

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1: 1st April 2014 – 30th June 2014

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2014/15; for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Prevention & Assessment
- Commissioning & Complex Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

COMMISSIONING & COMPLEX CARE SERVICES

Housing

The Housing & Community Agency (HCA) Affordable Homes Programme 2015/18 - The deadline for funding bids to the Homes and Communities Agency passed on the 30th April 2014. Bids have been submitted by Liverpool Housing Trust (LHT), Plus Dane Group, Halton Housing Trust (HHT) and Galliford Try Plc for developments in Halton. The proposals comprise 365 dwellings for affordable rent across 19 sites. The outcome of the bids is due to be announced mid-July.

25% of the Programme funds have been reserved for subsequent in year bids, and we will seek to take advantage of this and maximise housing delivery through continued joint working with local Housing Associations.

Belvedere - Belvedere supported housing scheme has been successfully decommissioned and was returned into Council possession on the 20th June. Options for disposal are currently being considered.

Domestic Abuse

Following the recent tender exercise, the new Halton Domestic Abuse service commenced on 1st July 2014 with the service being delivered by a new support provider, Changing Lives.

The remodelling work on the Refuge accommodation has now been completed and the service now provides 12 fully self-contained accommodation units which can also accommodate male victims of domestic abuse.

Alcohol Strategy

The Alcohol Strategy Steering Group has met regularly since the Alcohol Strategy workshop which took place in early January. A series of sub-groups reporting to the Alcohol Strategy Steering Group have also been meeting, with a focus on specific actions in accordance with a life-course approach. An initial outline draft of the Strategy has been developed and each chapter is structured in accordance with a life-course approach. Work on the development of the strategy and pathway will continue until the launch of the Strategy during Alcohol Awareness Week (mid November 2014).

Mental Health

The Cheshire wide policy on the operation of Section 136 Mental Health Act – the legal provision which allows police to detain anyone they find in a public place who appears to be mentally disordered and a risk to themselves or others – has now been fully agreed and signed off by all partners. This is now in operation across social services, the police and health services across Cheshire. Its implementation is monitored locally by the Halton Mental Health Delivery Group, and across the county footprint by the newly-developed Cheshire, Halton and Warrington Mental Health Strategic Board (see below).

In 2013, Cheshire Police identified that the rate of Section 136 detentions in Halton was higher than would be expected, and the rate across Cheshire as a whole was greater than the national average. In addition, there was concern that individuals who were detained under this provision were not receiving the best outcomes from all services. In response to this, a project was developed – initially in Warrington, and quickly extended to Halton – to address this issue. In partnership with the 5Boroughs, and supported by local Halton Clinical Commissioning Group (CCG) and the Council, a community psychiatric nurse was assigned to work closely with front line officers, providing an assessment and triage function, with the aim of ensuring that any Section 136 detentions were appropriate, and that people received appropriate and timely support. This project has been extremely successful, both in terms of reducing the numbers of people who are detained under this provision, and in ensuring that the right interventions are provided to people in mental distress. The project - now known as Operation Emblem – has been extended to the whole of the Cheshire footprint. Its continuing viability and effectiveness are monitored by the Cheshire, Halton and Warrington Strategic Partnership.

The Cheshire, Halton and Warrington Mental Health Strategic Partnership arose in 2014 from a series of meetings that had been taking place at senior level between the police, the Cheshire local authorities, the health service commissioners and the mental health Trusts in the area. These meetings have now developed into a formal strategic structure designed to encourage consistent service responses across the footprint to issues relating to mental health and criminal justice. This group is responsible for monitoring the progress of Operation Emblem, and is taking a county-wide approach to the delivery of the Mental Health Crisis Care Concordat.

For over six months, a pilot programme has been in place in Halton, offering interventions from the Mental Health Outreach Team (MHOT) to people in mental distress who are managed through Primary Care Services alone. Working with a targeted number of GP practices, the MHOT has taken referrals from surgeries relating to people who:

- Have an underlying mental health condition, but who are not currently being worked with by secondary mental health services, and who may have social needs which impact on their physical or mental health
- Present repeatedly to surgeries but with no clear reason for this, suggesting that they may have underlying social care issues which present as a medical complaint
- May have issues with drugs or alcohol misuse, but where the GP feels there is also an underlying mental health need.

To date, the team has had 50 referrals under this pilot programme. Early indications provide promising results; of the people who have successfully engaged with the pilot, all have reported improvements in their mental wellbeing, and there have been some notable outcomes in individuals, including reductions in suicide attempts, reductions in use of prescribed medication (by agreement with their GP), reductions in inappropriate surgery attendances, improvements in finance and the addressing of underlying physical health issues. The pilot will continue, with plans to extend further into the Borough.

In November 2013, the Care Quality Commission visited the 5Boroughs, to assess the quality of the interventions provided by all partners in the operation of procedures relating to compulsory admission to hospital under the Mental Health Act. An action plan was developed; implementation of this plan is being monitored in Halton by the Mental health Delivery Board, and a new Board has been set up within the 5Boroughs – a Mental Health Strategic Partnership – to take this and other issues forward.

Other developments within the Commissioning and Complex Care Division:

The new national performance framework for adult social care, SALT (Short and Long Term packages of care) has now been successfully implemented within the Directorate. This has involved considerable work to adapt existing data collection systems, and to train and support front line staff to use the new system.

Emergency Duty Team (EDT): the EDT partnership board has agreed in principle to extend the partnership to a neighbouring local authority. A work plan is being identified to take this forward.

Interface with children's services: the linkages between the Communities Directorate and Children's Services are now well established but also continue to develop. Both services are represented on their respective Safeguarding Boards, and adults services also contribute to the Children's Trust. A formal piece of work, looking at the way drugs and alcohol services, mental health services and children's services work together, is being taken forward under the auspices of the Children's Safeguarding Board. The Directorate is also engaging with new developments in the children's services early intervention and prevention services for children and families.

Physical and Sensory Disability Services

The Halton Commissioning Strategy is being refreshed and following a consultation period will be presented to Health Policy and Performance Board in the Autumn of 2014.

Other Developments

Better Care Fund – The Better Care Fund (BCF) is a tool to enable greater integration between the Council, NHS Halton CCG and other stakeholders within the Borough to provide services in a more coherent way, make efficiencies and improve services for the people of Halton. Part of this includes developing joint commissioning plans, joint performance frameworks, data sharing protocols and delivery of integrated health and social care mental health services. The BCF spans across the next two years where these developments, and more, will be progressed.

Social Care Act - The Care Act outlines the most significant change in Adult Social Care in decades with changes to underpinning legislation, eligibility criteria, funding, changes to the status of Adult Safeguarding and a host of other associated areas which are likely to impact across all Council Portfolios. New requirements, duties and responsibilities will be implemented from April 2015 with full implementation planned for April 2016. A Strategic Group has been established to look at all strands of the Care Act, and under this area project plans have been developed for Carers, Charging for Services and Transition. Other pieces of work are also being undertaken linking in with national initiatives that assist Local Authorities with various aspects of implementation of the Care Act. This includes the Skills for Care Workforce Capacity Plan pilot.

PREVENTION & ASSESSMENT

Making Safeguarding Personal (MSP)

Halton joined the Making Safeguarding Personal (MSP) project in November 2013. The intention of MSP is to facilitate person-centred, outcomes-focused responses to adult safeguarding. Since the project commenced 24 cases have now been analysed and of these cases 96% of people involved felt that the investigation was conducted in such a way that they felt in control, informed and involved.

On-going work from this project to embed this approach into day to day practice will change the nature of the performance data and will provide Halton Safeguarding Adults Board with a better understanding of people's experiences and thus serve to influence and improve the delivery of safeguarding services in Halton.

As the project progresses, it is generally accepted alongside the 53 participating local authorities that outcome focused, person centred approaches must be integrated into safeguarding procedures if people are to be supported to live their lives with as much autonomy as possible. It is clear that seeking the person's own definition of a good outcome at the start of a safeguarding process, keeps professionals focused on a person centred approach and leads to better outcomes for the person and their family. As people achieve better outcomes, they are less likely to re-enter the system at a later date, being supported to stay independent for longer and encouraged to utilise their own skills, strengths and natural supports to build a safer future for themselves.

Halton has now achieved the Bronze level and is now working towards silver level in MSP. This involves taking learning from the pilot and embedding it into practice. Plans are to ensure that current safeguarding documentation is update /replaced to reflect learning from the project and social worker and managers implement the MSP approach in their day to day practice.

Making It Real

In Care Management Services as part of 'Personalisation' we have developed a steering group to take forward the 'Making it real' marking progress towards personalised, community based support agenda. This helps check our progress and decide what we need to do to keep moving forward to deliver real change and positive outcomes with people. We met with members of the TLAP programme (Think Local Act Personal) and they helped us facilitate a 'Making It Real Live' event that took place on the 4th of June. The event was well attended and involved people using services, a wide cross sector of partners and other agencies, including the independent sector and voluntary agencies. From the event we developed an action plan which the steering group will oversee to take forward. A follow up event will be held in the Autumn.

Winterbourne View

Winterbourne View Review Concordat: Programme of Action was published by the Department of Health in December 2013. Halton CCG and Council have developed a localised action plan – this will be monitored through the Learning Disability quality and performance then reported to the Learning Disability Partnership Board and CCG Quality and Integrated Governance Committee. Assurance is provided to NHS England as per the Concordat Action Plan.

- By April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice as a consequence; there will be a dramatic reduction in hospital placements for this group of people.
- The Council has continued to work with health colleagues to review all out of area placements regardless of funding arrangements.
- Halton have a strategic task group set up to ensure those placed out of area are managed and monitored appropriately with professionals tasked with reassessing those individuals to enable them return to Halton this meeting meets quarterly. This work has been on-going with successful placements now achieved locally with the co work of the care management teams, health colleagues and the Positive Behaviour team.
- Joint Health and Social Care Learning Disability Self-Assessment Framework (LD SAF) to be submitted 6th December 2013 – Validation and Assurance Panel (25th April 2014) – chaired by NHS England - Halton Borough Council and Halton CCG to attend to complete the Joint Health and Social Care SAF process 2013 – Validation completed June 2014, joint action plan to be developed following the panel and to be presented to the LD Partnership Board.
- Bryon Unit 5 Borough Partnership Inpatient bed usage currently being monitored usage for 2013/14 was 10 inpatient admissions.

Learning Disability Nurses

The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals etc.

Progress:

- 2 team members have completed a course on applied behaviour analysis to support the team with refocussing behaviour interventions.
- The team are continuing to seek feedback from customers on their experiences with team members. These are in easy read format and show consistently positive results

- A recent audit has been completed of Health Action Plans generated by the team, has shown a high standard of health support is being offered to Halton residents.
- A nursing team member has worked with advocacy and the heart hospital to support an individual to explore their heart condition and examination of this.
- Joint working with social care has enabled hard to reach family to have numerous health interventions, including dental care, which has been absent for many years.
- The team are working within the pro-active draft dementia pathway for people with Downs Syndrome, customers who are in their 30's are currently being screened.
- The team have been completing peer observations and management observations to ensure the service provided is of a high quality.
- A customer was experiencing heart related symptoms, and had previously had heart surgery. Liaison was had with the heart hospital for her to be seen.
- The latest Fresh start programme in Runcorn is half way through. Widnes showed good weight loss. This has continued through the next steps.
- The plans are being put in place for the Big Health Day. This will explore health issues raised via the LD SAF.
- One of the individuals has been discharged from Hollins Park successfully and is settled back at home.

Urgent Care

Halton Borough Council and NHS Halton Clinical Commissioning Group are continuing to actively work together in conjunction with our partners to lead on the development and management of the Urgent Care system used by the Borough's population. The Urgent Care agenda is a complex and challenging one; we need to ensure that there is a system wide approach to Urgent Care which requires high quality and accessible primary, community and social care services to be in place to provide alternatives to A&E attendance and admittance to hospital for the local population.

There are a number of current local developments which are having a positive impact on the urgent care system/agenda within Halton, the main ones being:-

- Development of a Halton Operational Resilience and Capacity Plan (see Emerging Issues, Section 3) which not only outlines how Halton is to address issues relating to urgent care but also elective care as well;
- Development of a Community multi-disciplinary team (MDT) approach to the management of people with Complex Needs which aims to reduce the number of non-elective admissions and A&E attendances through the use of individualised programmes of care and support;
- The care home project in Halton which is working to investigate unmet need in Halton's care homes from the perspective of health and social services; and
- Development of 2 new Urgent Care Centres in Halton, one in Runcorn and one in Widnes which aim to be open by the end of the year . In addition to being able to assess/treat minor illnesses and injuries, the Centres will be able to provide care to those presenting at the Centres will a range of other conditions, through the development of the necessary competencies of staff teams; the Centres will be staffed by a multidisciplinary, multiagency team of professionals.

PUBLIC HEALTH

Halton has successfully implemented the following programmes.

Alcohol harm reduction: Local Alcohol Action Area status gained. Development of an education campaign around alcohol and pregnancy. 100% of midwives, health visitors & early years staff trained in Information and Brief Advice (IBA). 100% of staff working with Children and Young People (CYP) trained in IBA. 100% of CYP in schools & the community provided with alcohol awareness education. Test sales related enforcement in place. Operation Staysafe in place. GP practices including nurses & Health Care Assistants trained in IBA.

Reduction in the level of social disruption and harm due to alcohol consumption through Arc Angel, Pub Watch, street pastors and process of bench marking against Purple flag standards. Training for appropriate front-line Home Care professionals.

Mental Health: New Mental Health & Wellbeing Strategy for Halton. Like Minds Campaign launched against stigma. Development of prenatal, antenatal and postnatal support pathway. Bullying and cyber-bullying programme in place with the Vikings. Health Needs Assessment and new CAMHS Tier 2 specification in place. Development of the new School Health Service specification. Live Life Well Website has new section for CYP in place. Procurement of new Improving Access to Psychological Therapies Service. Review of Dementia Strategy completed.

Reducing falls: Developed a falls strategy. Agreed an integrated pathway for clinical and community services. Redesigned the falls specialist service. Shifted the training provision to the Health Improvement Team. Focussed all of the falls specialist role onto clinical assessments. Developed a multi-agency steering group. Developed a falls awareness week with partner organisations (events attended by over 370 older people). Developed a performance framework that offers the Board up to date information to act upon

Healthy vitamins programme: A programme for the universal provision of healthy start vitamins to all pregnant and breastfeeding women is due to start in August 2014. The programme will also provide one bottle of free vitamins to the child at 6months to a year, and increase accessibility of the vitamins through making them available through children's centres and health centres. This aims to improve health outcomes for mother and child, and prevent infections, and conditions such as Spina Bifida.

Family Nurse Partnership: The Family Nurse Partnership (FNP) is due to start recruiting Halton parents in October 2014. The Family Nurse Supervisor has been recruited, and the FNP board has met. FNP is an intensive, client centred programme to improve outcomes for first time teenage parents. 1-2-1 support is given by the same family nurse from early pregnancy to the child being 2 ½ years old. It is a licenced structured programme that is grounded in research.

Sexual Health Services: Building on the sub regional review of sexual health services work has either begun or is soon to begin on a number of discrete Cheshire and Merseyside reviews relating to sexual health. These are (in priority order):

1. Cross charging arrangements for sexual health services delivered out of area (this work has already begun);
2. Provision of long acting contraceptives in GP practices;

3. Interrelationship and pathways between Public Health commissioned sexual health services and HIV treatment services commissioned by NHS England;
4. Pathways for erectile dysfunction and psychosexual health services.

Children, Young People and Families

Halton Children & Young People's Plan 2014-17 and Children's Trust Priorities: The Halton Children & Young People's Plan (CYPP) is the agreed joint strategy of the partners within Halton Children's Trust, detailing how they will co-operate to improve children's wellbeing. It represents Halton's local vision and aspirations for children and young people in the borough, and provides strategic direction and determines how the Children's Trust Board will work together to commission services to address locally identified needs and better integrate provision.

The new CYPP which has been developed by a multi-agency task group is developed around the following three strategic priorities that have been agreed by Halton Children's Trust:

Working together to deliver services in a joined up way to make sure children and their families get the right help at the right time (*Early Help & Support*)

Working together to plan and fund outcome focused services for children and families that deliver high quality services that are value for money (*Integrated Commissioning*).

Working together to focus services towards the needs of our most vulnerable children, young people and families to 'close the gap' by improving health and education outcomes. The development of the new Plan is being taken forward with the involvement of young people in several ways, including a young people's version and direct involvement in the main document. For copies please contact mark.grady@halton.gov.uk.

Teenage Pregnancy: ONS data for quarter 4 2012, shows Halton's teenage conception rate is at its lowest ever. In quarter 4 2012, there were 22 conceptions compared to 28 in quarter 4 2011. The total number of conceptions for 2012 is 92.

Halton had 27 less conceptions, than its statistical neighbour's average and has now seen a 36.1% reduction from the baseline in 1999 and a 48.6% reduction from 2007, when the rate was at its highest. Some of the schemes in operation in the Halton area include:

- Targeted outreach sessions delivered through the VRMZ outreach bus and street based teams in identified hotspot areas.
- Holistic health drop-ins lead by Halton Youth Provision providing information and advice on reducing risk taking behaviour, such as sexual health and substance misuse.
- Free access to condoms, through the C-Card scheme.
- Free sexual health awareness training is available across the Children Trust, to enable frontline staff to feel competent in talking to young people about positive relationships.
- The development of dedicated young people's sexual health clinics, provided in community venues.
- A whole-school approach to relationships and sex education with the development of the Healthitude and Teens and Toddlers programmes.

Free emergency hormonal contraception (EHC) available from pharmacists across the Borough

3.0 Emerging Issues

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

COMMISSIONING & COMPLEX CARE

Residential & Nursing Care

Work is underway to monitor residential and nursing bed usage and voids within Halton, also considering the use by other Local Authorities of residential and nursing beds within Halton. The project group is also considering the suitability of other buildings within the Halton area.

Mental Health

Work is underway to redesign elements of the Council's Mental Health Services in order to make contact with people at the very early stage of their illness. This involves one of the team's working closely with GP surgeries and additional work to develop a comprehensive preventative strategy is also underway.

The Mental Health Crisis Care Concordat was issued by central government in early 2014. This important piece of work aims to improve the quality and type of supports available for people in mental health crisis. A self-assessment for Halton has been completed and work on this will be monitored by the Mental Health Delivery Group.

PREVENTION & ASSESSMENT

Deprivation of Liberty Safeguards (DoLS)

The recent Supreme Court ruling *P v Cheshire West and Chester and P and Q v Surrey Council* is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty. A deprivation of liberty for such a person must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under DoLS in the MCA 2005, or (if applicable) under the Mental Health Act 1983. The ruling has clarified that there is now a revised test for a deprivation of liberty and two key questions that should be asked are:

- Is the person subject to continuous supervision and control?
- Is the person free to leave?

The judgment is important as it holds that a DoLS can occur in a domestic setting where the State is responsible for imposing those arrangements. This will include a placement in a supported living arrangement in the community. Hence, where there is, or is likely to be, a deprivation of liberty in such placements that must be authorised by the Court of Protection. An action plan is currently being developed to fully scope and address the implications. It is anticipated that this will place an extra burden on the Council in terms of an increase in the number of applications to the Court of

Protection and the number of DoLS cases will be significantly greater than previously assumed.

Independent Living Fund (ILF)

The ILF helps severely disabled people live independently by providing additional funding to top-up their social care support. In November 2013, the Court of Appeal ruled the Department for Work and Pensions had failed to fulfil its duty to promote equality when making the decision. However, following a new equality impact assessment of the plan, the government is going to press ahead with closing the fund. The ILF will now close in June 2015 and the responsibility for supporting ILF users will fall to the local authority. Work has started in preparation for the transfer.

Transition Planning - Special Education Needs (Disability) (SEN) 2014

The SEN reforms 2014 will be implemented from September 2014 – the reforms will have implications for service delivery across the age range of 0 to 25 yrs. Multi-agency task and finish groups are currently working to adapt systems, processes and to implement the new guidance that will be introduced in September 2014.

The introduction of Education, Health and Care Plans will be a key change for professionals and families, alongside the publication of the 'Local Offer' where local services are published for individuals and families to choose from when deciding how to meet their needs. The Transition Strategy will be redrafted in line with the new legislation and codes of practice.

The Personal Budgets Outcomes and Evaluation Tool (POET)

This has been developed over a number of years by In Control and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. The Care Services Minister Norman Lamb has just recommended that all councils should be checking people's experiences of using personal budgets, through tools such as POET. This is an area of work identified to be taken forward and will be used to feed in to the 'Making it real' follow up event in the Autumn.

Operational Resilience and Capacity Planning

After the success that Urgent Care Working Groups have achieved in the past year, national guidance has recently been issued by NHS England, Monitor, Trust Development Agency and Association of Directors of Adult Social Services which outline the need for these groups to build upon their existing roles, and expand their remit to include elective as well as urgent care. They will now become the forum where capacity planning and operational delivery across the health and social care system is coordinated.

Bringing together both elements within one planning process underlines the importance of whole system resilience and that both parts need to be addressed simultaneously in order for local health and care systems to operate as effectively as possible in delivering year-round services for patients.

Whilst winter is clearly a period of increased pressure, establishing sustainable year-round delivery requires capacity planning to be ongoing and robust. This will put the NHS, working with its partners in local authorities, in a position to move away from a reactive approach to managing operational problems, and towards a proactive system of year round operational resilience.

Work is underway to ensure that Halton can fully comply with the guidance recently issued; this includes the change of role of the Urgent Care Working Group to that of a System Resilience Group and the development of a Halton Operational Resilience and Capacity Plan.

PUBLIC HEALTH

Halton needs to continue to focus on bowel screening, accidents for all ages and reducing the level of alcohol abuse amongst adults. A number of strategies and action plans are either already in place or are currently being developed to address these issues. They include: Halton Cancer Strategy, Alcohol Harm Reduction strategy and Falls Strategy.

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 2014/15 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 is undertaken during Quarter 2 and Quarter 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.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with	

	Autistic Spectrum Disorder. Mar 2015. (AOF 4)	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4)	
CCC1	Continue to 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. Mar 2015 (AOF 4)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. Mar 2015. (AOF 4, AOF 18)	
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2015 (AOF11)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21)	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2015. (AOF 21 & 25)	

Key Performance Indicators

Supporting Commentary

CCC 1 Services / Support to children and adults with Autism

The Autism Strategy group continues to monitor the progress of the Autism Strategy 2012 – 2016 action plan.

Autism Self-Assessment Framework 2013 was submitted to iHals and presented to the Health and Well-being Board (January 2014). Next Self-Assessment due September 2014 (pending confirmation).

Refresh of the Autism Strategy Action Plan 2014 to reprioritise key areas to reflect local needs and national guidance, linking into the Department of Health recent publication Think Autism (2014).

CCC 1 Dementia Strategy

The Dementia Board continue to meet monthly to review delivery of the strategy. Work is underway to review the community pathway and findings from a recent Community Pathway Provider's meeting has informed a commissioning options appraisal that is being presented at the July Board.

CCC1 Mental Health

Work continues with the 5BP NHS Foundation Trust to review inpatient and

community services for older people with mental health problems. An options appraisal should be available to elected Members over the coming months.

CCC1 Homelessness Strategy

The 2013/18 Homelessness Strategy was approved by Executive Board on 27th March 2014. The designated sub groups will continue to meet on a bi monthly basis to discuss and implement strategic action plan. The focus is presently around improving the monitoring & performance of the service, with further emphasis to develop prevention initiatives around Health.

This has now been completed with the commencement of the new Halton Domestic Abuse service on 1st July 2014.





CCC 2 HealthWatch



Healthwatch Halton relocated to new premises during Quarter 1, moving from their existing location in Sefton House, Runcorn, to St Marie's Church, Lugsdale Road, Widnes. Due to the re-location, Healthwatch Halton have worked together with the Cheshire and Merseyside Independent NHS Complaints Advocacy Service to develop an Engagement plan, aimed to reach out to local communities to promote and raise the profile of the services that both Healthwatch Halton and the Cheshire and Merseyside Independent NHS Complaints Advocacy Service provide within the borough of Halton. A series of community-based events and activities are planned to take place right across the borough in the coming months, including coffee mornings which will take place in community centres across the borough.

CCC 3 Review and development of commissioning strategies to align with Public Health and Clinical Commissioning Groups

The CCG five year plan, two year plan is now aligned with the Better Care Fund, the JSNA and the priority set by the Health and Wellbeing Board. The Integration Agenda continues to make progress with the move to push for greater alignment around governance and the integrated approach to performance management.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14 / 15 Target	Q1 Actual	Q1 Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.5	2.57		
CCC 5	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		

Ref	Measure	13 / 14 Actual	14 / 15 Target	Q1 Actual	Q1 Progress	Direction of travel
CCC 6	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	11	12	10		

Supporting Commentary

CCC 4 Adults with mental health problems helped to live at home per 1,000 population

This figure has declined steadily in the past 12 months, due in part to technical reasons (a change in the baseline population figures for Halton), but also because of the successful implementation within the 5Boroughs of the Acute Care pathway, which has focused work on people with the most complex needs. Work is being taken forward however to engage with people known only to primary care services, to support people at an earlier stage and prevent their condition from escalating, and this is expected to improve performance figures through 2014/15.

CCC 5 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years

Halton forms part of the Merseyside Sub Regional, No Second Night Out scheme which is proven to be a successful resource and fully utilised across the Merseyside Authorities. . The service provides an outreach service for rough sleepers and has successfully worked in partnership with Halton to identify and assist this vulnerable client group.

The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

CCC 6 Number of households living in Temporary Accommodation

The Housing Solutions Team has taken a proactive approach to preventing homelessness.








There are established prevention measures in place and the Housing Solutions team will continue to promote the services and options available to clients.

The changes in the TA process and amended accommodation provider contracts has had a big impact upon allocation placements. The emphasis is focused on early intervention and further promotes independent living.

The improved service process has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced TA provision.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PA 1	Fully implement and monitor the effectiveness of the complex care pooled budget March 2015 . (AOF 2,3,4,10,21)	
PA 1	Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and urgent care March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults March 2015 (AOF 2,3,4,10,21)	
PA 1	Work within adult social care to focus on preventative service to meet the needs of the population March 2015 (AOF 2,3,4,10,21)	
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton March 2015 (AOF 2,3,4,10,21)	
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets March 2015 (AOF 2, 3,4,10,21)	
PA 2	Continue to review the quality of commissioned services and continue to develop the role of the integrated safeguarding unit March 2015 (AOF 2, 3,4,10,21)	

Supporting Commentary

PA 1 Complex care pooled budget

Pooled Budget fully implemented. Governance structures in place to monitor effectiveness.

PA 1 Integrated provision of frontline services

Work continues on the integrated provision of front line services, for example the Community Multi-disciplinary Team's in General Practice project is continuing during 2014/15 and an initial evaluation of the benefits for individuals will be available shortly. In respect of the Care Homes project work is underway with NHS Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnerships to provide a long term service. Developments within Urgent Care continue with the planned opening of the Urgent Care Centres, staffed by a team of

multidisciplinary, multiagency professionals, by the end of 2014.

PA 1 Develop a Care Management Strategy

Draft Strategy being developed. On target for completion March 2015

PA 1 Work within Adult Social Care focussing on Preventative Services

The Initial Assessment Team is working closely with Sure Start/Bridge Building, Telecare and offering better sign posting. There is a dedicated project team re-assessing 24 hour supported living accommodation.

PA 1 Develop an integrated approach to the delivery of Health and Wellbeing across Halton

Integrated model currently being developed. On target for completion by March 2015.







PA 2 Personalisation/Self-directed Support

In Care Management to ensure effective arrangements for ‘Personalisation’ across adult social care, we have developed a steering group to take forward the ‘Making it real’ marking progress towards personalised, community based support agenda. TLAP programme (Think Local Act Personal) supported us to facilitate a ‘Making It Real Live” event that took place on the 4th of June. An action plan is being developed and overseen by the group.

PA 2 Integrated Safeguarding

The safeguarding unit and quality assurance team have continued to work closely with a focus on improving outcomes for vulnerable people in Halton.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14/15 Target	Q1 Actual	Q1 Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+)	81.31	82	19.79		
PA 3	Percentage of VAA Assessments completed within 28 days	87.69%	85%	82.7%		
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days	96.3%	97%	96.44%		

Supporting Commentary

PA 2 Numbers of people receiving Intermediate Care per 1,000 population (65+)

Although referral numbers are slightly down when comparing Q1 14/15 with Q1 13/14, we are on course to meet this target.

PA 3 Percentage of VAA Assessments completed within 28 days





Within the safeguarding unit we have been engaging well with the PPU and consequently the police are leading on a number of investigations and the system does not allow us to close down this work which is likely to be impacting on this target. In addition, the CPS are also taking forward more cases for prosecution which will also create an impact. There are a small number also with the Coroners Court. We are actively monitoring this situation and we are also re-looking at paperwork and procedures to increase the performance.




PA 7 Percentage of items of equipment and adaptations delivered within 7 working days

Performance in this area remains very strong and consistent.

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01	Work with the public and service providers to raise awareness of the early signs and symptoms of bowel, breast and lung cancer so we can identify it an early stage in the population. March 2015	
PH 01	Reduce obesity rates in the local population, thereby reducing the incidence of bowel cancer through promoting healthy eating and screening programmes for adults and children via a range of services. March 2015	
PH 01	Meet the target for the take up of HPV vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. March 2015	
PH 01	Work proactively with GPs, all service providers, Alcohol Liaison Nurses, teachers in schools to reduce the number of people drinking to harmful levels and alcohol related hospital admissions given the rise in pancreatic and liver cancer rates. March 2015	

PH 02	Facilitate the Early Life Stages development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. March 2015	
PH 03	Working with all service providers, implement the action plan to reduce falls at home in line with the Royal Society for the Prevention of Accidents (ROSPA) guidance as outlined in the new Falls Strategy March 2015	
PH 05	Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children's Centres. March 2015	

Supporting Commentary

Raise awareness of Bowel, Breast and Lung Cancer

This is a priority for Halton Health & Wellbeing Board and sits within its underlying action plans. We are making good progress through the roll out of the national Be Clear on Cancer campaign and the team of volunteers that work with local people to deliver the message. We do not yet have easy access to staging data from the local hospitals.

GP practices have been supported to conduct the cancer audit.

Reduce Obesity Rates

Work is underway to refresh the Halton Healthy Weight management care pathways for children and adults.

A range of services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties.

Reduce Cervical Cancer Rates

Data is only available for HPV at a Halton and St Helens level. However in 2012/13 the rates were higher than the England average for all three doses of HPV. New evidence has meant that in the future only 2 doses of HPV will be given.

Reduce the number of people drinking to harmful levels

Work is underway to develop an alcohol harm reduction strategy for Halton. The strategy is being developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy will set out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission rates locally. Alcohol health education sessions are being delivered in all local schools.

Facilitate Early Life Stages development

The Number of Health Visitors in Halton has increased through the Department of Health Call to action work, and is on target. The health visitors are key to delivering a universal preventative service to young families, and are conducting developmental reviews at 21/2 years.

Childhood Immunisation rates in Halton are all above the 95% target, which affords the population protection from a potential outbreak. Halton has made good improvements in the numbers of children receiving the MMR vaccine, and is above the England average.

A range of evidence based parenting programmes are being delivered across the borough, such as Triple p, and Terrific twos.

Falls Reduction Action Plan

Quarter 1 has seen the implementation of a redesigned falls triage service that enhances the existing referral process between RARS and the falls specialist nurse. This has led to improved speed of referral and increased access to therapy services within the community.

Falls awareness week took place in June and throughout the week we engaged in close conversations with 253 individuals, on top of this many more took recipe leaflets and exercise timetables resulting in a total of 4000 marketing materials being disseminated across the borough and at the roadshow locations. More robust outcomes at this early stage from the week include:-

- 7 people have been contacted and signed up to the Falls Prevention service starting Sept/ Oct.
- 3 people referred to Fresh Start
- 25 new people joined the Tea Dance weekly group - 11 were from local care homes.
- 8 people attended Tai Chi at Runcorn library Monday
- 5 people attended Tai Chi taster at Brunswick house TLC club Tuesday
- 10 people attended Tai Chi taster Widnes library Friday
- 5 referrals to the Falls Team at Bridgewater
- 8 consultations resulted in referrals to the Falls Prevention exercise class
- 16 people received advice on hearing, 3 booked in for hearing checks with Age UK
- 2 people received advice on loss of sight by Vision Support






There will be a further evaluation in October which will include follow up to the sheltered accommodation management to see if as a result falls have reduced and if any of the residents have engaged in further exercise groups. Plus contact will be made with the referrals to establish if they engaged post the road show.

Mental Health and Wellbeing Programme

A review of all local mental health and wellbeing provision is underway to ensure that there are consistent, high quality services available.

A new Mental Health and Wellbeing strategy has been developed and this will inform the development of a new action plan to meet local need across all ages and levels of need.

Key Performance Indicators

Ref	Measure	13/14 Actual	14/15 Target	Q1	Current Progress	Direction of travel
PH LI 01 (SCS HH 5a)	All age all-cause mortality rate per 100,000 males (previously NI 120a) 2011	737.3 (Jan 13 – Dec 13)	752	733.0 (Apr 13 – Mar 14)	?	
PH LI 02 (SCS HH 5b)	All age all-cause mortality rate per 100,000 females (previously NI 120b) 2011	589.5 (Jan 13 – Dec 13)	615	543.0 (Apr 13 – Mar 14)	?	
PH LI 03 (SCS HH 6)	Mortality rate from all circulatory diseases at ages under 75 (previously NI 121) 2001	70.9 (Oct 12 – Sep 13)	72	68.7 (Apr 13 – Mar 14)	?	
PH LI 04 (SCS HH 7)	Mortality rate from all cancers at ages under 75 (previously NI 122) 2011	138.6 (Oct 12 – Sep 13)	140	142.9 (Apr 13 – Mar 14)	?	
PH LI 06 New SCS Measure Health 2013-16)	Falls and injuries in the over 65s (Public Health Outcomes Framework)	2,850.4 (Jan 13 – Dec 13)	2,847	2,898.9 (2013/14)	?	
PH LI 08 (New)	Mental Health: Self-reported wellbeing	N / A	69%	N / A	N / A	N / A

Supporting Commentary

PH LI 01 Comparison vs. 2012/13 rate in quarter 1. All age, all-cause mortality for men is reducing in Halton. This is the result of a whole systems approach to prevent people from becoming ill and treating them more quickly and effectively if they do develop a disease. Key areas we have identified are alcohol harm reduction, mental health, falls and cancer. Robust plans are in place for each of these and they are being successfully implemented.

PH LI 02 Comparison vs. 2012/13 rate in quarter 1. All age, all cause mortality for women is reducing in Halton for this quarter. This is particularly good news as the female mortality rate has been stubbornly high for a number of years. As with men this is the result of a whole systems approach to prevent people from becoming ill and treating them more quickly and effectively if they do develop a disease. Key areas we have identified are alcohol harm reduction, mental health, falls and cancer. Robust plans are in place for each of these and they are being successfully implemented.

PH LI 03 Comparison vs. 2012/13 rate in quarter 1. Halton has seen significant reduction in heart disease in the past 10 years and this continues. This is particularly due to a reduction in smoking, early detection of people at risk via health checks and good health care treatment.

PH LI 04 Comparison vs. 2012/13 rate in quarter 1. Although the rate for the same quarter last year was higher than for this quarter cancer remains a challenge. We need to continue to reduce smoking prevalence and work on increasing our screening rates, particularly for bowel screening.

PH LI 06: Comparison vs. 2012/13 rate. Hospital admissions for injuries due to falls (65+). A range of prevention training has taken place to support a contribution to improving performance in falls and injuries in older people. 73 professionals and 207 members of the public attended the training during quarter 1 and there have already been some positive outcomes from the people who have attended.

The falls awareness week was a huge success and mixed general awareness raising with supporting individuals to make direct referrals into relevant services.

PH LI 08 (new) No data available yet.

APPENDIX 1 – Financial Statements

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th June 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	7,463	1,770	1,729	41
Premises	241	87	88	(1)
Supplies & Services	1,905	460	451	9
Carers Breaks	422	145	145	0
Transport	170	40	36	4
Contracts & SLAs	149	36	27	9
Payments To Providers	3,816	888	884	4
Emergency Duty Team	103	0	0	0
Other Agency Costs	521	128	132	(4)
Total Expenditure	14,790	3,554	3,492	62
Income				
Sales & Rents Income	-221	-150	-138	(12)
Fees & Charges	-173	-25	-32	7
CCG Contribution To Service	-613	-186	-184	(2)
Reimbursements & Grant Income	-663	-55	-56	1
Transfer From Reserves	-870	0	0	0
Total Income	-2,540	-416	-410	(6)
Net Operational Expenditure	12,250	3,138	3,082	56
Recharges				
Premises Support	192	40	40	0
Transport	436	109	109	0
Central Support Services	1,685	421	421	0
Asset Charges	76	16	16	0
Internal Recharge Income	-1,685	0	0	0
Net Total Recharges	704	586	586	0
Net Departmental Total	12,954	3,724	3,668	56

Comments on the above figures:

Net operational expenditure is £56,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are currently £41,000 below budget profile. This results from vacant posts, specifically in relation to mental health and day services. These vacant posts are in the process of being filled, and it is not anticipated the spend below budget profile will continue at this level for the remainder of the financial year.

Expenditure on Contracts and Service Level Agreements is projected to be £28,000 below budget at the year-end. This relates to savings made in payments to providers for the Bredon respite care contract.

Income is currently marginally below the target to date. There is an anticipated shortfall on rental income due to the intended refurbishment of a homeless facility. At this stage in the financial year it is anticipated that this shortfall can be met from over-achievements of income in other service areas, and savings from expenditure.

Capital Projects as at 30th June 2014

	2014/15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
ALD Bungalows	400	0	0	400
Grangeway Court	347	0	0	347
Section 256 Grant	56	0	0	56
Community Capacity Grant	351	0	0	351
Total Spending	1,154	0	0	1,154

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th June 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	6,558	1,567	1,535	32
Other Premises	63	11	12	(1)
Supplies & Services	400	21	24	(3)
Aids & Adaptations	113	6	13	(7)
Transport	5	1	1	0
Food Provision	28	6	6	0
Other Agency	23	3	2	1
	800	0	0	0
Transfer to Reserves	17,614	2,869	2,857	12
Contribution to Complex Care Pool				
Total Expenditure	25,604	4,484	4,450	32
Income				
Other Fees & Charges	-226	-56	-62	6
Reimbursements & Grant Income	-349	-10	-12	2
Transfer from Reserves	-2,185	0	0	0
Capital Salaries	-39	0	0	0
Government Grant Income	-155	0	0	0
CCG Contribution to Service	-442	-235	-235	0
Total Income	-3,396	-301	-309	8
Net Operational Expenditure	22,208	4,183	4,141	42
Recharges				
Premises Support	221	55	55	0
Asset Charges	210	0	0	0
Central Support Services	1,980	472	472	0
Internal Recharge Income	-419	0	0	0
Transport Recharges	50	9	10	(1)
Net Total Recharges	2,042	536	537	(1)
Net Departmental Total	24,250	4,719	4,678	41

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the first Quarter of the financial year is £41,000 under budget to date and £29,000 under the budgeted profile when excluding the Complex Care Pool.

Employee costs are currently showing £32,000 under budget profile. This is due to vacancies within the Department, in particular Care Management. Some of these vacancies are yet to be filled. If these vacancies remain unfilled, the current underspend will continue to increase beyond this level.

Supplies and Services expenditure to date is £3,000 over budget profile. This is mainly due to the increase in Deprivation of Liberty Safeguards (DOLs) assessment costs. (DOLs) assessments aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Expenditure on Aids and Adaptations is £7,000 above budget profile in the first quarter and continues to be a pressure area as more people are supported within their own homes.

Overall, income has achieved the first quarter's target and this trend is expected to continue for rest of the financial year.

A detailed analysis of the Complex Care Pool is shown below:

Revenue Budget as at 30th June 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Intermediate Care Services	3,757	633	632	1
End of Life	192	61	61	0
CHC Assessment Team	255	0	0	0
Sub Acute	1,788	198	193	5
Joint Equipment Store	532	7	7	0
Intermediate Care Beds	596	149	149	0
Adult Care:				
Residential & Nursing Care	19,428	3,764	3,711	53
Domiciliary & Supported Living	10,590	1,698	1,674	24
Direct Payments	3,293	1,073	1,186	(113)
Day Care	457	80	72	8
Total Expenditure	40,888	7,663	7,685	(22)
Income				
Residential & Nursing Income	-4,920	-838	-860	22
Community Care Income	-1,552	-239	-252	13
Direct Payments Income	-189	-47	-46	(1)
Other Income	-285	-285	-285	0
CCG Contribution to Pool	-12,784	-3,196	-3,196	0
Reablement & Section 256 Income	-3,544	-189	-189	0
Total Income	-23,274	-4,794	-4,828	34
Net Divisional Expenditure	17,614	2,869	2,857	12

The overall net expenditure budget is £12,000 under budget at the end of the quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. Spend is expected to remain within budget throughout the financial year

The number of clients in receipt of residential & nursing social care increased last year by 17% but from April this year it has decreased by 1%. The number of clients in receipt of domiciliary social care (including supported living) last year decreased by 8.8% and then from April this year it has increased by 1%.

The number of clients in receipt of a Direct Payment has substantially increased in the first quarter of the year and this is due to the renegotiation of the Domiciliary Care contracts, clients who were receiving domiciliary care have now opted to take a Direct Payment and new clients who have never received a package of care taking the option of a Direct Payment. The increase is expected to continue into the next quarter and this should result in a reduction in the numbers for domiciliary care.

Trends of expenditure and income will be scrutinised in detail throughout the year to ensure a balanced budget is achieved. Spend can be volatile and will fluctuate throughout the year, this is due to the number and value of new packages being approved and existing packages ceasing.

The budgets across health and social care have been realigned to reflect the expenditure and income in the previous year.

Capital Projects as at 30th June 2014

	2014/15 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
Disabled Facilities Grant	500	50	26	474
Energy Promotion	12	0	0	12
Stair lifts (Adaptations Initiative)	200	50	31	169
RSL Adaptations (Joint Funding)	250	60	42	208
Total Spending	962	160	99	863

PUBLIC HEALTH DEPARTMENT

Revenue Budget as at 30th June 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	1,718	415	388	27
Supplies & Services	55	10	7	3
Other Agency	20	20	17	3
	5,779	849	843	6
Contracts & SLA's				
Transfer to Reserves	707	0	0	0
Total Expenditure	8,279	1,294	1,255	39
Income				
Other Fees & Charges	-49	-12	-8	(4)
Sales Income	-26	-20	-19	(1)
Reimbursements & Grant Income	-3	0	0	0
Government Grant	-8,749	0	0	0
Transfer from Reserves	-200	0	0	0
Total Income	-9,027	-32	-27	(5)
Net Operational Expenditure	-748	1,262	1,228	34
Recharges				
Premises Support	50	13	13	0
Central Support Services	2,135	115	115	0
Transport Recharges	25	2	2	0
Net Total Recharges	2,210	130	130	0
Net Departmental Total	1,462	1,392	1,358	34

Comments on the above figures:




In overall terms, the Net Operational Expenditure for the first quarter of the financial year is £34,000 under budget profile.

Employee costs are currently £27,000 under budget profile. This is due to savings being made on vacancies within the Department. Some of the vacant posts, specifically in relation to Trading

Standards are in the process of being filled. Therefore, it is not anticipated that this variance will continue at this level for the remainder of the financial year.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<u>Objective</u>	<u>Performance Indicator</u>
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.