

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Health & Partnerships
PERIOD: Quarter 2 to period end 30th September 2009

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department second quarter period up to 30 September 2009. It describes key developments and progress against all objectives and performance indicators for the service.

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

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

2.0 KEY DEVELOPMENTS

Housing

The refreshed Homelessness Strategy was approved by Exec Board on the 24/9/09 and the action plan within it will guide future developments of the service over the next few years.

Following Executive Board approval on the 24th September 2009 the Council's temporary accommodation for homeless households at Grangeway Court is being re-designated as supported housing which, accompanied by a minor change to the Council's allocations policy, should enable the Council to reduce its homelessness acceptance rate and assist its homelessness prevention plans.

Commissioning

Joint report with PCT is being drafted for COMT in response to the Ombudsman Report "Six lives: the provision of public services to people with learning disabilities" which recommended all NHS and social care organisations should review effectiveness of systems and capability and capacity of services to meet additional and often complex needs of people with learning disabilities.

Quality Assurance

The team have completed tenders for the following:

1. Community Enablement service – this service provides floating support to people with learning & physical disabilities. The organisation that was successful in winning the tender was Glenelg who specialise in

providing support to children & adults with complex needs.

2. Domestic Abuse tender – Halton has brought together 3 Domestic abuse services and combined them to make one co-ordinated wrap around service. Halton Womens Aid has won this tender. The new service will comprise of the following:

IDVA – Independent Domestic Violence Advisor – who provides Independent support for high-risk individuals.

Floating support – to provide support to women who are deemed lower risk.

Sanctuary scheme – to provide security measures to enable people to stay in their own homes. This will assist in homeless prevention. This service will incorporate a 24-hour helpline.

Other tenders that have recently started are :

Meals on wheels. Stair lifts, and the Minor adaptations contract.

In addition a consultant is currently reviewing the current and future housing needs of adults with enduring mental health problems.

Service Planning & Training

A comprehensive training programme commenced in April 2009 to support the implementation of Self Directed Support and Personal Budgets. The training programme aims to provide managers and staff with the appropriate skills they require in order to implement self-directed support effectively. We have also commissioned training for contracted providers, which will help them make the changes that are required to deliver personalised services and Individualised Service Funds. The attendance and feedback from the training to date has been positive. The training programme will be evaluated in Jan 2009 with consideration of a second phase.

The Draft Joint Carers Commissioning Strategy 2009 - 2012 was presented to Healthy Halton Policy & Performance Board on 15.9.09 and is due to be presented to the Executive Board on 5.11.09

Halton Disability Partnership (HDP) formerly Halton Disability Alliance has been in existence for around 2 years. The organisation has found it difficult to sustain membership and develop aims, objectives or a business plan, therefore the Directorate will be working with an external provider to explore the options for HDP's development in more detail and following the outcome of this project, manage the transition of HDP to a user led organisation with the capability to manage services, effect change etc.

The Training Section, supported by a Business Process Analyst from ICT Services, have been investigating the potential benefits of implementing an e-learning package aimed at social care staff within the Directorate and offering the resource to contracted provider and partners. The project is currently at the stage of seeking expressions of interests from external providers to introduce and implement the E-Learning package.

3.0 EMERGING ISSUES

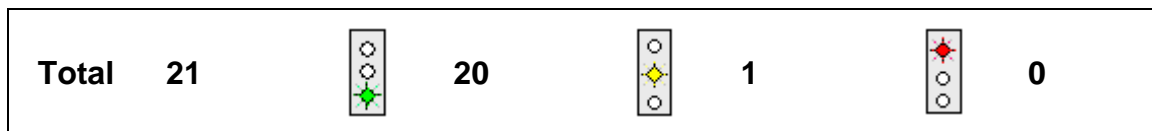
Commissioning

Halton in collaboration with the PCT and St Helens MBC has been selected by the NDTi to be the North West demonstration site for its Housing and Social Inclusion project. The project is part funded by DH and will run for two years See Quarter 1 for more details.

Quality Assurance

Work on the Business Contingency Plans for all independent Providers of support & care is underway. The QA team are co-ordinating the plans, training and responses in order to ensure to provide effective services in the event of an emergency.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

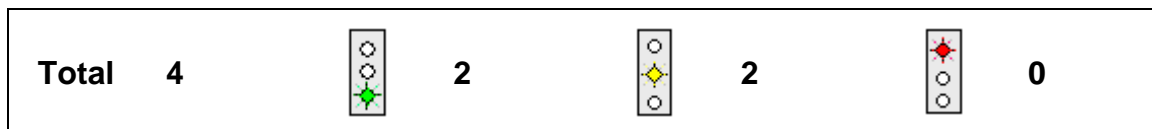


Satisfactory progress has been made for the majority of milestones/objectives. Where one objective has been given an amber traffic light this was due to an agreed revised completion date for a project being undertaken in partnership with the NHS. For further details please refer to Appendix 1

5.0 SERVICE REVIEW



Nothing to report this quarter

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



One KPI cannot be reported on as survey data will not be available until next year, and another has a changed definition hence it was considered appropriate to give an amber traffic light. The other amber refers to an indicator currently not achieving target but performance is expected to rise in the next quarter following staff training. For further details please refer to Appendix 2

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	12		8	NY	3		1
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One indicator, which measures staff turnover, is currently unlikely to meet target due to an increased number of staff leaving. This is being addressed by the introduction of exit interviews.

Where it is currently unclear the causes include the speculative data by partners and situations where timescales have been changes and I one instant the failure to meet some aspects of the targets. For further details please refer to Appendix 3

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 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 to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4. . Please refer to Appendix 4

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4. Please refer to Appendix 5







9.0 DATA QUALITY

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




10.0 APPENDICES

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

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
HP 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton	Develop commissioning strategy for challenging behaviour/Autism Spectrum Disorder Mar 2010 (AOF 6 & 30)		Business case prepared and to be presented to NHS Halton & St Helens in Dec. 2009
		Commission combined advice, support and sanctuary service for people experiencing domestic violence Mar 2010 (AOF 6, 30 and 31)		Completed The new wrap around Co-Coordinated service will commence December 1 st 2009
		Commission feasibility study for Supporting People 'Gateway' or single point of access service Mar 2010 (AOF 6, 30 and 31)		Feasibility study complete- work ongoing to progress to implementation.
		Establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets Mar 2010 (AOF6)		Transformation Team now established. Good progress being made. A comprehensive training programme underway.
		Commission supported living services for Adults with Learning Disabilities and People with Mental Health issues Mar 2010 (AOF 6, 30 and 31)		Work is in progress but report being taken to Exec sub to extend contract for further 12 months as completion date has been revised to 31/03/2011.
		Redesign the housing solutions service to ensure		Plans to integrate the homeless prevention and homeless




APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		the continued effective delivery of services Mar 2010 (AOF6 &)		assessment teams have been approved and are being implemented. Work to examine options to relocate the service from Catalyst House has been suspended pending the corporate accommodation review
		Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households Mar 2010 (AOF 6, 30 and 31)		A range of measures are being developed to ensure achievement of the target, including the re-designation of Grangeway Court as supported housing and negotiations with RSLs to provide a smaller number of units for use as furnished temporary accommodation.
		Introduce a Choice Based Lettings System to improve choice for those on Housing Register seeking accommodation Dec2010 (AOF 11&30)		It is anticipated that a report will be presented to Exec Board in the Autumn seeking key decisions to endorse a common sub regional allocations policy, the ICT supplier, and cost sharing details. The project is still on track to be implemented in 2010.
HP2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for	<i>Introduce new advocacy and service user involvement service Mar 2010 (AOF 6 and 30)</i>		A Tender process complete - contract awarded to SHAP. Service up and running August 2009.






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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
	improvement and contribute towards the effective re-design of services where required			
		<i>Update JSNA summary following community consultation Mar 2010 (AOF 6)</i>		Draft refresh of JSNA complete-currently out for comment from key stakeholders.
		Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes Mar 2010 (AOF 32)		Quality of life service questions have been created and are now used at every review by care staff. This should enable us to gauge the overall well being of the people that we come into contact with and take steps to deliver more positive outcomes.
HP3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	<i>Agree with our PCT partners the operational framework to deliver Halton's section 75 agreement Mar 2010 (AOF 33,34 and 35)</i>		Final report by Tribal completed and ongoing discussion to progress action plan.
		<i>Review commissioning framework for Supporting People to ensure links to LSP Mar 2010 (AOF 33 and 34)</i>		Report re the direction of SP programme to be presented to Urban Renewal PPB in November. Report includes recommendation re changes to the governance of the SP

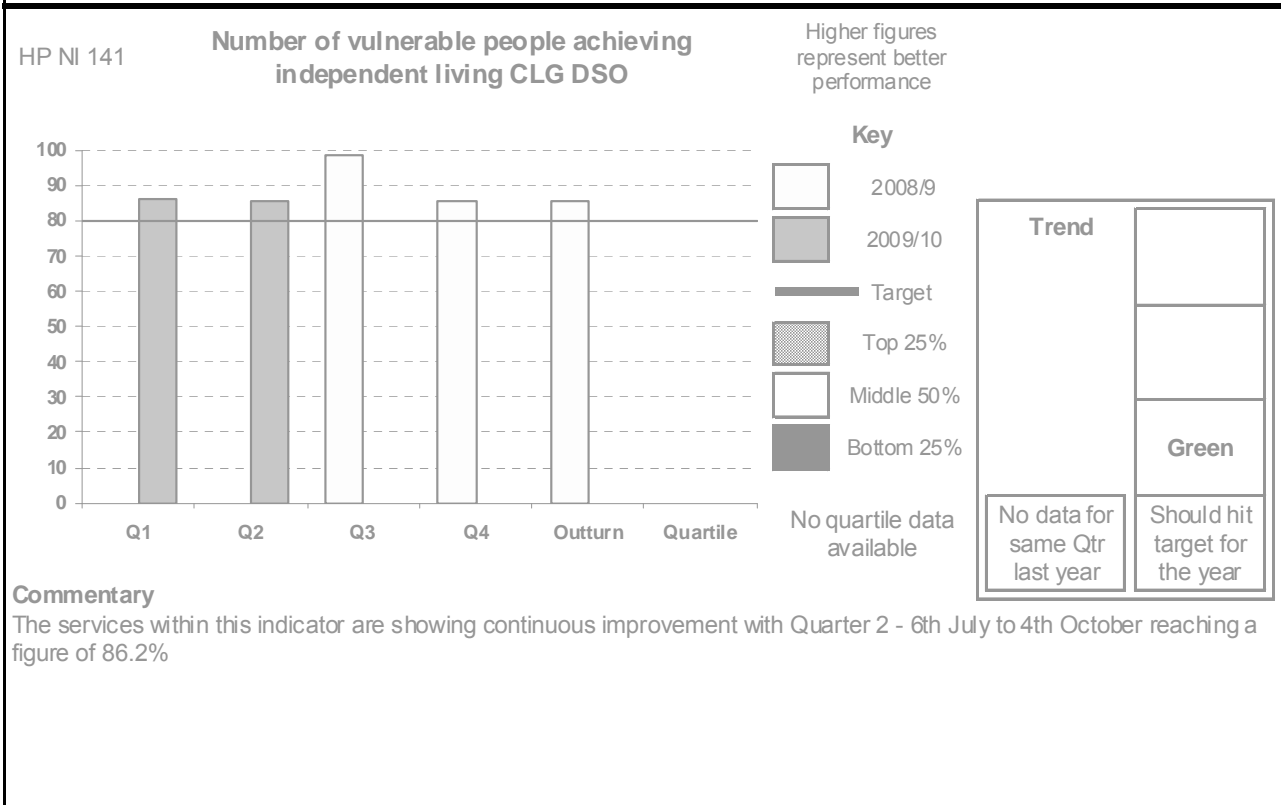
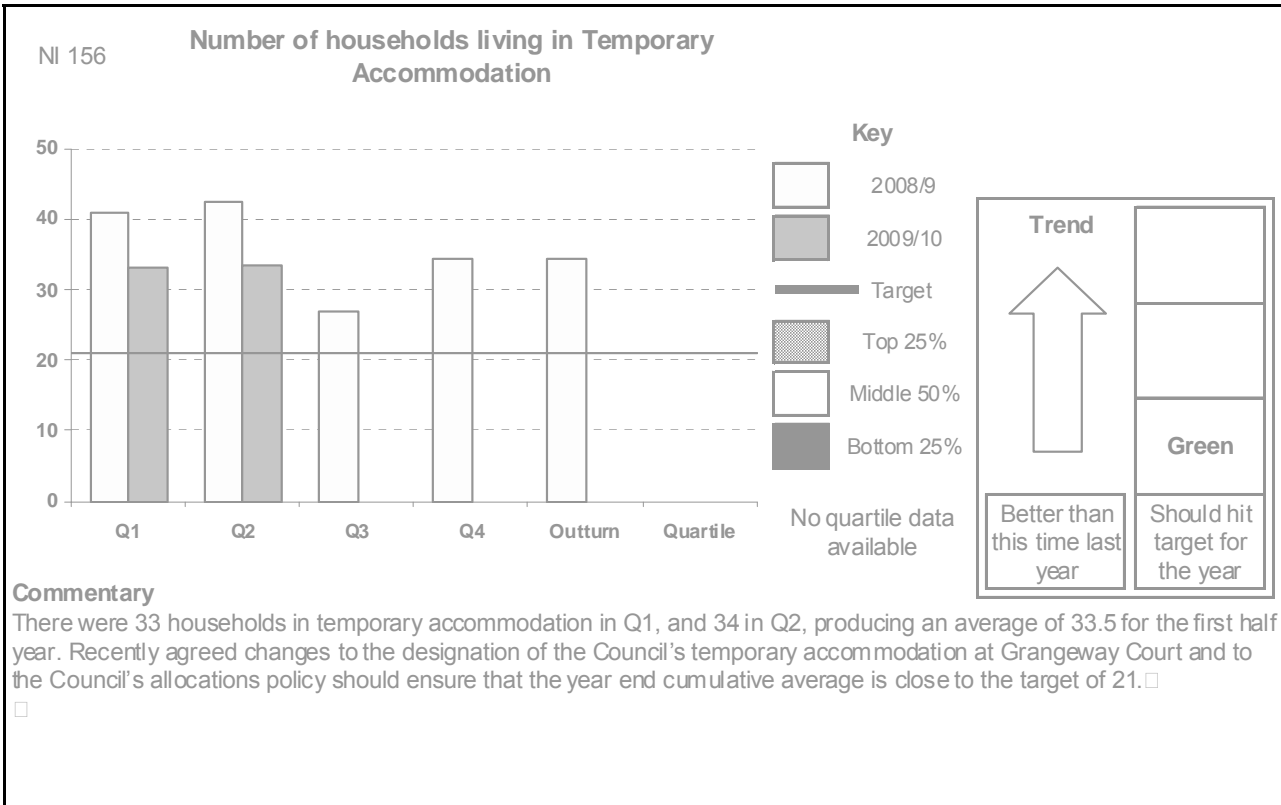
APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
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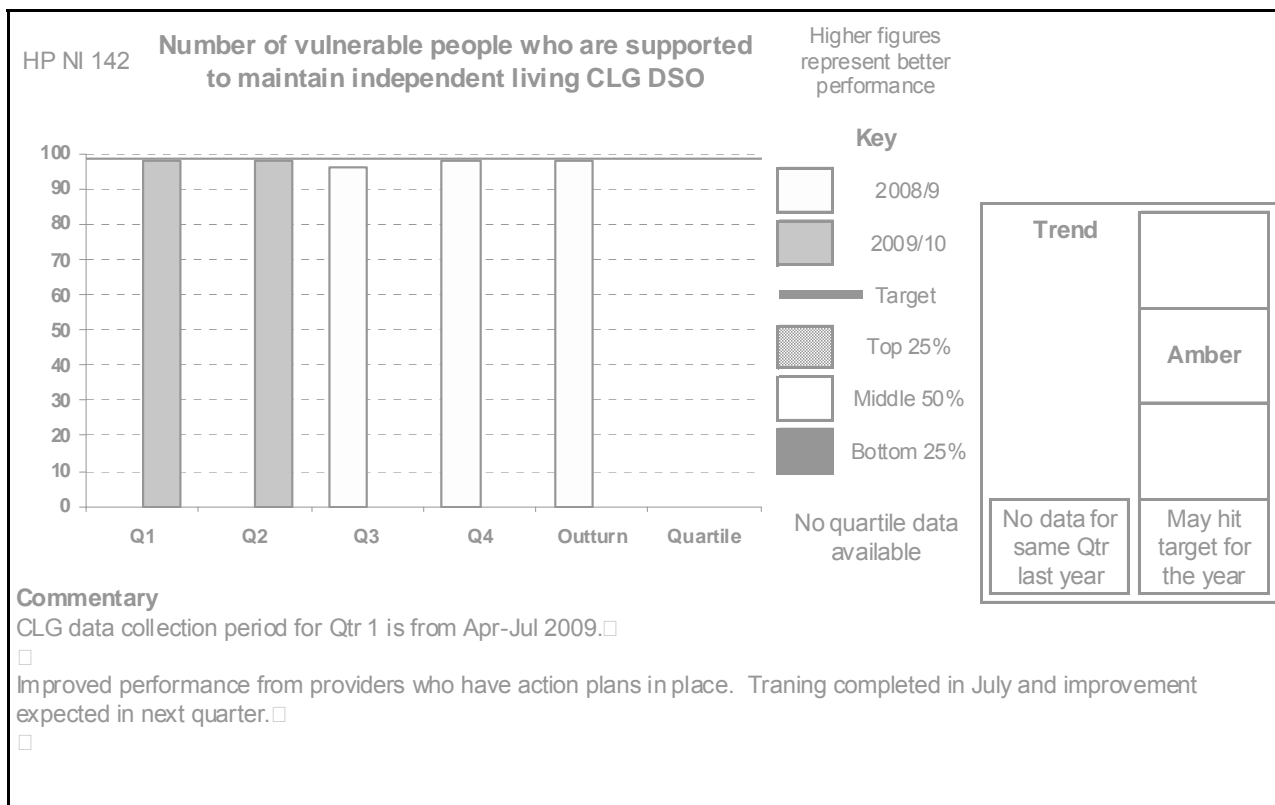
Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
				programme.
		Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2009 (AOF34)		Revised policy presented to Exec. Board Sub Committee on 10/0910
		<i>Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach Nov 09 (AOF 33)</i>		Current policy reviewed and amended as appropriate.
		<i>Review and revise the performance monitoring framework according to changing service needs to ensure that any changing performance measure requirement are reflected in the framework and the performance monitoring cycle Sep 2009 (AOF33)</i>		A new outcome focussed review from has been agreed and a person centred assessment from is being developed. When these are finished we will liaise with Helen Sanderson Associates to produce an outcomes performance framework for the Directorate.
		<i>Develop and implement appropriate workforce strategies and plans to</i>		Workforce strategy updated for 2009/10. New strategy considers workforce implications of

APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
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Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		<i>ensure that the Directorate has the required staff resources, skills and competencies to deliver effective services</i> Mar 2010 (AOF 39)		personalisation agenda.
		Develop a preliminary RAS model and explore impact on related systems Apr 2010 (AOF 34)		RAS model developed and will now be tested. National work on RAS to be incorporated.
		Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda May 2010 (AOF 34)		Arrangements reviewed and additional capacity created to meet personalisation agenda.
		Review & update, on a quarterly basis, the 3 year financial strategy Mar 2010 (AOF 34)		Interim work underway.
		Review and deliver SP/Contracts procurement targets for 2009/10, to enhance service delivery and cost effectiveness Mar 2010 . (AOF35)		Annual work plan completed and incorporated into divisional workplan. Progress to be reviewed on a quarterly basis at DMT.

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The following indicators have not been shown as a table, for the reason stated: -

NI 127 self reported experience of Social Care Users: -

Indicator is derived from the Equipment Survey. Value will be reported either at year end if value known or in Quarter 1 2010.



NI 130 Social Care Clients and carers receiving self directed support (DPs/Individualised Budgets)

Indicator now monitored against the new definition, which is clients and carers in receipt of self directed support as a percentage of clients and carers in receipt of services, as opposed to the old definition of clients and carers in receipt of self directed support per 100000 population. Target and out-turn figure have been adjusted to reflect the change in definition.




It has therefore not been practical to show this indicator in tabular form

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
Cost & Efficiency						
HP LI 1	% of SSD directly employed posts vacant on 30 September	7.9	8	7.9		This figure remains the same as the previous year and will change after September 2009. Currently it is on track for remaining within the target set for the year.
Service Delivery						
HP LI 2	No of relevant staff in adult SC who have received training (as at 31 March addressing work with adults whose circumstances make them vulnerable	450	475	460		Printed out relevant staff list from SSDS001 (30.9.08) and obtained all Safeguarding Adults Training registers for 2005-06, 2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with the Safeguarding Vulnerable Adults Co-ordinator and operational services, staff will be allocated specific training dates to ensure meeting target.
HP LI 3	% of relevant social care staff in post who have had training (as at 31 March) to identify and assess risks to adults whose circumstances make them more vulnerable	71%	81%	77%		Printed out relevant staff list from SSDS001 (30.9.08) and obtained all Risk Assessment Training Registers for 2005-06, 2006-07, 2007-08, 2008-09 & 2009-10 to date. Mapped signatures against staff list and calculated attendance. Working closely with operational services staff will be allocated specific training dates to ensure meeting target.

APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
HP LI 4	Estimate % of relevant staff employed by independent sector registered care services that have had training on protection of adults whose circumstances make them vulnerable.	82%	82%	82%		<p>Obtained all Safeguarding Vulnerable Adults Registers, then identified Independent Sector attendees that had attended the Facilitators, Train the Trainer, Basic Awareness and Referrers Training and obtained the Ind. Sector Staffing numbers from Contracts Section.</p> <p>636 Ind. Sector Staff attended training and 133 attended Facilitators/Train the Trainer Training, therefore, assuming that each facilitator trained 3 members of their team that gives a total of 1002 from a grand staffing total of 1035. Assuming a 15% turnover on the staff trained (852) the calculated percentage is 82%</p>
HP LI 5	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough).	5.4	4.0	2.7		<p>There were 147 successful prevention outcomes in the first half year (2.7 preventions per thousand households). If this trend continues in the second half year the target of 4.0 preventions per thousand households will be exceeded.</p>


APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
H LI 6	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years	1.2	1.2	0		There were no cases of repeat homelessness in Q1 or Q2. (The P1E definition of repeat homelessness has now changed to the proportion of households accepted as statutorily homeless who have previously been accepted by the same LA where a main duty was ended within the past 2 years.)
HP LI 7	Percentage of SSD directly employed staff that left during the year.	7.58	8	10.32		The Exit Interview Policy is due for review over the next couple of months and as part of this review the exit interview questionnaire will be revised. The KPMG Efficiency Review is currently underway, as well as the results of the job evaluation appeals for the Directorate being announced earlier this year, both of which may have a negative impact on the leavers figure throughout the remainder of this year.
HP LI 8	Percentage of Social Services working days/shifts lost to sickness absence during the financial year.	8.03	8	6.72		Includes data up to end of September
HP LI 9	The percentage of undisputed invoices, which were paid in 30 days	99	97	NYA	NYA	Indicator value not yet available.


APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
NI 39	Hospital Admissions for Alcohol related harm	2354.8	2137.9	637.5	NYA	<p>□ An 'Alcohol Partnership Commissioning Group' has been formed with the main aim of reducing alcohol related harm throughout Halton and St Helens. With support from St Helens Council, Halton Borough Council, the police, the probation service, the voluntary sector and other partners, the group will devise an ambitious, overarching alcohol harm reduction programme as well as overseeing the alcohol work streams of the Commissioning Strategic Plan.</p> <p>□ The PCT has secured the support of the Regional Alcohol Improvement Programme who have now re-branded as 'Drink Wise North West' and who are funded by the Department of Health. They have agreed to □ An 'Alcohol Partnership Commissioning Group' has been formed with the main aim of reducing alcohol related harm throughout Halton and St Helens. With support from St Helens Council, Halton Borough Council, the police, the probation service, the voluntary sector and other partners, the group will devise an ambitious, overarching alcohol harm reduction</p>



APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
						<p>programme as well as overseeing the alcohol work streams of the Commissioning Strategic Plan.</p> <p>□ The PCT has secured the support of the Regional Alcohol Improvement Programme who have now re-branded as 'Drink Wise North West' and who are funded by the Department of Health. They have agreed to</p>
NI 119	Self-reported measure of people's overall health and well-being	-	-	NYA	-	Data derived from health not yet available.
NI 120	All-age all cause mortality rate	Male 851.9 Female 690.3	Male 780 Female 590	Male 844.5 Female 624.6		Provisional figures based on mortality from Jun 08-May 09 suggests that both male and female all age all cause mortality is higher than we would expect if the Borough was on target to meet year end LAA targets. A programme of accelerated action is being implemented from the recommendations of the National Support Team visit for Health Inequalities and whilst this is being led by the PCT, the Borough Council are fully engaged in this process especially linking to actions around vulnerable people.

APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
NI 121	Mortality rate from all circulatory diseases at ages under 75	64.3	83.21	80.6		Current initiatives in progress include Health Checks Plus to be delivered by all key front line health workers; an initiative that measures key health influences on CVD eg. cholesterol, blood pressure, pulse, BMI, blood glucose levels and smoking status. QOF Plus - health checks in GP practices to identify all patients at risk of CVD and monitor those with CVD problems. NHS Halton & St Helens staff are working with Council staff to identify cohorts of vulnerable people in the local population and prevent excess winter deaths. The GO men's health programme is working with men over 40 in NMT areas and identifying people with heart disease and signposting them to appropriate services. The staff Work Well programme is now established and running across the PCT and as a pilot in the Local Authority. This programme identifies staff at risk of CVD and signposts them if necessary. It also offers lifestyle advice. Obesity services have now been commissioned and will be in place by January 2010. These should have a significant impact on CVD. Given smoking targets were exceeded in 2008/09 and we are on target to achieve the 09/10 target this also will have a significant impact on CVD rates.



APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
NI 122	Mortality from all cancers at ages under 75	161.7	128.9	157.9		The current data is speculative and robust data will be available in December 2009. The early detection for cancer pilot has been developed as a business plan and approved. It has now started to rollout across Halton and St Helens. Good progress has been made with smoking cessation. Halton and St Helens had the 4th highest quit rate across the North West for 2008/09 and it is anticipated this progress will continue for 2009/10. Bowel screening continues with Halton and St Helens progressing favourably against other spearhead PCTs. A business plan has been developed to put in place a screening lead to work with GP practices that are under performing regarding bowel, breast and cervical screening.
NI 123	16+ current smoking rate prevalence – rate of quitters per 1000 population	687	961	351		Halton has met the proposed target for September. Halton and St Helens continue to make good progress with smoking cessation exceeding set targets. The latest analysis of stop smoking results across the North West indicate that Halton and St Helens had the fourth best result in the area.
NI 124	People with a long term condition supported to be independent and in control of their treatment	-	NYA	NYA	-	The PCTs Commissioning Strategic Plan (2009-2014) places a strong emphasis on early diagnosis and detection of disease and ill health prevention. This will result in an increase in the number of people supported to manage their own condition through risk management plans and


APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 2	Progress	Commentary
						personalised health and social care plans. Although we presently cannot measure the performance routinely, we are confident that the 2010 survey will reflect this new and stronger emphasis on self care.
NI 126	Early access for women to maternity services		3002	342	NYA	This information is collected quarterly as part of the Vital Signs Monitoring Return and this data is from July 09 - September 09 from Halton and St Helens PCT.
NI 128	User reported treatment of respect and dignity in their treatment	-	-	NYA	-	Data derived from health not yet available
NI 137	Healthy life expectancy at age of 65	NA	NA	12.3	NA	A measure of the number of years that a person can expect to live in good or fairly good health after the age of 65 .To obtain healthy life expectancy, a standard survey question on self-reported health is asked of those over 65. Results from this are then applied to life expectancy projections at 65 to show how many of the years to be expected will be spent in good health. Data sourced from the 2001 ONS Census data.



APPENDIX 3 PROGRESS AGAINST OTHER INDICATORS
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
<p>HP2</p> <p>Milestone: Update JSNA summary following community consultation</p>	<p>Failure to identify resources/skills required to refresh data and summary on an annual basis and produce full JSNA on 3yr basis</p>	<p>Work with colleagues in Public Health, Corporate Intelligence Unit and CYP to identify staff with appropriate skills/knowledge to undertake work</p> <p>Ensure that work on JSNA is built into identified staffs work programmes</p> <p>Establish formal reporting mechanism for progress with JSNA to Health PPB</p>	<p>March 2010</p>		<p>JSNA Working Group comprising of reps from HBC Research & Intelligence, Policy and Partnerships, Health & Community and Children & Young Peoples Directorates and PCT Public Health colleagues set up. Meeting in October will confirm Terms of Ref./membership etc</p> <p>Work on JSNA to be built into work programmes – Framework agreed. Full refresh Sept'09-Sept'10</p> <p>Service Development Officer (Health) attends the Health PPB and will provide updates on JSNA as required.</p>
	<p>Failure to implement comprehensive community consultation</p>	<p>Work with colleagues in Public health, corporate communications and CYP to identify staff with appropriate skills/knowledge to carry out annual consultation.</p> <p>Ensure that work on JSNA consultation is built into identified staffs work</p>	<p>March 2010</p>		<p>JSNA Communication, Engagement & Consultation plan under development and will form part of the Service Development Officer (Health) work plan.</p> <p>Community consultation/communication activity planned to date: JSNA Road Shows & Street Survey on health/lifestyle factors. Survey will also</p>



APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		programmes			be available on line form HBC website (Sept/Oct 09), Halton Citizens 2000 Panel Survey on barriers to healthy lifestyles/wellbeing. The Health & Wellbeing section of this survey will also be available on line form HBC website (Oct 09 – LINK assisting with the development of survey). MORI/Place Survey update (Sept 09) Cross Directorate analysis of what existing/scheduled consultation activity could feed into the JSNA. Article in Halton's Health 'e' Newsletter to raise awareness of forthcoming JSNA – can have a regular slot to promote planned consultation activity (Oct 09)
<p>HP 2</p> <p>Milestone: Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes</p>	<p>Failure to demonstrate outcomes and work with service users to improve them could mean that poor services are provided to the people that need them and ultimately reduce the Directorate's performance rating</p>	<p>Contact Centre Surveys undertaken on new service users to test service experience</p> <p>Surveys undertaken on specific topics through the year so that outcomes are tested and views on service improvements are sought.</p>	<p>Nov 2010</p>		<p>A new quality of life survey is now undertaken at review and the results are being collated. The intention is to extend this to a similar survey to be used by the lifeline service with people who are only in receipt of lifeline in the meantime the contact centre continues to test service users experiences of the lifeline service.</p> <p>The statutory service user survey</p>



APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					was undertaken in April 2009 and this has been followed up in December 2009 to make sure that people receive quality care services that meet their needs.
<p>HP 3</p> <p>Milestone: Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach</p>	<p>Failure to respond to the statutory performance agenda and care frameworks could impact on the people the Directorate provides services to and the performance rating of the Directorate.</p>	<p>An annual performance strategy is created that details all the checks and balances in place so that performance is monitored appropriately. This includes a timetable of the reporting and testing mechanisms that are used to monitor performance.</p>	<p>September 2009</p>		<p>The performance strategy has been developed and a divisional business plan outlines all tasks to be accomplished in the year ahead.</p>
<p>HP3</p> <p>Milestone: Develop a preliminary RAS model and explore impact on related systems</p>	<p>Failure to follow a staged approach to developing the preliminary RAS model will not highlight areas of concern and meet NI 130 targets.</p>	<p>A ongoing monitoring of performance development, highlighting findings and taking appropriate action to amend the RAS</p>	<p>March 2010</p>		<p>The Personalisation team is evaluating Halton's bespoke questionnaire. Points allocated will feed into the developing Desktop RAS which will be available at the end of January 2010 to test a further 20 physical and sensory disability service users, with a working model rolled out in April 2010.</p>


APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					The Personalisation team has also evaluated the National RAS and questionnaire and has decided to continue with the development of the existing model given current ownership from staff and recognition of informal care in Halton's model.
	Failure to review on going performance development to ensure RAS is continually updated	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010		The performance strategy has been developed and a divisional business plan outlines all tasks to be accomplished in the year ahead.
	Failure to explore areas of concern on related systems and flag issues with manager	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010		<p>The Personalisation team is evaluating Halton's bespoke questionnaire. Points allocated will feed into the developing Desktop RAS which will be available at the end of January 2010 to test a further 20 physical and sensory disability service users, with a working model rolled out in April 2010.</p> <p>The Personalisation team has also evaluated the National RAS and questionnaire and has decided to continue with the development of the existing model given current ownership from staff and recognition</p>





APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					of informal care in Halton's model.
<p>HP3</p> <p>Milestone: Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda</p>	<p>Not consulting with all relevant parties throughout the process may delay the alignment of the agenda</p>	<p>Regular meetings of the Self Directed Support Groups will ensure all parties are informed and any areas of concern highlighted and considered. Consultation with service users arranged.</p>	<p>May 2010</p>		<p>Various consultation events have been held this quarter by the Direct Payments/ Individualised Budgets team e.g. Meeting with Carers forums, Social Work Teams to promote the use of Direct payments and IB's. A support group for service users and their carers receiving a DP has also re-commenced which will be held every two months to update and engage service users on the progress of the personalisation agenda. Quarterly Newsletters also provide useful feedback.</p>
<p>HP3</p> <p>Milestone: Review and deliver SP/Contracts procurement targets for 2009/10, to enhance service delivery and cost effectiveness</p>	<p>Failure to secure/retain adequate staffing resources within team to project manage tender process</p>	<p>Secure support from SMT to resource team at level needed to complete 2009/10 work programme</p> <p>Limit opportunities for secondment to reduce loss of skills/knowledge within the team</p> <p>Agree priority work areas (based on risk) and offer</p>	<p>March 2010</p>		<p>The Seconded staff member returns in time to assist with the high-risk tenders. This will strengthen the team in the necessary skills and knowledge for the high-risk tenders.</p> <p>All the tenders within the work plan are recorded against the level of risk they pose to the Council</p>

APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		advice and guidance only in respect to projects/tenders deemed low risk			
	Unable to award contract due to lack of or poor quality of tender submissions	<ul style="list-style-type: none"> Maximise opportunities for providers to submit comprehensive tenders by building in sufficient time for returns at each stage of the tender process. Advertise tenders on a national basis. Develop contingency plans for the extension of existing services subject to tender. 	March 2010		<p>The tenders will be advertised Nationally in trade journals (Community Care magazine) In addition " Open days have been integrated into the Project Plan.</p> <p>The Contingency plan will ensure that Contracts will agree formal extensions to all Providers.</p>

APPENDIX 4 PROGRESS AGAINST RISK CONTROL MEASURESE
Health and Partnerships
Safer Halton

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010		Survey fieldwork completed. Final report expected Jan 2010. On target to produce data by financial year end.
Business Support	Collection and analysis of biannual service user survey, disaggregated by equality strand	March 2010		Completed.
Service Planning	Carry out a consultation and scoping project to identify LGBT carers and potential carers to identify any specific needs not currently addressed, ensuring that services are responsive to needs	March 2010		LGBT survey completed no replies received. Survey sent to 130 people in Halton - that were members of an LGBT magazine.
Older People's Services	Appointment of a Dignity Coordinator to drive the agenda forward in relation to older people in health and social care settings	March 2010		Coordinator in post. Action plan completed.

APPENDIX FIVE – PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS
Health & Partnerships
Safer Halton

HEALTH & COMMUNITY - HEALTH AND PARTNERSHIP
Revenue Budget as at 30th September 2009

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,062	2,067	2,065	2	2,174
Premises Support	121	52	50	2	50
Other Premises	33	17	15	2	15
Supplies & Services	427	245	257	(12)	305
Training	131	18	12	6	12
Transport	19	9	14	(5)	14
Departmental Support Services	174	0	0	0	0
Central Support Services	731	15	15	0	15
Agency Related	259	91	68	23	84
Supporting People Payments to Providers	7,222	3,358	3,355	3	3,355
Unallocated Grants	366	0	0	0	0
Asset Charges	963	0	0	0	0
Total Expenditure	14,508	5,872	5,851	21	6,024
Income					
Sales	-13	-6	-5	(1)	-5
Receivership Income	-19	-10	-15	5	-15
Rents	-142	-115	-133	18	-133
Departmental Support Services Recharges	-3,687	0	0	0	0
Supporting People Main Grant	-7,411	-3,718	-3,719	1	-3,719
Social Care Reform Grant	-559	-559	-559	0	-559
Adult Social Care Workforce Grant	-364	-182	-182	0	-182
Supporting People Admin Grant	-112	-56	-56	0	-56
Training Support Implementation Fund	-95	-95	-95	0	-95
Homelessness Grant	-65	-43	-46	3	-46
Disabled Facilities Grant	-40	-40	-38	(2)	-38
Mortgage Rescue Scheme	-38	-38	-38	0	-38
Other Grants	-92	-90	-90	0	-90
Re-imbursements	-95	-84	-86	2	-86
Other Income	-84	0	0	0	0
Total Income	-12,816	-5,036	-5,062	26	-5,062
Net Expenditure	1,692	836	789	47	962

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is £47k under budget profile, due in the main to the overachievement of income targets and reduced expenditure on bed and breakfast accommodation for the homeless.

Receivership income has continued to overachieve against budget profile despite lower interest rates reducing income received from fees. The trend of service users changing from appointee to receivership status in line with the Mental Capacity Act continues and there are an increased number of appointee service users being managed by the Appointee & Receivership team having transferred from Halton Supported Housing Network. The additional income generated is being used to fund a post in order to meet current demand.

Rents received during the period are continuing to be higher than anticipated at budget setting time.

Health & Partnership

Capital Budget as at 30th September 2009




	2009/10 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
IT	28	0	0	28
Total Spending	28	0	0	28

Housing Strategy & Support Services

Capital Projects as at 30th September 2009

	2009/10 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<u>Private Sector Housing</u>				
Housing Grants/Loans	354	107	77	277
Disabled Facilities Grants	686	295	291	395
Adaptations – Joint Funding RSLs	650	168	165	485
Stair Lifts	120	67	67	53
Energy Promotion	100	0	0	100
Choice Based Lettings & Communications Technology	50	0	0	50
Modular Building	45	0	0	45
Home Link	10	0	0	10
Contingency	50	0	0	50
Total Spending	2,065	637	600	1,465

The traffic light symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 <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>
<u>Amber</u>	 <p>Indicates that it is <u>unclear</u> at this stage <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>
<u>Red</u>	 <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>