QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community

SERVICE: Adults of Working Age

PERIOD: Quarter 3 to period end 31st December 2008

1.0 INTRODUCTION

This quarterly monitoring report covers the Adults of Working Age Department third quarter period up to 31 December 2008. It describes key developments and progress against key objectives and performance indicators for the service.

The way in which traffic light symbols have been used to reflect progress to date is explained in Appendix 5.

2.0 KEY DEVELOPMENTS

Mental Health Act 2007

The Act came into force fully (other than a small number of separate provisions) on 3rd November 2008. All existing Approved Social Workers (ASW's) had training in the new legislation, and all have successfully made the transition to become Approved Mental Health Practitioners (AMHP's). An approach has been made to the 5BoroughsPartnership to seek their views on the appointment of AMHPs from within the health services. Policies and procedures are in place but will need to be reviewed in May 2009 to ensure that they are fit for purpose; a system has been established with the front line staff to ensure that proposed changes can be recorded on a day to day basis. National guidance on the new Independent Mental Health Advocacy service was released late in December 2008, and an implementation programme will be established to ensure that this is fully implemented locally. The Steering Group continues to meet each month to oversee implementation of the Act.

Deprivation of Liberty Safeguards

These safeguards - designed to ensure that people who lack capacity are not de facto detained in hospital or care settings – are to be in place as from 1st April 2009. Considerable work has been taking place to develop the appropriate policies and procedures for this important new piece of legislation, and it is expected that these will be in place by the end of January 2009. A local training and awareness programme is being developed to ensure that all relevant people are aware of their roles and responsibilities. Eight staff are undertaking detailed training as Best Interests Assessors at Chester University in the next quarter. As with the Mental Health Act, this is overseen by the multiagency Steering Group which meets regularly.

Mental Capacity Act 2005

The implementation of this Act has continued smoothly and all processes are in place. Substantial training has been delivered to a wide range of services and agencies. However, the early work by the new Mental Capacity Act Coordinator has revealed that there are still substantial gaps in knowledge, even amongst people who have received training, and the focus of the work in 2009 will be to ensure that these gaps are filled.

Care Programme Approach

This important tool – which is the assessment and care management process for mental health services – has yet to be fully implemented, despite its introduction in October 2008. The lead role for development of the CPA lies within the 5BoroughsPartnership NHS Trust and this has been strongly supported by partner local authorities, including Halton. Despite this, the work remains at draft stage and needs further revision. This will be a priority for the first Quarter of 2009.

Integrated Partnership

Following the secondment of a Principal Manager to take overall responsibility for the Community Mental Health Teams, a project plan has been developed to deliver more fully integrated services. This plan – with a timescale of nine – eighteen months – will be overseen by the Mental Health Partnership Board.

3.0 EMERGING ISSUES

Personalisation

A successful workshop took place in October 2008, organised by Warrington Social Services, to introduce the concept of personalisation within mental health services. More recently, mental health front line practitioners attended a service planning event which focused on personalisation. This challenging change to culture and process will be fully implemented by Halton Borough Council in 2009 – 10 and mental health services will be playing a key role in this.

Mental Health Single Point of Access

In the autumn of 2008, Halton and St Helens PCT undertook a detailed review of the arrangements for referrals in to primary and secondary mental health care services. This concluded that a new Single Point of Access into mental health services in general should be set up, based within Primary Care, with removal of the current arrangements based 5BoroughsPartnership. This process has been fully supported by the Borough Council, and in consequence the new service model has a strong social care and social inclusion perspective. The Council has committed to providing a social work input into this new service, through the mechanism of a partnership agreement. A detailed project plan has been developed by the PCT and full implementation is due by autumn 2009.

Employment

The employment of people with a severe mental health problem has become a national priority and is the subject of a new national performance indicator. It has also been declared as a local target in the LAA. Data collection for this indicator is unreliable but an initial baseline has been identified. A detailed project plan to improve the local position is being developed and will be implemented through 2009.

Integrated electronic systems

Mental health social care staff currently input all their case material into the health services electronic system within the 5BoroughsPartnership known as Otter. There are three current issues with this: Otter does not have the capability of reporting Local Authority performance data, and this has to be input separately by Council staff; CareFirst is to be upgraded to a system which requires input by social workers, which will repeat the work they do on Otter; and Otter itself is to replaced, with the 5BoroughsPartnership acting as a national pilot site for a new system known as Lorenzo, which currently has little social care information on it. The Borough Council and 5Boroughs Partnership are working closely together on these issues.

Mental health information

There have been substantial changes to processes and procedures relating to mental health and mental capacity in the past two years, and services have also developed considerably. The information available to staff, service users, carers and the general public has not kept pace with this however, and needs fully reviewing and revising. Much of the Council's web-based material is out of date and other information needs to be completely rewritten. This work will be undertaken by the Mental Health Information Group.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES



There are 16 key service plan milestones for this service and these are being reported this quarter. Of the nine 'other' indicators for the service, all are progressing satisfactorily, and none of these are being reported by exception. These milestones will be routinely reported again in quarter 4. For a full commentary against each key milestone, please refer to Appendix 1.

5.0 SERVICE REVIEW

Nothing to report this quarter.		

6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS



Of the thirteen key indicators for the service, nine have a report of progress against target and have been assigned traffic lights. One indicator – NI 136 – is reported, however a target was not set as this is a new indicator for this year. A further three new national indicators cannot currently be reported as data is not yet available. For further information and commentary, please refer to Appendix 2.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS



Other indicators are routinely reported in quarters 2 and 4. Of the fifteen other indicators for the service, eight are progressing satisfactorily against target and are not reported this quarter. A further five indicators cannot be assessed as data is not yet available, these are new National Indicators. Two indicators are being reported by exception this quarter, for further information and commentary, please refer to Appendix 3.

7.0 PROGRESS AGAINST LPSA TARGETS

This service is not responsible for any LPSA targets. The service contributes to an LPSA around services for carers that is reported in the Older People's Services monitoring report.

8.0 RISK CONTROL MEASURES

During the production of the 2008-09 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.

9.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2007/08 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.

10.0 DATA QUALITY

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, 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.

11.0 APPENDICES

- Appendix 1- Progress against Key Objectives/ Milestones
- Appendix 2- Progress against Key Performance Indicators
- Appendix 3- Progress against Other Performance Indicators
- Appendix 4- Financial Statement
- Appendix 5- Explanation of traffic light symbols

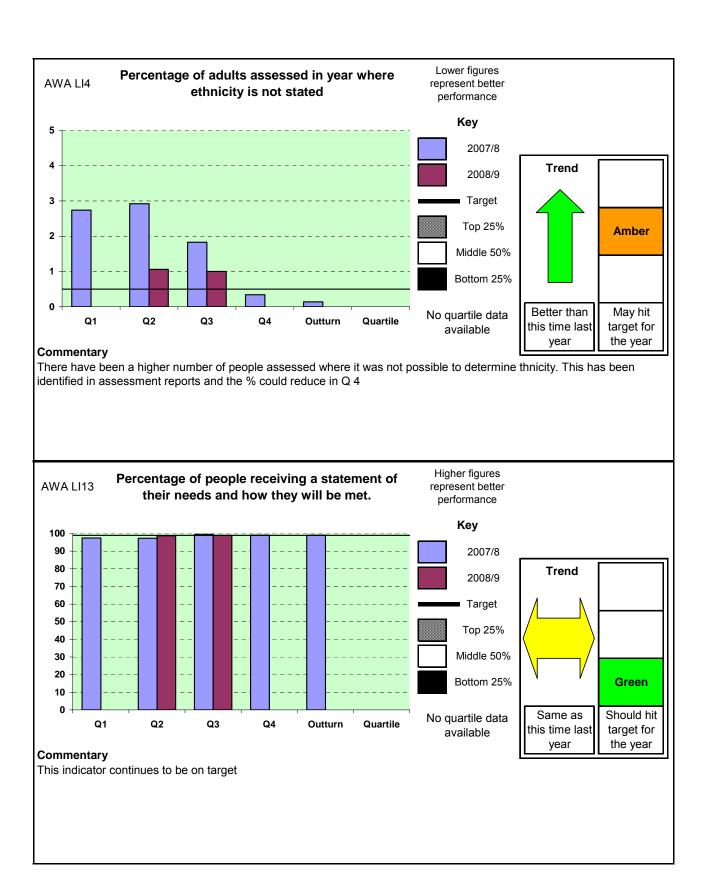
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 1	Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach groups (including the black and minority ethnic community)	Development of Person Centred reviews with particular focus for adults with Profound and Multiple Learning Disabilities to enhance service delivery Mar 2009.	○○ ※	A dedicated Speech and Language Therapist has been working with 10 people identified as Profound Multiple Learning Disability to analyse their non- verbal behaviours. Their responses are to inform service provision.
		Establish strategy to improve performance and service delivery to the Black & Minority Ethnic community, to ensure services are meeting the needs of the community Jun 2008.	oo *	In conjunction with CHAWREC, work continues within the Directorate to improve the access and the signposting of members of the Black and Minority Ethnic community to support services.
		Evaluate "In Control/Individualised Budgets" pilot and extend to other service user groups as appropriate, thus enabling people needing social care and associated services to design that support Mar 2009.	00★	Divisional Manager in post and financial officer supporting. Project management structure in place and project implementation document developed.

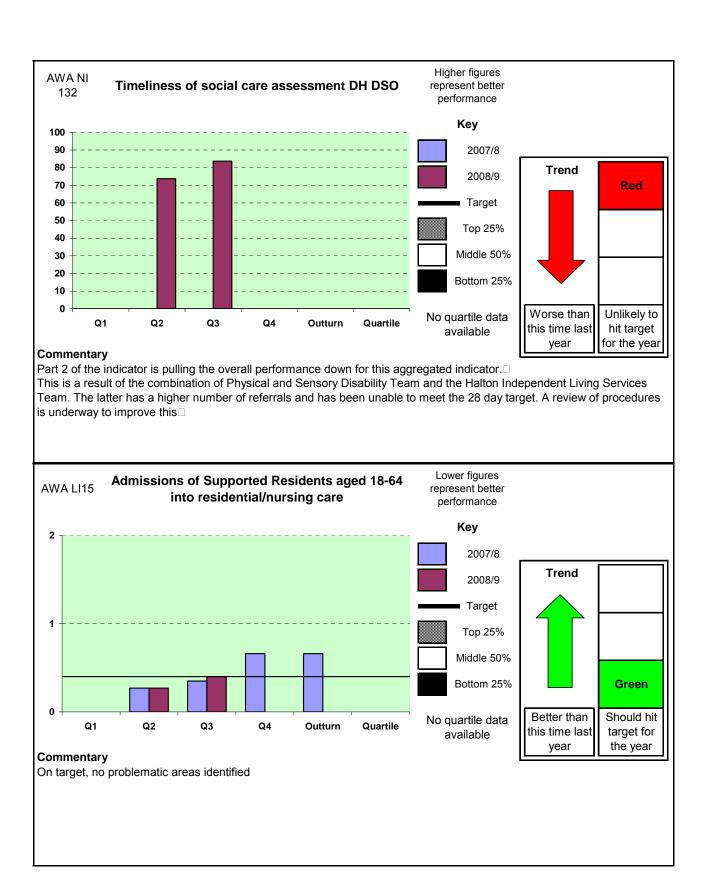
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Agree and implement the reconfiguration of ALD health and care management services to enhance service delivery Mar 2009.	© 0 ☆	The integrated health and care management team managed and employed by HBC has been operational since August 2008. Early evaluation suggests there is less duplication of work and increase in response times.
		Review services and supports for younger adults with dementias and establish a strategy to improve services to this group Mar 2009	oo *	The Scrutiny Committee Topic group has continued to meet. Member visits will be taking place in January 2009. Literature has been reviewed and some examples of good practice identified.
		Review Care Management Services for Physical and Sensory Disabilities to enhance service delivery Sep 2008.	oo <u></u> *	Review complete. Divisional Manager now implementing new duty system
AWA 2	Work in partnership to enhance joint working arrangement and delivery of services to vulnerable people	Mainstream review of Bridge Building Day Services Model to ensure that it supports the priorities of the modernisation agenda Sep 2008.	© 0 ☆	Some funding to mainstream this service has been identified and a further financial commitment from Supporting People has been obtained for 2009/10. Day services are being reviewed
		Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate Jun 2008	oo ,	Completed. Policy amended and agreed by SMT December 2008

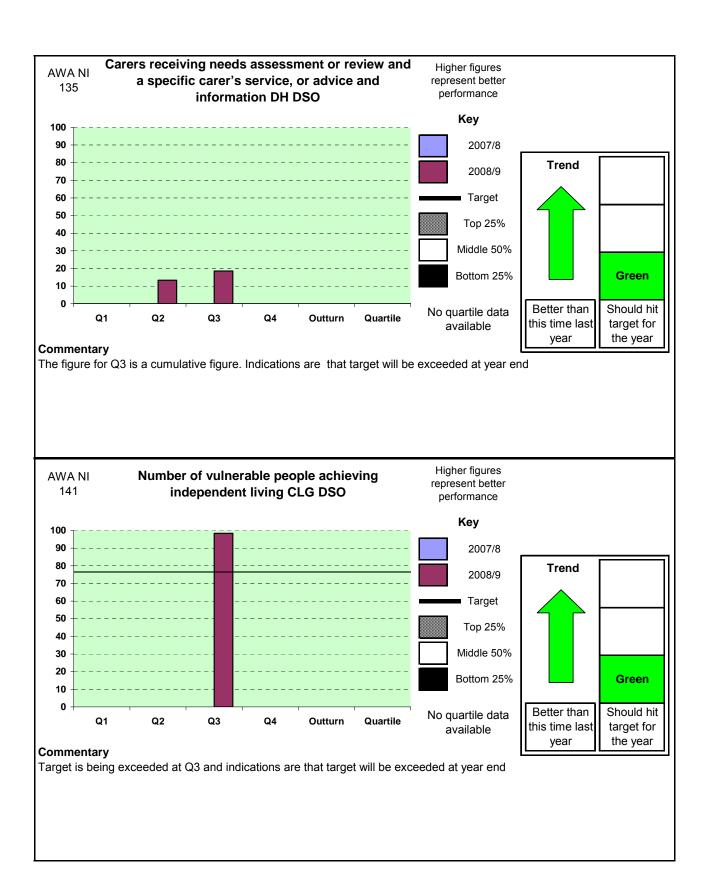
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
		Develop and implement, in partnership with key stakeholders, all policies, processes and procedures necessary to fully implement the Mental Health Act 2007 Oct 2008	oo ∳	The Mental Health Act Steering group continues to meet. All ASWs successfully became AMHPs; policies and procedures have been developed and training put in place. Information is currently being updated and the new Advocacy Service developed.
		To agree and implement a joint process for implementation of new national guidance on Continuing Health Care Mar 2009	oo *	Joint MDT meetings with St Helen's LA and PCT established weekly. Disputes process agreed.
		Continue to implement the modernisation of Day Services to enhance service delivery Jun 2008	•	Modernisation continues. The PSD catering project will be qualified to produce food to be sold at Norton Priory by 26 th Feb 09. Development of a supported employment type model lead by Mersey Valley Ground Work organisation is close to a start date for the pilot scheme. Further employment opportunities will be generated in the Norton Priory Catering project and the Market Gardens. Together with opportunities at the Stadium a target of 20-30 people with disabilities has been set for April

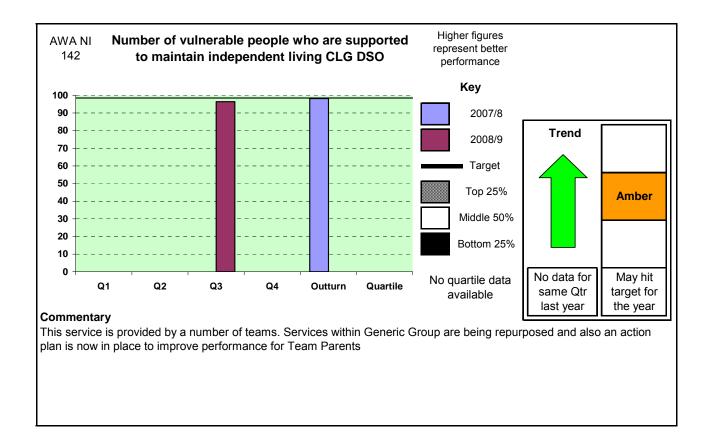
Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
				09.Created a detached leisure day in partnership with Kingsway leisure centre. Designated link person attends Community Bridge Builders team meetings. Quality Improvement Team of stakeholders inspects day service community venues to determine if fit for purpose. Working in partnership with Halton Speak Out to progress Person Centred Plan's for people with PMLD.
		Review services and supports for children and adults with an Autistic Spectrum Disorder Mar 2009	oo *	Review completed, presented to Management Team 06/01/09. Action plan agreed.
		Implement a behaviour solutions approach to develop quality services for adults with challenging behaviour Mar 2009.	oo *	Behavioural psychologist supporting and advising in house and external providers.
AWA 3	Provide facilities and support to carers, assisting them to maintain good health	Refresh the Carers Strategy in light of the new national Carers Strategy, thus ensuring Carers needs continue to be met Jun 2008.	oo *	Consultation event to refresh strategy arranged for Feb 2009.

Service Plan Ref.	Objective	2008/09 Milestone	Progress to date	Commentary
AWA 4	Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money	Build on learning for Halton from CSED improving care management efficiency project, identifying further areas and priorities for redesign Jun 2008.	oo *	Areas identified. Consultant commissioned to review domiciliary care contract and day, residential and nursing home contracts.
		Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective Mar 2009.	o *	Transfer of funding from PCT to HBC agreed 1 / 12 / 09









Key performance indicators not being reported: -

NI 136 People supported to live independently through Social Care services; This is a new indicator and it is not possible to compare against comparator data

NI 131 data not yet available from PCT

NI 145 Adults with Learning Disabilities in Settled accommodation;

NI 146 Adults with Learning Disabilities in Employment;

Equates to 9 service users known to Adult Social Care as a proportion of 307 service users known to Adult Social Care. It is difficult to compare performance of this new indicator until we are able to compare against comparator data.

Ref.	Description	Actual 2007/08	Target 2008/09	Quarter 3	Progress	Commentary
Cost &	Efficiency					
AWA LI1	Intensive home care as a percentage of intensive home care and residential care	27.15	28	25.53	*	The HH1 outturn for intensive households dropped in 2008 (some impact from CHC). Therefore the lower number of intensive households has resulted in a lower outturn for this indicator.
Service	Delivery				•	
AWA LI17	Adults with learning disabilities helped to live at home	3.92	4.3	4.08%	o ∻ o	A slight shortfall against this target for this indicator due to the closure of service users from the Carefirst system early in 2008 (CIC etc).

HEALTH & COMMUNITY – ADULTS OF WORKING AGE (ALD, MH, PSD) Revenue Budget as at 31st December 2008

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£000	£000	£000	£000	£000
<u>Expenditure</u>					
Staffing	3,131	2,198	2,180	18	2,236
Premises	131	0	0	0	0
Other Premises	83	52	50	2	60
Joint Equipment Service	110	0	0	0	0
Other Supplies & Services	553	128	121	7	170
Food Provisions	10	8	8	0	29
Aid & Adaptations	124	93	121	(28)	218
Transport of Clients	702	372	363	9	578
Other Transport	24	18	21	(3)	21
Departmental Support Services	898	0	0	0	0
Central Support Services	334	0	0	0	0
Contract & SLAs	791	433	430	3	513
Emergency Duty Team	95	48	50	(2)	50
Community Care: Residential Care	1,359	941	723	218	723
Nursing Care	45	7	8	(1)	723 8
Home Care	483	334	483	(149)	483
Direct Payments	525	363	550	(187)	550
Supported Living	166	115	87	28	87
Day Care	27	19	6	13	6
Asset Charges	195	0	0	0	0
Contribution to ALD Budget	7,255	4,146	4,156	(10)	4,233
				` ,	
Total Expenditure	17,041	9,275	9.357	(82)	9,965
Income					
Residential & Nursing Fees	-204	-141	-109	(32)	-109
Fees & Charges	-124	-86	-122	36	-126
Preserved Rights Grant	-519	-389	-389	0	-389
Supporting People Grant	-557	-68	-65	(3)	-65
Mental Health Grant	-477	-358	-358	0	-358
Carer Grant	-431	-323	-323	0	-323
-67Mental Capacity IMCA Grant	-84	-66	-67	1	-67
Aids Support Grant	-5	-3	-9	6	-9
Social Care Reform Grant	-220	-220	-220	0	-220
Local Involvement NetworkGrant	-121	-94	-93	(1)	-93
Community Roll Out Funding	-138	-138	-138	0	-138
Nursing Fees – PCT	-45	-11	-12	1	-12
PCT Reimbursement	-387	-194	-198	4	-198
Other Income	-9	-6	-4	(2)	-4
Total Income	-3,321	-2,097	-2,107	10	-2,111
Net Expenditure	13,720	7,178	7,250	(72)	7,777

Comments on the above figures:

In overall terms the revenue spending at the end of Quarter 3 is £62k over budget profile, excluding the ALD pool budget.

Expenditure on Staff costs is slightly less than expected at this stage of the year due to a number of Social Worker posts being vacant within the Mental Health & PSD teams.

Expenditure on the aids and adaptations budget continues to be over budget profile. This area is difficult to predict as it depends on how many applications are put to panel. This budget will continue to be scrutinised closely, however it is anticipated that expenditure will be over budget profile at year-end, although it will be contained within the Departments total budget.

As in previously quarters this financial year pressure on the Community Care budget continues for service users with mental health needs and those with physical and sensory disabilities. The Homecare and Direct Payments budgets in particular are significantly over budget profile however this is offset by the underspend on residential care. This is due to increasing numbers of services users being supported within their own homes rather than in residential accommodation.

Work is currently being undertaken to realign the Community Care budgets within both Adults and Older People's services so that budgets reflect expenditure more accurately. Community Care budgets in 2009/10 will reflect these changes.

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

HEALTH & COMMUNITY - ADULTS WITH LEARNING DISABILITIES

Contribution to ALD Pooled Budget

Revenue Budget as at 31st December 2008

	Annual	Budget To	Actual To	Variance To	Actual
	Revised	Date	Date	Date	Including
	Budget			(overspend)	Committed
				· ' ' '	Items
	£000	£000	£000	£000	£000
<u>Expenditure</u>					
Nursing Care	48	8	7	1	7
Residential Care	883	611	699	(88)	699
Supported Living	1,954	1453	1,358	95	1,358
Home Care	1,829	1,266	1,078	188	1,078
Direct Payments	530	398	561	(164)	561
Day Services	1,967	1,299	1,234	65	1,254
Specialist LD Team	801	498	524	(26)	593
Management Costs	1,312	125	132	(7)	127
Respite	355	195	174	21	167
Other Expenditure	0	0	1	0	1
Total Expenditure	9,679	5,853	5,768	85	5,845
Income					
Rents & Service Charges	-28	-20	-10	(10)	-10
Community Care Fees	-101	-70	-42	(28)	42
Residential Fees	-113	-78	-85	7	-85
Direct Payments	0	0	-29	29	-29
Campus Closure Grant	-26	-26	-26	0	-26
Supporting People Grant	-1,098	-651	-655	4	-655
LDDF	-150	-112	-112	0	-112
CITC – Astmoor	-53	-22	0	(22)	0
CITC – Special Needs	-6	0	0	0	0
Other Client Income	-31	-22	0	(22)	0
CHC – PCT Reimbursement	-340	-305	-305	0	-305
Nursing Care – PCT	-48	-16	-15	(1)	-15
Reimbursement					
Other Fees & Charges	-430	-385	-333	(52)	-333
Total Income	-2,424	-1,707	-1,612	(95)	-1,612
Net Expenditure	7,255	4,146	4,156	(10)	4,233

Revenue spending is expected to be in line with the budget by the end of the financial year.

HEALTH & COMMUNITY - LOCAL STRATEGIC PARTNERSHIP BUDGET

Budget as at 31st December 2008

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Priority 1 Healthy Halton					
Diet & Exercise Programme Vunerable Adults Task	22	16	0	16	0
Force Vol. Sector Counselling	200	150	156	(6)	156
Proj. Info. Outreach Services	40	30	16	14	16
Reach for the Stars	34 35	26 26	17 0	9 26	17 0
Health & Comm Care & Vol Sector Carers' Forum	40	30	23	7	23
Healthy Living Programme	20	15	0	15	0
Advocacy	44	33	49	(16)	49
Capacity Building	25	19	0	19	0
Dignity	25	19	0	19	0
Falls Monitor	27	20	0	20	0
Mens Health Exp	60	45	0	45	0
Mens Health over 75	40	30	0	30	0
Malnutrition	20	15	0	15	0
Relationship Centre	20	15	0	15	0
Priority 2 Urban Renewal Landlord Accreditation	30	22	29	(7)	29
Programme	00	22	20	(1)	23
Priority 4 Employment Learning & Skills					
Voluntary Sector Sustainability	7	5	0	5	0
Priority 5 Safer Halton Good Neighbour Pilot	10	7	2	5	2
Grassroots Development Total Expenditure	9 708	7 530	5 297	2 233	5 297

HEALTH & COMMUNITY

Capital Budget as at 31st December 2008

	2008/09	Allocation	Actual	Allocation
	Capital	To Date	Spend To	Remaining
	Allocation		Date	
	£000	£000	£000	£000
Social Care & Health				
Redesign Oakmeadow Communal				
Spaces & Furnishings	72	50	0	72
Major Adaptations for Equity				
release/Loan Schemes	100	70	0	100
Pods utilising DFG	40	30	0	40
Women's Centre	19	14	3	16
DDA	24	18	0	24
Total Spending	255	182	3	252

Comments on the above figures:

Work started on the redesign of Oakmeadow communal spaces & furnishings on January 4th 2009. This project is expected to be fully committed at year-end.

The two POD schemes utilising DFG are still progressing however the organisational and preparatory work in delivering this innovative way of carrying out adaptations has been more complicated & protracted than anticipated & other factors have resulted in delays. If either case is completed the budget will be fully spent at year-end.

Work has commenced on the Women's centre and the remaining allocation is fully committed.

All work has now been completed on the Direct Door Access therefore the budget is committed and invoices are due to be paid this financial quarter.

The traffic light symbols are used in the following manner:

Objective

Performance Indicator

Green

Indicates that the objective Indicates that the target is on course to achieved within the appropriate timeframe.

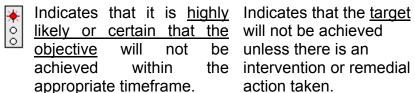
be on course to be achieved.

<u>Amber</u>

Indicates that it is unclear Indicates that it is either at this stage, due to a lack unclear at this stage or of information or a key too early to state whether milestone date missed, whether objective will be achieved within the appropriate timeframe.

being the target is on course to the be achieved.

Red



be unless there is an the intervention or remedial action taken.