

## Health PPB Thematic Performance Overview Report

**Directorate:** Communities Directorate

**Reporting Period:** Quarter 1– Period 1<sup>st</sup> April 2012 to 30<sup>th</sup> June 2012

### 1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the first quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

### 2.0 Key Developments

2.1 Eileen O'Meara has now been jointly appointed as Director of Public Health until 2013 prior to the formal transfer of the Public Health function into the Local Authority.

There have been a number of developments within the first quarter which include:-

#### **I COMMISSIONING AND COMPLEX CARE SERVICES**

##### **Commissioning**

###### **Contractual Services**

Lifeways who provided services under the Council's Framework Contract for the Provision of Supporting People and Social Care services served three months' notice in January 2012 of their intention to cease working in Halton. Alternative Futures has been commissioned through the framework and services were successfully transferred in April 2012. An annual saving of £11,000 has been achieved whilst maintaining the same levels of front line support.

Bredon Residential Respite Service currently offers short breaks to adults with learning disabilities who live with family carers. The contract with the current Provider ends in December 2012. The opportunity has been taken to revise the service specification to extend the service to support those with challenging behaviour, Autism specific condition or other complex needs. This service has now been put out to open Tender.

##### **Complex Care**

###### **Mental Health Services**

The reconfiguration of the way Mental Health services are provided within the 5Boroughs Partnership has continued through the year, in alliance with the Borough Council. A detailed Action Plan is being implemented to ensure that the key aims of the new service –to promote recovery and ensure that effective treatment is in place for all patients – are in place. Services are being rationalised, with some crossing local authority boundaries, and with new Assessment and Home Treatment services being established. It is intended that this work should be completed by the end of the financial year. The expectation is that this will result in increasing numbers of people being supported in the community, with less need for inpatient services.

The nature of local partnership arrangements and planning processes in Mental Health is also changing and particularly the development of the local Clinical Commissioning Group. The previous planning structure had been put in place to implement the 1999 National Service Framework for Mental Health; the ten-year time frame for this has now ended and it is appropriate to put new planning processes in place. A local Mental Health Strategic Partnership Board is being set up, charged with overseeing the design and delivery of high quality local Mental Health services.

## **II PREVENTION AND ASSESSMENT SERVICES**

### **The Establishment of an Integrated Safeguarding Unit**

Halton Borough Council are currently undertaking a 12 month pilot in conjunction with the local Clinical Commissioning Group (CCG) to establish an integrated adults safeguarding unit. The aim of the new model of delivery will be to provide a hub and spoke model which is an efficient, flexible and responsive service to the local population. The Unit will lead on adults safeguarding and dignity work across the Health and Social care economy. It will be headed up by a Principal Manager supported by two social workers, two nurses, a Safeguarding/dignity Officer, a Board Certified Behavioural Analyst and a GP. This will enable the unit to effectively operate particularly with its interface with the Community Nursing Teams, Acute Hospitals and Care Management Teams.

### **Telecare**

The Telecare Services Association (TSA) has reviewed and awarded Halton's telecare service its accreditation and new European Standard award and platinum status for the second successive year. There is good evidence to show that this service is making a difference to individuals, their Carers and to the delivery of health and social care as a whole and places us in an excellent position to progress telehealth in the future.

### **Reconfiguration of Care Management**

The reconfiguration, has involved the restructure of the current care management teams to create a dedicated multi-disciplinary duty function team. An Initial Assessment Team (IAT) is responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices. The new model was launched at the beginning of June 2012.

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

The 2011/12 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy is in the process of being completed. The submission date for the self-assessment is 7<sup>th</sup> September 2012. The self-assessment will be presented to the People's Cabinet and the Learning Disability Partnership Board for approval and sign off.

The Partnership Board continues to meet on a bi-monthly basis with dedicated themes. In July 2011 the Learning Disability Partnership Board developed a Business Plan. The Business Plan includes 3 key actions for each of the 6 key themes from Valuing People Now e.g. health, employment etc. A lead officer has been identified to deliver each of the key actions, and those lead officers are contacted every quarter to provide progress updates on their key actions. The Business Plan updates have been presented to the Learning Disability Partnership Board which have helped to inform the annual self-assessment report and work priorities.

### **Learning Disability Nursing Team**

The Learning Disability (LD) Nursing Team are continuing to work within the GP's surgeries to ensure that the Learning Disability register held by the surgeries are up to date and people on the register are invited to attend for their health check. There has been pro-active work to try to encourage surgeries to complete LD health checks throughout the year. The Learning Disability Nurses are attending the clinics to offer support, advice and guidance to practice nurses etc. and to support those people with a Learning Disability.

### **Health Promotion**

A 12 week health promotion workshop for men commenced in February. This proved to be a real success and all men who joined completed the full course. There are plans to have a further group starting in September, as well as a women's group. Data relating to Health Action Plans (HAP) being completed by Providers is being collected and collated. A HAP audit will be undertaken in the autumn. A pathway for Dementia and Challenging Behaviour is being developed in conjunction with 5BP colleagues.

## **3.0 Emerging Issues**

3.1 A number of emerging issues have been identified during the first quarter that will impact upon the work of the Directorate including:-

### **I COMMISSIONING AND COMPLEX CARE SERVICES**

#### **Learning Disabilities – Integrated Working Programme**

A programme of work has now been initiated in conjunction with the NHS. This includes reviews for those identified as most vulnerable. The Adults with Learning Disabilities Partnership Board has received a report on progress and the joint working, and the outcomes, will be reported in the NHS Self-Assessment Framework to be submitted in October 2012.

#### **Interim Report – Winterbourne View**

The Department of Health review of Winterbourne View: Interim Report was published in late June. The Chief Executive of the NHS Commissioning Board Authority and Director-General of Social Care, Local Government and Care Partnerships have jointly written to all PCT's and Local Authorities to highlight the actions set out in the report and the need for Health and Social Care to work jointly at both national and local level to commission services to improve outcomes and enable people with learning disabilities to lead fulfilling and safe lives in the community. The final report is anticipated in Autumn 2012. Locally the Learning Disability Partnership Board Healthcare for All group will oversee progress. The Membership includes health and social care professionals, family carers and self-advocates.

#### **Mental Health Services**

In 2011, the government issued the latest national strategy for Mental Health 'No Health without Mental Health', which places a greater emphasis on managing Mental Health problems as a whole system, rather than solely being the remit of more specialist services. It focuses on the continuum of care needed throughout people's lifetimes and across all systems. This key policy document has now been followed by an Implementation Guide, which will be used locally to benchmark services and ensure that local delivery is effective. In Halton, the new Health and Wellbeing Board has made Mental Health its key priority for the coming year.

The changes in service delivery described above – the development of the Clinical Commissioning Groups and the reconfiguration of 5 Boroughs services, means that previous partnership arrangements are no longer valid. As part of the work of the new Mental Health Strategic Partnership Board, new partnership arrangements will be identified and implemented.

There are significant pressures on local Mental Health Social Care Services. There has been an increase in the number of assessments required under the Mental Health Act 1983, which impacts strongly on the limited number of Approved Mental Health Professionals required for this role. In addition, there are more and more requests for Mental Health Social Services involvement in a range of activities.

As a result of this, a formal review is taking place of the role and function of the Mental Health Outreach Team, and wider consideration is being given to the shape of local social care Mental Health services in the years to come.

## **II PREVENTION AND ASSESSMENT SERVICES**

### **Continuing Health Care**

Work is currently progressing with the Clinical Commissioning Group to develop an Integrated approach to Continuing Health Care, with the development of pooled budgets and integrated commissioning. A Business Plan will be completed by September for consideration at the Board.

### **Halton Disability Partnership**

Halton Disability Partnership has secured 5 year's funding through a Big Lottery Reaching Communities grant and consequently will be able to host the Disability Forum for the foreseeable future. They are currently working with the Council to develop some projects to support personalisation, a PA register, peer support, and information and advice.

### **Integrated Care Homes Support Team**

Within Halton, there are plans to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as GP's, Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector.

## **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2012/13 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

## 5.0 Progress against high priority equality actions











There have been no high priority equality actions identified in the quarter.

## 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

### I Commissioning and Complex Care Services

#### Key Objectives / milestones

Ref	Milestones	Q1 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents <b>Mar 2013</b> (AOF4)	
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>Mar 2013</b> . (AOF 4)	
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2013</b> . (AOF 4)	
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. <b>Mar 2013</b> (AOF 4)	
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. <b>Mar 2013</b> (AOF 4)	
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents <b>Mar 2013</b> (AOF11)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>Mar 2013</b> (AOF 21)	
CCC2	Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure requirements are met (including the submission of appropriate funding bids). <b>Mar 2013</b> (AOF18 & 21)	
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. <b>Mar 2013</b> (AOF 21 & AOF 22)	
CCC3	Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. <b>Mar 2013</b> . (AOF21, AOF 24 & AOF 25)	

## **Supporting Commentary**

### **Review of Homelessness Services**

The Homelessness Strategy review for 2013 – 2017 is due to commence August 2012. The relevant Homeless Forum Sub Groups and Strategic Commissioning Group have now been devised and will form part of the consultation and review process. It is anticipated that the Strategy review and Action Plan will be completed and circulated by December 2012.

### **Autistic Spectrum Disorder**

An Action Plan, in response to the National Autistic Society Review (available May 2012) is now in place. This will be regularly reviewed.

### **Local Dementia Strategy**

The Associated Dementia Strategy and Implementation plan has been refreshed and will be signed off at the Dementia Steering Group on July 13<sup>th</sup> 2012. The action plan includes areas that have been completed e.g. dementia care advisors, dementia café etc. and areas that need to refocus to ensure completion; for example training and public awareness. A copy of the refreshed plan is available through Halton BC Commissioning department.

### **5Boroughs NHS Foundation Trust Mental Health redesign proposals**

A local Steering Group has been set up to ensure the delivery of the Acute Care Pathway. Service specifications have been developed, key appointments have been made within the 5Boroughs, and a comprehensive local Action Plan is in place. The required changes are expected to be delivered by the end of the financial year.

### **Carers Centre**

The Carers Centre are now through to the final stage of the Big Lotteries application for funding. They have submitted their finance plan and have been advised that they will have an outcome by the last week in August 2012. Depending on the outcome; this may result in 50% funding being returned to the Local Authority which will result in an efficiency saving. (In September 2011 SMT agreed to provide 50% match funding beyond March 2012)

Meanwhile, the Clinical Commissioning Group (CCG) has agreed to a proposal to increase Carer's provision by strengthening working between the Local Authority and Health and developing stronger referral pathways. This means that the Carers Centre will gain 1 x FT post and 2 x PT posts to ensure that Carers needs continue to be met; where Carers have prioritised and identified gaps in services.

### **Domestic Violence**

A Domestic Abuse Project Group has been set up to consider how supported accommodation will be provided to Halton residents fleeing domestic abuse in the future. This pilot will consider alternative accommodation options alongside the traditional refuge provision model. Due to this pilot, the contract currently held by Women's Aid to provide the Halton Domestic Abuse Service consisting of Refuge Provision, Sanctuary Measures, Floating Support and Independent Domestic Violence Advocate (IDVA) service will continue to be funded until 2014. As part of the remit of this group an appraisal of all aspects of domestic abuse service provision is to be included to develop and shape a future service that meets the needs of our local client base.

### **Establishment of Local Healthwatch**

Healthwatch specification has been drafted and additional support has been identified and offered to existing LINK to develop them into a viable Healthwatch organisation. The following tasks are currently being undertaken to ensure that all milestones for transition are met and relevant timescales are achieved:

- Complete and agree specification
- Complete consultation with different service areas
- Further agreement on cross boundary working for ICAS

- SMT decision to tender
- Completion of enhanced service provision for the Advocacy Hub.

### Development of Extra Care Housing Provision

The position remains the same as per previous updates in that with 137 units of extra care housing in the development pipeline (with Naughton Fields opening in the autumn and the Boardwalk in 2014), no further development is being actively sought due to revenue constraints on the Council's supported housing budget.

### Joint Strategic Needs Assessment

The JSNA summary of findings and other information from the JSNA has been used to inform the community consultation exercise for the development of the Joint Health and Well-being Strategy. The health priorities identified through this and other stakeholder engagement will be reflected in the Strategy.








There has been one data update (this is reviewed each quarter – next review scheduled for September 2012) and work has begun on reviewing specific chapters of the main JSNA, including ones for older people, disabilities and children.



The nature of JSNA summary updates will be reviewed and managed through the Health Strategy group which is a sub-group of the Joint Health and Well-being board.

### Section 75 Agreements

Review of Section 75 Agreement completed and new governance arrangements proposed. These include close alignment with the newly formed Clinical Commissioning Group.

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q1	Current Progress	Direction of travel
<b><u>CCC 6</u></b>	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.89		
<b><u>CCC 7</u></b>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	3.6%		N/A Refer to comment
<b><u>CCC 8</u></b>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	1		
<b><u>CCC 9</u></b>	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	12	6		

<b>CCC 10</b>	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) (Previously CCC 11).	4.71	4.4	Not available	Not available	Not available
<b>CCC 11</b>	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	4.04%		

### Supporting Commentary

**CCC 6** - Performance is marginally down from the same quarter in 2011. Although the figures have reduced slightly as a proportion, this represents a very small number of actual people. This has occurred because the 5Boroughs are rationalising services and are focusing on fewer patients, but with more complex needs.

**CCC 7** - Data was unavailable during Q1 2011 therefore no comparison can be made on direction of travel. The figure reported reflects those individuals recorded on Carefirst with a Care package recorded with a Sub Primary Client type of 'Dementia'. This indicator is red as there has not been any demonstrable improvement in the records of the number of individuals recorded with Dementia receiving services via the Carefirst system.

**CCC 8** - The Authority has now formed part of the Sub Regional No Second Night Out scheme. The service provides an outreach service to identify and assist rough sleepers. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness status

**CCC 9** - Due to increased prevention measures in place, this has proven contributable towards the sustained reduction in temporary accommodation provision.






**CCC 10** - Unfortunately, due to I.T. issues (logged with I.T.) the statistical report is not available. The information will be provided retrospectively in Q2.

**CCC 11** - Performance in Q1 is lower compared to performance reported in Q1 2011/12 (6.28%), therefore the direction of travel is a downward trend. This is consistent with a downward trend overall in relation to performance for this indicator – 21.64% was achieved for 2011/12 versus a target of 25%. It is suggested that this reduction may be because a greater number of Carers are accessing services via the Carer's Centre. A national Carers survey is scheduled to take place in October/November and the Directorate will closely evaluate the views and experiences of Carers and feed the results into future service development.



## II Prevention and Assessment Services

### Key Objectives / milestones

Ref	Milestones	Q1 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. <b>Mar 2013.</b> (AOF 2 & 21)	
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. <b>Mar 2013.</b> (AOF 3 & 21)	
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) <b>Aug 2012</b>	
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. <b>Mar 2013</b> (AOF 2, AOF 3 & AOF 4)	
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. <b>Mar 2013</b> (AOF 2)	

### Supporting Commentary

#### Transfer of Public Health to Halton Borough Council

Public health takes a whole population approach and this includes working with vulnerable people and hard to reach groups. These groups are included in all plans for delivery of all 17 core public health services that will be commissioned and delivered by Halton Borough Council. The Council also has a duty to hold Halton Clinical Commissioning Group (CCG) to account for delivery of services to the residents of Halton including vulnerable groups. Public health will enable this evaluation of CCG services. Public health has produced a Transition Plan that enables the safe transfer of public health to the Borough Council. This plan has been rated Green by the Department of Health. The Department of Public Health are now preparing a Legacy Document that must be in place by October 2012. This is being completed jointly with other Public Health teams across Merseyside.

#### Implementation of the Early Intervention/Prevention strategy

The Early Intervention and Prevention Strategy is fully implemented in Halton. Performance monitoring of service provision continues. Further work with Public Health to develop an integrated Health and Well-being service is underway.

#### Review of current Care Management Configuration

A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices.
















#### Self-directed support and Personal Budgets





Arrangements are in place to offer self-directed support across the whole of Adult Social Care and personal budgets to all service users. Systems are continually monitored and reviewed for improvement.

## Affordable Warmth

Actions to implement the Strategy are on-going and on target. Progress review September 2012.

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q1	Current Progress	Direction of travel
<b>PA 1</b>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	22.03		
<b>PA 4</b>	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	267		
<b>PA 5</b>	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	84.28%		
<b>PA 11</b>	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	94.42%		
PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	52.73%		
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	104.39		
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C) (Previously NI 131, PA 33)	1.86 (as at end March 2012)	3.0 (PCT Target)	2.08		
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for	15.7%	14.8%	15.93%		N/A

	Halton					
<b>PA 18</b>	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	31%		
<b>PA 19</b>	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	46%		

### Supporting Commentary

**PA1** – This is the cumulative figure and equates to 376 people in receipt of intermediate care in the 65+ age bracket. The figure is slightly lower than the 428 (25.02) figure for the same period last year.

**PA 4** - There has been an increase in referrals by approximately 30% on last year.

**PA 5** –Target exceeded.

**PA 11** – This figure excludes Visual Impairment or Deafness Resource Centre equipment as there have been no items loaded into the Carefirst system for June. Also, in terms of minor adaptations 61 items were delivered and only 30 were delivered inside the 7 days target. Both these issues have contributed to the overall Q1 figure being below target, and worse in comparison the same quarter 2011/12.

**PA 14** - The proportion of people using social care who receive self-directed support and those receiving Direct payments has increased compared to Q1 in 2011/12. This is primarily due to the inclusion of Lifeline Clients with a Personal Budget who would not have been included in the 2011/12 figure.

**PA 15** - At this stage in the year, the target is expected to be achieved. However, the winter months will more than likely see an increase in the number of admissions. Performance has improved from 0.58% compared to the same quarter 2011/12.

**PA 16** - Delayed Transfers of Care remains a high priority for Halton CCG and LA. Performance as at June 2012 (2.08 per 100,000 population) demonstrates a significant improvement when compared with June 2011 (8.75 per 100,000 population). It is anticipated that various initiatives undertaken will lead to further improvement in performance.

Note: The target stated is as per Halton and St Helens PCT footprint, rather than Halton only.

**PA 17** - The target has been exceeded during Q1. This is a revised indicator for 2012/13. During 2011/12 this measure was monitored per 1,000 population whereas this year it is monitored by percentage. This change in reporting is to align the reporting of this measure with the Sustainable Community Strategy.







**PA18** - Performance has decreased in comparison to Q1 2011/12 which considered 42 cases at MARAC 10 of which related to repeat incidents - which equated to 28%.

**PA19** - The figure for Q1 relates to people discharged from the service during the period. Compared to Q1, 2011/12 the figure has increased from 41%, which shows improved

performance for people discharged from intermediate care/reablement services.

### **Adult Social Care Outcomes Framework Indicators (2011/12)**

Finalised statutory return information is available in Q1 2012/13 for the previous financial year's performance, as shown in the Table below.

Ref	Measure	10/11 Actual	11/12 Actual	12/13 Target	Direction of travel
CCC 18	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 38)	18.9	19.7	19	
CCC 19	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 39)	79.2%	80.6%	80%	
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%	69.2%	65%	
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF 2B) (Previously NI 125, PA 32)	68.83%	74.07%	70%	
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA 34)	65.4%	65.5%	65%	
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	51.3%	66.2%	54%	
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	N/A New Indicator for 11/12	79.1%	79.1%	N/A

#### **Supporting Commentary**

CCC 18 – This is a composite measure which brings together the outcomes from a number of questions asked as part of the Adult Social Care Survey. The set of eight questions are aggregated to provide an overall indication of quality of life. Out of a possible total score of 24, those included in the 2011/12 survey resulted in a score of 19.7. This score indicates a strong score for quality of life.

CCC 19 – Performance increased from 2010/11 to 2011/12, 80.6% of those who responded to the Adult Social Care survey in 2011/12 reported that positively that they have control over their daily life. To contribute to this score, respondents answered either;

'I have as much control over my daily life as I want' or "I have adequate control over my daily life".

CCC 23 – Performance increased from 2010/11 to 2011/12, 69.2% of those who responded to the Adult Social Care survey in 2011/12 reported that they were either 'extremely' or 'very' satisfied with the care and support services they receive from Halton Borough Council.

PA 20 - Performance increased from 2010/11 to 2011/12, from 68.83% to 74.07%. This measures the benefit to individuals from re-ablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. A higher figure is better.

PA 21 – Performance remained constant from 2010/11 to 2011/12, 65.5% of those who responded to the Adult Social Care survey in 2011/12 reported that they found information about support was either, 'Very easy to find' or 'fairly easy to find'.

PA 22 - Performance increased from 2010/11 to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported 'I feel as safe as I want'.

PA 23 - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual's safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

## COMMISSIONING & COMPLEX CARE DEPARTMENT

### Revenue Budget as at 30th June 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend) £'000
	£'000	£'000	£'000	
<u>Expenditure</u>				
Employees	7,345	1,746	1,736	10
Other Premises	319	142	151	(9)
Supplies & Services	2,195	166	169	(3)
Contracts & SLA's	477	44	22	22
Transport	170	43	41	2
Emergency Duty Team	103	0	0	0
<u>Community Care:</u>				
Residential & Nursing Care	895	159	125	34
Domiciliary Care	310	48	55	(7)
Direct Payments	133	38	28	10
Block Contracts	178	34	30	4
Day Care	15	6	7	(1)
Carers Breaks	203	1	1	0
Food Provision	25	6	4	2
Other Agency Costs	1,448	46	39	7
Payments To Providers	4,053	1,162	1,166	(4)
Grants To Voluntary Organisations	259	107	102	5
<b>Total Expenditure</b>	<b>18,128</b>	<b>3,748</b>	<b>3,676</b>	<b>72</b>
<u>Income</u>				
Residential & Nursing Fees	-69	-10	-12	2
Direct Payment Charges	-3	-1	-5	4
Community Care Income	-4	-1	-1	0
Sales & Rents Income	-184	-110	-117	7
Fees & Charges	-444	-52	-48	(4)
PCT Reimbursements : Care	-257	-8	-8	0
PCT Reimbursements :Service	-2140	-591	-594	3
Reimbursements	-250	-50	-48	(2)
Government Grant Income	-255	-34	-39	5
Transfer From Reserves	-700	-568	-568	0
<b>Total Income</b>	<b>-4,306</b>	<b>-1,425</b>	<b>-1,440</b>	<b>15</b>
<b>Net Operational Expenditure</b>	<b>13,822</b>	<b>2,323</b>	<b>2,236</b>	<b>87</b>
<u>Recharges</u>				
Premises Support	458	115	115	0
Transport	441	12	12	0
Central Support Services	2,403	557	557	0
Asset Charges	461	2	2	0
Internal Recharge Income	-88	0	0	0
<b>Net Total Recharges</b>	<b>3,675</b>	<b>686</b>	<b>686</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>17,497</b>	<b>3,009</b>	<b>2,922</b>	<b>87</b>

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

Net operational expenditure is £87,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are projected to be £40,000 below budget at the year-end. This results from savings made on vacant posts. The staff turnover savings target incorporated in the budget for this Department is £394,000, the £40,000 represents the value by which this target is projected to be over-achieved.

The Community Care element of Mental Health Services, for this financial year is forecast to be £185,000 below budget based on current data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of quarter 1 the net position is £46,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £54,000 below budget at the year-end. This relates to savings in respect of payments to bed & breakfast providers for homelessness support. There has historically been significant variations in demand for this service, although current expenditure patterns are stable, and the projected underspend seems realistic.

Income is currently marginally above the target to date. Community Centres income is particularly vulnerable to economic pressures, consisting of a large volume of discretionary public spend relating to social activities. However, action has been taken to maximise income from room lettings, and it is currently anticipated that the target will be achieved. The figures in the table above include a projected over-achievement of Community Care income of £25,000 for the full year, which is included within the £185,000 projected net underspend for Community Care referred to above.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £300,000 below budget at the end of the financial year. Of this figure, £185,000 relates to Community Care.

### **Capital Projects as at 30th June 2012**

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	85	21	0	85
Disabled Facilities Grant	650	60	0	650
Stairlifts	250	63	61	189
Energy Promotion	6	1	0	6
RSL Adaptations	550	137	43	507
Choice Based Lettings	29	16	16	13
Extra Care Housing	463	0	0	463
User Led Adaptations	55	0	0	55
Bungalows At Halton Lodge	464	0	0	464
Unallocated Provision	109	0	0	109
<b>Total Spending</b>	<b>2,661</b>	<b>298</b>	<b>120</b>	<b>2,541</b>

## COMMUNITIES – PREVENTION & ASSESSMENT DEPARTMENT

### Revenue Budget as at 30th June 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b><u>Expenditure</u></b>				
Employees	7,854	1,821	1,801	20
Other Premises	72	13	10	3
Supplies & Services	654	190	189	1
Consumer Protection Contract	386	106	106	0
Transport	116	25	25	0
Food Provision	17	4	4	0
Aids & Adaptations	113	13	13	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	8,619	1,546	1,801	(255)
Domiciliary & Supported Living	6,970	1,022	1,045	(23)
Direct Payments	2,400	704	680	24
Day Care	235	40	63	(23)
Other Agency	79	33	33	0
Contribution to Intermediate Care Pool	2,206	459	419	40
<b>Total Expenditure</b>	<b>29,952</b>	<b>5,976</b>	<b>6,189</b>	<b>(213)</b>
<b><u>Income</u></b>				
Other Fees & Charges	-93	-12	-8	(4)
Sales Income	-25	-26	-26	0
Reimbursements	-274	-25	-34	9
Residential & Nursing Income	-2,631	-506	-557	51
Community Care Income	-576	-154	-179	25
Other Community Care Income	-186	-46	-52	6
Direct Payments Income	-105	-26	-42	16
PCT Contribution to Care	-901	-35	-20	(15)
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	0	0	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,078	-467	-467	0
<b>Total Income</b>	<b>-10,782</b>	<b>-1,297</b>	<b>-1,385</b>	<b>88</b>
<b>Net Operational Expenditure</b>	<b>19,170</b>	<b>4,679</b>	<b>4,804</b>	<b>(125)</b>
<b><u>Recharges</u></b>				
Premises Support	429	103	103	0
Asset Charges	160	6	6	0
Central Support Services	3,382	821	821	0
Internal Recharge Income	-419	0	0	0
<b>Net Total Recharges</b>	<b>3,552</b>	<b>930</b>	<b>930</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>22,722</b>	<b>5,609</b>	<b>5,734</b>	<b>(125)</b>



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

In overall terms the Net Operational Expenditure for Quarter 1 is £165,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £20,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of these vacancies are expected to be filled by the end of Quarter 2.

The figures above include the income and expenditure relating to Community Care, which is currently showing £194,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. These figures will fluctuate throughout the year depending on the number and value of new packages being approved and existing packages ceasing. This budget will be carefully monitored throughout the year to ensure an overall balance budget at year end.

This budget was significantly overspent in 2011/12, however action was taken to restrict the scale of the overspend as far as possible. This action and close monitoring will continue during the current year to again restrict expenditure as far as possible, however it is anticipated that expenditure on Community Care will still be above budget by year end.

### **Contribution to Intermediate Care Pooled Budget**

#### **Revenue Budget as at 30<sup>th</sup> June 2012**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<b><u>Expenditure</u></b>				
Employees	1,137	345	335	10
Supplies & Services	420	32	2	30
Transport	10	3	3	0
Other Agency Costs	201	8	8	0
<b>Total Expenditure</b>	<b>1,768</b>	<b>388</b>	<b>348</b>	<b>40</b>
<b><u>Income</u></b>				
<b>Total Income</b>	<b>-50</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Operational Expenditure</b>	<b>1,718</b>	<b>388</b>	<b>348</b>	<b>40</b>
<b><u>Recharges</u></b>				
Central Support Charges	444	60	60	0
Premises Support	43	11	11	0
<b>Total Recharges</b>	<b>487</b>	<b>71</b>	<b>71</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>2,205</b>	<b>459</b>	<b>419</b>	<b>40</b>




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

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

In overall terms revenue spending at the end of quarter 1 is £40,000 below budget profile, which in the main relates to expenditure on supplies & services that is £30,000 under budget. This is because costs incurred on Halton's Intermediate Care Unit are less than expected at this stage of the year.




## APPENDIX

Symbols are used in the following manner:

<b>Progress</b>	<b>Objective</b>	<b>Performance Indicator</b>
<b>Green</b>	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target <u>is on course to be achieved</u>.</i>
<b>Amber</b>	 Indicates that it is <u>uncertain or too early to say at this stage</u> , whether the milestone/objective will be achieved within the appropriate timeframe.	<i>Indicates that it is <u>uncertain or too early to say at this stage</u> whether the annual target is on course to be achieved.</i>
<b>Red</b>	 Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved</u> unless there is an intervention or remedial action taken.</i>

### Direction of Travel Indicator

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

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