

Safer Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3 – Period 1st October 2012 to 31st December 2012

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets during the third quarter of 2012/13; for service areas within the remit of the Safer Policy and Performance Board.

The report has been structured by the following key priorities for Safer PPB, as identified in the Directorate and Corporate Plans:

- Community Safety
- Safeguarding and Dignity (including Consumer Protection and Substance Misuse)
- Domestic Violence

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.

2.0 Key Developments

There have been a number of developments within the Directorate during the third quarter which include:-

Mental Health Services

The service reconfiguration within the 5Boroughs has continued during this Quarter, and the new service structure is in place. This means that there is now a single Recovery Team (which closely resembles the former Community Mental Health Teams, and in which the social works are placed) and a Home Treatment Team, both based at the Brooker Unit. An assessment team is based in Warrington but covers Halton as well. During this Quarter, the social services staff have all moved in together to the single team in Runcorn, where they continue to work alongside their colleagues in the 5Boroughs. The effectiveness and impact of the changes will begin to be apparent from now, and will be reported on a regular basis to the Mental Health Strategic Partnership Board. The Partnership Agreement and Information Sharing agreement between the 5Boroughs and the Council are in the process of being refreshed.

The Mental Health Strategic Commissioning Board continues to develop, with a strong input from the CCG, the Public Health service and the Borough Council. Draft Terms of Reference have been developed for an Executive Subgroup which will support the Board in the delivery of its aims.

Section 136 Mental Health Act 1983: the work on developing an appropriate process for the use of Section 136 – which relates to the police powers to detain a person who is in a public place and may have a mental health problem – continues. A high level strategic

meeting has taken place with the police, other Local Authorities and health services, and this is being continued into the next year.

Other developments within the Commissioning and Complex Care Directorate

Emergency Duty Team:

There has been an approach from another Local Authority to join the current partnership between Halton Borough Council and St Helens Borough Council. Initial meetings have taken place and it has been agreed that a more formal scoping exercise can take place.

Children's Services:

The Directorate is working closely with Children's Services to deliver some of the key national agendas for children. In particular work is going on to ensure that vulnerable families are supported through both the Team Around the Family approach, and the programme to support Troubled Families (known locally as the Inspiring Families programme). The Directorate is represented at senior level, both operationally and through commissioning services, on a range of steering groups. Work has also taken place to improve the interface between the Children's and Adults Safeguarding Boards, and the Directorate is strongly engaged in supporting children's services in its preparation for a new-style inspection, which is expected to be later in the year.

Social Work Reform Board:

This important development is requiring considerable input from the Directorate. Nationally the Social Work Reform Board was set up to modernise and professionalise social work services, and there are major implications for staff development, training, career processes and professional registration. A Divisional Manager from the Directorate is working closely with Children's services to ensure that all key issues are incorporated into the Directorate's operations.

Integrated Care Homes Support Team

Within Halton, plans are underway 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 G.P'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. We are now finalising recruitment of nursing and social work staff.

3.0 Emerging Issues

Mental Health Services

For some time work has been going on to examine the role and function of the Mental Health Outreach Team. This service, which is jointly funded with the CCG, is looking to extend its remit to support more people in the community, and particularly to engage with people at an earlier stage to prevent a harmful deterioration in their mental health. A report is being taken in Quarter 4 to the Mental Health Strategic Commissioning Board to consider whether a project can be put in place with local GP surgeries.

Environmental & Public Health and Protection

The Health & Safety Executive (HSE) are consulting local authorities on proposals which specify which industry sectors should be subject to pro-active health & safety inspections. These sectors include: high volume warehousing, motor vehicle repair, industrial retail/wholesale (e.g. steel stockholders and builders merchants). These sectors involve high risk activities.

Whilst the overall objective of the HSE's proposals are to ensure better targeting of local authority activity and reduce national level of pro-active inspections, Halton has a higher proportion of premises that will fall into the high risk sectors and the Health & Safety Team will be required to maintain levels of pro-active inspections.

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 priorities that have been identified for Safer PPB, as stated in the Directorate and Corporate Plans.

1 COMMUNITY SAFETY (P McW)














Key Objectives / Milestones

Ref	Milestones	Q3 Progress
CCC1	Review Community Safety Team in line with reductions in funding arrangements Mar 2013 (AOF9 & 11)	<input checked="" type="checkbox"/>

Supporting Commentary

The review is complete and the service is now engaging with the newly appointed Police Crime Commissioner to ensure that HBC priorities (e.g. Anti-Social Behaviour) will continue to be delivered locally.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
CCC 24 SCS / HH1a & SH10	Reduce Alcohol related hospital Admissions (Previously NI 39) (per 100,000 population)	2651.7	3027	1982.9		
CCC 25 (SCS / SH1)	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down in youth and adult incidents (Previously NI 17)	7434	8463	5569		
CCC 26 SCS / SH2	Arson incidents (Previously NI 33 - Total deliberate fires per 10,000 population)	46.77	41.72	27.52		
CCC 33 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW) (Formerly NI 30) PPO – Priority offenders RO – Repeat offenders	PPO: 77.13% reduction RO: 36.73% reduction Shift in offence type	To maintain & reduce offending rates for PPO:40% reduction and RO's:4% reduction	PPO 83.47% reduction RO 44.24% reduction		N/A
CCC 34 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (New measure)	11	To maintain or improve on 2011/12 outturn 11	3		
CCC 35 SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related. (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	N/A
CCC 36 SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: <ul style="list-style-type: none"> Domestic Burglary Theft of motor vehicle Theft from motor vehicle Robbery (personal and business) 	1548 (rate 13.10 per 1,000)	1652	1061 (Rate 8.98 per 1000)		
CCC 37 SCS / SH17	New Revised Measure: Assault with injury crime rate (per 1000 population) (Previously NI 20)	804 (6.8 rate per 1,000)	1074	565 (Rate 4.78 per 1000)		

Supporting Commentary

CCC24 – At the end of Dec 2012, Alcohol Attributable Admissions were fewer than expected (1982.9) and significantly less than both the target (3027) and the number of admissions at the same time, the previous year 11-12 (2192.4).

CCC25 – The actual number of ASB incidents reported to Cheshire Police during this quarter is 1859; it is a slight decrease from 1886 reported during Q2 but a slight increase compared to the same period last year of 1754 recorded incidents.

CCC26 – Direction of Travel for deliberate fires in Halton is positive, with projected year-end figures suggesting outturn positively below target by at least 10%. This trend continues across the whole of Cheshire and can, in part, be contributed to poor weather conditions recently. Local initiatives do, however, help to reduce these incidents.

CCC33 – Data available one quarter in arrears from the Cheshire Constabulary Data Delivery team, thus position at 1st Jan is stated. There is no comparable data for last year as the measure has changed and is new this year.

CCC34 – The Youth Offending Service (YOS) has seen 3 young people sentenced to a custodial disposal during Q3. We have close working relationships with court agencies and also ensure the following internal practices are followed to reduce the rate of custody.

- All Pre-Sentence Reports/Breach Reports (PSR/BRs) are gate-kept by an Operational Manager or Senior Practitioner.
- The YOS will not recommend a custodial sentence to the Court in a PSR/BR but will always propose a Community Order, including requesting an Intensive Supervision and Surveillance (ISS) Requirement as a direct alternative to custody.
- An Operational Manager will review all cases where a young person receives a custodial outcome to ensure all options have been considered to avoid incarceration.
- The YOS introduced their 'Compliance Procedures' in November 2011 which has introduced a number of measures (including a Pre-Breach Meeting chaired by a Manager) to try ensure that the young person does not breach their Order/Licence.
- The standard of PSR/BRs is monitored to ensure a minimum standard and therefore reduce the risk of a custodial outcome from a poor report.
- No young person receiving a custodial sentence will have done so without the opportunity to have a community sentence considered by the Court.
- Any patterns of custodial outcome are identified and reviews of outcome inform learning for the team.

The YOS has noted a downturn in the number of young people being returned to court for being in breach of their order/licence; ensuring that it is reserved only for 'persistent and wilful' non-compliance.

CCC35 – This is a new measure. The data to support the measurement of this outcome is in the process of being identified.













CCC36 – The cumulative figure per 1,000 population for Halton is 8.98 for the period April 2012 to December 2012 which equates to 1061 incidents of which; 638 incidents were in Widnes and 423 incidents in Runcorn. During Q3 (Oct 12 to Dec 12) there have been 476 incidents of Serious acquisitive crime recorded, of which 187 incidents were in Runcorn and 289 incidents were in Widnes. The serious crime rate has increased slightly













compared to Q3 last year whereby there were 428 incidents recorded for the same period.

CCC37 – The cumulative figure for the period April 2012 to December 2012 is 565 incidents of assault with injury. This is a reduction compared to the same period last year of 617 incidents. During Q3 (Oct 12 to Dec 12) there have been 181 incidents of assault with injury recorded, of which 103 incidents were in Runcorn and 78 incidents were in Widnes.

2 SAFEGUARDING AND DIGNITY (SWB, PMcW)

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
PA 5	Percentage of VAA Assessments completed within 28 days (Previously PA 8)	85.78%	82%	86.43%		
PA 6	Percentage of VAA initial assessments commencing within 48 hours of referral(Previously PA 9)	84.80%	64%	76.77%		
PA 8	Percentage of existing Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years. (Previously PA 11)	46%	48%	40%		
PA 9	Number of Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning (Previously PA 12)	127	130	86		
PA 10	Number of external Adult Social Care Staff that have received Adult Safeguarding Training, including e-learning (Previously PA 13)	581	250	338		
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	66.2%*	54%	Reported annually (2011/12 outturn)*	N/A	
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)	79.1%	79.1%	Reported annually (2011/12 outturn)	N/A	

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
PA 25	a) % of scheduled Local Air Pollution Control audits carried out	81%	93%	58%		
	b) % of Local Air Pollution Control Audits being broadly compliant. (Previously PA 18)	85%	78%	94%		
PA 27	a) % of high risk Health & Safety inspections undertaken	100%	100%	30%		
	b) Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system (Previously PA 20)	268	200	90		
PA 28	Placeholder: Overarching Trading Standards Measure (TBC)	New measure	New measure	Refer to comment	N/A	N/A
CCC 29 SCS / SH7a & HH 12	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New measure)	13%	14.9% (Above NW Average)	16%		
CCC 30 SCS / SH7b & HH12	Increase the % successful completions (Alcohol) as a proportion of all in treatment 18+ (New measure)	New measure	Target to be set once baseline established in 2012/13	Refer to comment	Refer to comment	N/A
CCC 31 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (New measure)	11%	13.1%	7.7%		
CCC 32 SCS / SH8b	Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	N/A

Supporting Commentary

PA 5 – This Target has been achieved. Newly revised systems and processes are having a beneficial impact on the throughput of this segment of work. Teams also ensuring targets met through effective and efficient signposting across teams.

PA 6 - Exceeded target continues to be maintained. Dedicated work with revised systems and processes are having a beneficial impact on this area of work..

PA 8 - The percentage has reduced slight due to staff not updating their training within the 3-year period.

PA 9 - There has been some improvement- overall aim is to achieve target by the end of the year.

PA10 - On track to achieve target.

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.

PA 25 – The figure for percentage inspected will be reviewed February 2013 to assess progress. Should there be any likelihood of shortfall, additional resources will be targeted if possible.

The % of premises being broadly compliant is exceeding the target.

PA26 - Reported annually to Food Standards Agency.

PA27 - Although performance is currently at 30%, the majority of high risk premises are not due for inspection until the final quarter. Target of 100% is expected to be achieved. Unlikely to achieve the inspections target of 200 due to demand for investigation of accidents, complaints and requests for advice & guidance.

PA28 - Measure under discussion with the Department.

CCC29 – Latest data is rolling 12 months to November 2012. In spite of the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is on target. The number of successful completions is 103/642. This compares to November 2011 where the rate was 14.1% (82/583)


CCC30 – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements. No comparative data available for 11/12 as this is a new measure.

CCC31 - Latest data is rolling 12 months to November 2012. 0/12 Problem Drug User opiates (PDU) and only 3/27 non PDU represented during this period, making 3/39 (7.7%) in total. Due to the low numbers involved, an decrease of one in the overall total would result in the percentage figure decreasing from 7.7% to 5.1%.

CCC32 – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements. No comparative data available for 11/12 as this is a new measure.

3 DOMESTIC VIOLENCE (PMcW)

Key Objectives / Milestones

Ref	Milestones	Q3 Progress
CCC1	Introduce specialist support provision for victims of a serious sexual offence Mar 2013 (AOF11)	

Supporting Commentary

Sexual Assault Referral Centre

The Cheshire SARC service is being jointly delivered by the St Mary's SARC in Manchester together with Rape and Sexual Abuse Support Centre (RASASC) in Cheshire.

St Mary's SARC provides forensic examinations for clients of all ages while RASASC provides aftercare services for those aged 13 and over including counselling, support and access to an Independent Sexual Violence Advisor (ISVA) who provides support through the criminal justice system.



Children under the age of 13 and their families receive support from the SARC Child Advocate and the NSPCC in Cheshire.

RASASC provide ISVA services to those over the age of 13 with effective referral pathways and communication between the SARC and RASASC ISVAs.

RASASC have received 36 new referrals have been made this Quarter. Of these, 32 were for adult clients and 4 were under the age of 17. All SARC clients continue to be contacted within 24 hours of the referral being received and have been given access to follow-up sexual health advice and support as part of the RASASC aftercare service.

All other clients have been contacted within 72 hours of the referral. This Quarter, 30 Initial meetings have been arranged. 2 of these meetings resulted in cancellations and 7 clients did not attend this first appointment. ISVA hours for this quarter were 90 and counselling hours totalled 195.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q3	Current Progress	Direction of travel
CCC 28 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI 32)	27.6%	27%	34%		

Supporting Commentary

CCC28 – 85 cases were discussed in quarter 3 compared to the same period last year (68) with 29 repeats seen this quarter compared to 12 in quarter 3 last year. 29 repeat cases were discussed this quarter compared to 30 in quarter 2 and 31 in quarter 1. The number of children involved is 123 this quarter, this equates to a 189% increase compared to (65) the same period of the previous year.

7.0 Financial Statements

Commissioning and Complex Care

Revenue Budget as at 31st December 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	7,600	5,569	5,521	48
Other Premises	410	277	258	19
Supplies & Services	2,390	1563	1,570	(7)
Contracts & SLA's	429	164	89	75
Transport	170	128	133	(5)
Emergency Duty Team	103	51	50	1
Community Care:				
Residential & Nursing Care	697	482	465	17
Domiciliary Care	339	269	292	(23)
Direct Payments	131	131	88	43
Block Contracts	178	98	86	12
Day Care	15	12	9	3
Carers Breaks	203	165	164	1
Other Agency Costs	1,451	614	608	6
Payments To Providers	4,053	2,794	2,794	0
Grants To Voluntary Organisations	258	228	228	0
Total Expenditure	18,427	12,545	12,355	190
<u>Income</u>				
Residential & Nursing Fees	-78	-58	-60	2
Community Care Income	-23	-13	1	(14)
Direct Payments Income	-1	-1	-1	0
PCT Contribution To Care	-257	-136	-136	0
Sales & Rents Income	-209	-170	-172	2
Fees & Charges	-488	-300	-302	2
PCT Contribution To Service	-2,368	-1,583	-1,584	1
Reimbursements	-470	-223	-228	5
Government Grant Income	-324	-144	-142	(2)
Transfer From Reserves	-700	-700	-700	0
Total Income	-4,918	-3,328	-3,324	(4)
Net Operational Expenditure	13,509	9,217	9,031	186
<u>Recharges</u>				
Premises Support	439	333	333	0
Central Support Services	2,845	1,826	1,826	0
Asset Charges	462	6	6	0
Internal Recharge Income	-88	0	0	0
Net Total Recharges	3,658	2,165	2,165	0
Net Departmental Total	17,167	11,382	11,196	186

Comments on the above figures:

Net operational expenditure is £186,000 below budget profile at the end of the third quarter of the financial year.

Employee costs are projected to be £65,000 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 £65,000 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 £56,000 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 3 the net position is £41,000 below budget profile.

Expenditure on Contracts and Service Level Agreements is projected to be £100,000 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 below 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.

At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £250,000 below budget at the end of the financial year, of this figure £56,000 relates to Community Care.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Disabled Facilities Grant	735	425	282	453
Stairlifts	250	187	228	22
Energy Promotion	6	0	0	6
RSL Adaptations	550	381	153	397
Choice Based Lettings	29	22	22	7
Extra Care Housing	463	463	463	0
Bungalows At Halton Lodge	464	0	0	464
Bredon Respite Unit	10	0	0	10
Unallocated Provision	128	0	0	128
Total Spending	2,635	1,478	1,148	1,487

Prevention and Assessment Services

Revenue Budget as at 31st December 2012

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	7,972	5,447	5,426	21
Other Premises	72	43	32	11
Supplies & Services	673	326	334	(8)
Consumer Protection Contract	386	310	310	0
Transport	119	78	78	0
Food Provision	28	13	19	(6)
Aids & Adaptations	113	72	72	0
Contribution to JES	231	0	0	0
Community Care:				
Residential & Nursing Care	10,721	6,148	6,248	(100)
Domiciliary & Supported Living	7,174	4,822	4,877	(55)
Direct Payments	2,319	1,888	1,891	(3)
Day Care	236	160	211	(51)
Other Agency	88	62	62	0
Contribution to Intermediate Care Pool	2,191	1,363	1,329	34
Total Expenditure	32,323	20,732	20,889	(157)
<u>Income</u>				
Residential & Nursing Income	-3,789	-2,690	-2,698	8
Community Care Income	-1,165	-845	-848	3
Other Community Care Income	-186	-159	-165	6
Direct Payments Income	-124	-123	-130	7
PCT Contribution to Care	-1,002	-538	-538	0
Other Fees & Charges	-93	-33	-27	(6)
Sales Income	-26	-26	-28	2
Reimbursements	-274	-108	-108	0
Transfer from Reserves	-340	0	0	0
LD & Health Reform Allocation	-4,489	-4,489	-4,489	0
Capital Salaries	-84	0	0	0
PCT Contribution to Service	-1,506	-890	-890	0
Total Income	-13,078	-9,901	-9,921	20
Net Operational Expenditure	19,245	10,831	10,968	(137)
<u>Recharges</u>				
Premises Support	429	326	326	0
Asset Charges	197	14	14	0
Central Support Services	3,382	2,463	2,463	0
Internal Recharge Income	-419	0	0	0
Net Total Recharges	3,589	2,803	2,803	0
Net Departmental Total	22,834	13,634	13,771	(137)

Comments on the above figures:

In overall terms the Net Operational Expenditure for Quarter 3 is £171,000 over budget profile excluding the Intermediate Care Pool.

Staffing is currently showing £21,000 under budget profile. This is due to savings being made on vacancies within the Department, which are yet to be filled.

The figures above include the income and expenditure relating to Community Care, which is currently showing £185,000 over budget profile, net of income. Community Care includes expenditure on clients with Learning Disabilities, Physical & Sensory Disabilities and Older People. This budget, by nature, is volatile and fluctuates throughout the year depending on the number and value of new packages being approved and existing packages ceasing. The position reported at Quarter 2 was £231,000 over budget profile, this has reduced by £46,000 during the third quarter.

Due to the vulnerability of service user's health, the current winter conditions may however result in expenditure increasing in the next quarter. The Community Care budget was significantly overspent in 2011/12, however action was taken to restrict as far as possible the scale of the over spend. This action and close monitoring will continue through the remaining part of the year, however this budget is anticipated to be over profile circa £250,000, which will be contained within the overall Directorate budget.

Other fees and charges income is currently showing £6,000 below budget profile. This is due to domestic pest control fees income underachieving. The income target has already been reduced, as it was highlighted to be unachievable. However, sales income is slightly higher than anticipated, which is in the main due to pollution prevention control and charges income overachieving.

Contribution to Intermediate Care Pooled Budget

Revenue Budget as at 31st December 2012

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<u>Expenditure</u>				
Employees	1,050	1,039	1,019	20
Supplies & Services	447	30	22	8
Transport	10	7	9	(2)
Other Agency Costs	246	125	117	8
Total Expenditure	1,753	1,201	1,167	34
<u>Income</u>				
Total Income	-50	-50	-50	0
Net Operational Expenditure	1,703	1,151	1,117	34
<u>Recharges</u>				
Central Support Charges	445	180	180	0
Premises Support	43	32	32	0
Total Recharges	488	212	212	0
Net Departmental Total	2,191	1,363	1,329	34

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 3 is £34,000 below budget profile. Areas of budget pressure due to winter conditions have been identified and the under spend within the Intermediate Care Pool has been used to fund some of these additional expenses.

Capital Projects as at 31st December 2012

	2012/13 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
<u>Social Care & Health</u>				
Oakmeadow	50	4	4	46
Total Spending	50	0	0	50




8.0 Explanation of Symbols

Symbols are used in the following manner:

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

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

Operational Director Initials

PMcW - Paul McWade – Operational Director Commissioning & Complex Care
SWB - Sue Wallace Bonner – Operational Director Prevention and Assessment