)	(19)
Departmental Support Services	-3,990	0	0	0	0
Other Grants	-77	-30	-64	34	(164)
Re-imbursments	-91	-91	-147	56	(147)
Other Income	-84	0	0	0	0
<b>Total Income</b>	<b>-14,103</b>	<b>-5,879</b>	<b>-6,045</b>	<b>166</b>	<b>(6,045)</b>
<b>Net Expenditure</b>	<b>1,572</b>	<b>-213</b>	<b>(527)</b>	<b>314</b>	<b>(627)</b>

**Comments on the above figures:**

In overall terms the revenue spending (including commitments) at the end of quarter 2 is below budget by £314k. This, in the main, is due to the overachievement of income and also to an under-spend on the salary budget.

The under-spend on salary costs of £141k is due to a number of posts being vacant at the start of this financial year. However many of these posts are currently being advertised with a view to recruit therefore the budget is not expected to be significantly under-spent at year end. The pay award for 2007/8 has still not yet been agreed and this will significantly reduce the under spend.

Receivership Income has increased following a review of the service users needs, changing their status from appointee to a receivership service in line with the Mental Capacity Act. This has led to the recovery of higher charges this year.

Rents received during the period are currently overachieving budget profile especially for the Riverview site, where rents are higher than anticipated at budget setting time. Included within the £115k rents received to date is a one off payment of £17k in respect to rent recovered relating to 2 prosecutions for non payment of rent from previous years.

Other grants includes £47k Skills for Care, which will be written into the budget by quarter 3 and will be spent this financial year.

Reimbursements are also over achieving against budget. These include £10k for Local Involvement Network and £29k for practice placements carried forward from 2006/7.

At this stage it is anticipated that overall revenue spending will be in line with the departmental budget by the end of the financial year.

**Capital Projects as at 30<sup>th</sup> September 2007**

	<b>Actual To Date</b>	<b>2007/08 Capital Allocation</b>
	<b>£'000</b>	<b>£'000</b>
Private Sector Housing		
Renovation/Modernisation Grants	70	586
Disabled Facilities Grants	114	942
Home Link		10
Energy Promotion	20	75
Castlefield Equity Release Loans	66	565
West Bank Neighbourhood Renewal Assessment	0	4
Riverview Refurbishment	722	1,272
Belvedere Repairs	0	28
Adaptations Initiative	0	92
Uncommitted	0	122
<b><u>Total Expenditure</u></b>	<b>992</b>	<b>3,696</b>

## HEALTH &amp; COMMUNITY – LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 30<sup>th</sup> September 2007

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b>Priority 1 Healthy Halton</b>					
Recipe For Health	29	14	7	7	7
Five A Day Programme	49	24	0	24	0
Vulnerable Adults Task Force	592	296	163	133	163
<b>Vol. Sector Counselling Proj.</b>	39	20	8	12	8
Info. Outreach Services	34	17	9	8	9
Reach for the Stars	34	17	8	9	8
<b>Carer Support Development</b>	49	24	12	12	12
Healthy Living Programme	98	49	24	25	24
Advocacy	63	32	28	4	28
<b>Priority 2 Urban Renewal</b>					
Landlord Accreditation Programme	28	14	18	(4)	18
<b>Priority 5 Safer Halton</b>					
Good Neighbour Pilot	27	13	7	6	7
Grassroots Development	18	9	5	4	5
Alcohol Harm Reduction	43	21	-21	42	-21
Domestic Violence	77	38	18	20	18
<b>Total Expenditure</b>	<b>1,180</b>	<b>588</b>	<b>286</b>	<b>302</b>	<b>286</b>

**HEALTH & COMMUNITY****Capital Budget as at 30<sup>th</sup> September 2007**

	Actual Spend to 30th Sept £000	2007/08 Capital Allocation £000
<b>Social Care &amp; Health</b>		
DDA	0	24
LDDF	0	7
Women's Centre & Other Projects	100	178
PODS (Utilising DFG)	0	40
Bredon Improvements	13	24
Improvement of Care Homes	127	150
Bridgewater Capital Improvements	0	1
Refurbishments to John Briggs House	0	90
Door Entry System – John Briggs	0	2
IT for Mobile Working	0	12
<b>Total Spending</b>	<b>240</b>	<b>528</b>

It is anticipated the capital budget will be fully committed by the end of the year.

**FAIR TRADING & LIFE EVENTS****Revenue Budget as at 30th September 2007**

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
<b><i>Expenditure</i></b>					
Employees	722	368	375	(7)	375
Premises Support	144	0	0	0	0
Other Premises	252	42	39	3	53
Hired & Contracted Services	52	24	27	(3)	45
Supplies & Services	95	53	53	0	64
Transport	19	10	11	(1)	11
Support Services	575	0	0	0	0
Asset Charges	54	0	0	0	0
<b>Total Expenditure</b>	<b>1,913</b>	<b>497</b>	<b>505</b>	<b>(8)</b>	<b>548</b>
<b><i>Income</i></b>					
Sales	-86	-36	-31	(5)	-31
Fees & Charges	-630	-274	-287	13	-287
Grants	-1	0	-11	11	-11
Rents	-4	-4	-3	(1)	-3
Support Recharge	-202	0	0	0	0
<b>Total Income</b>	<b>-922</b>	<b>-314</b>	<b>- 332</b>	<b>18</b>	<b>-332</b>
<b>Net Expenditure</b>	<b>991</b>	<b>183</b>	<b>173</b>	<b>10</b>	<b>216</b>

**Comments on the above figures:**

In overall terms the revenue spending to the end of quarter 2 is below the budget profile.

Expenditure on employees needs to be monitored. The 2007/08 Budget included a £75,000 saving item relating to the proposed outsourcing of the Consumer Protection Service. Whilst negotiations are currently underway, this transfer has yet to take place, and so it would seem prudent to assume that this saving will not be fully achieved during the current financial year. However, a number of vacant posts have been kept unfilled with a view towards contributing to this savings item, and the current net overspend on employee costs for the first two quarters is in the region of £6,000.

Income budgets are running broadly to target at this stage in the year, and Cemeteries and Crematoria income are currently running slightly above the income target for the first two quarters. However, due to the nature of the service it is difficult to estimate whether this trend will continue for the year. The over-achievement of grants income relates to a payment received from the Home Office for copyright enforcement. This grant is fully committed to be spent during the year.

**Capital Projects as at 30th September 2007**

	Actual To 30th Sept. £'000	07-08 Capital Allocation £'000	08-09 Capital Allocation £'000	08-09 Capital Allocation £'000
Cemeteries	2	50	0	0
Headstone Safety Programme	18	50	0	0

**Bereavement Services Capital Programmes**




The actual spend of £2,000 shown for the cemeteries programme relates to some minor works plus a final payment due on phase 2 of the drainage and grading work, which was carried out on the western strip of Widnes cemetery during 2006/2007. Phase 3 of the western strip works is scheduled to commence at the end of September, resulting in the remainder of the capital allocation being spent in Q3.

A small underspend in the headstone safety programme has been managed to accommodate a small overspend in the cemeteries programme referred to above.

**LSP, External or Grant Funded Items as at 30th September 2007**

	Annual Revised Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Actual Including Committed Items £'000
Bill Payment Service	33	16	17	(1)	17

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<b><u>Green</u></b>	 <p>Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target is on course to be achieved</u>.</p>
<b><u>Amber</u></b>	 <p>Indicates that it is <u>unclear</u> at this stage, due to a lack of information or a key milestone date being missed, <u>whether the objective will be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.</p>
<b><u>Red</u></b>	 <p>Indicates that it is <u>highly likely or certain that the objective will not be achieved</u> within the appropriate timeframe.</p>	<p>Indicates that the <u>target will not be achieved</u> unless there is an intervention or remedial action taken.</p>