

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4: 1st January to 31st March 2015

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth 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 fourth quarter which include:

PREVENTION & ASSESSMENT

Care Act Implementation: Final plans have been put in place to implement the Care Act in Halton. Training has taken place across a range of services and has been extended to partners. These “bite-size” learning sessions offered a total of 357 places and focussed on six different areas of the Care Act. In addition, two major areas of redesign have now been drafted:

- The development of an Advocacy Hub, to offer improved access to advocacy and developing coherent, well-supported low-level advocacy in the borough.
- An information network that will have at its heart an information charter that organisations will sign up to which helps them to move away from basic signposting and now offers a consistent navigation system that ensures services carry out, follow-up, and offer individuals the right level of support to access all of the help they need.

Keyring Community Living Network: The Keyring model is a network of vulnerable people who need some support including mutual support to live safe and fulfilling lives in the community with an emphasis on enablement rather than dependence on high levels of support. Implementation is now underway and a full evaluation will be undertaken at the end of Year 2. The Keyring pilot network is now established in Widnes and plans are in place to develop a satellite service in Runcorn. Halton Housing Partnership has offered support in sourcing accommodation and community venues for drop in sessions.

Learning Disability (LD) Nursing Team: The team has been instrumental in the development of a new learning disability pathway at Warrington Hospital as well as attending at learning disability pathways at other NHS trusts. Working with GP surgeries, there has been some improvement in increasing LD health checks completed by GPs, with approximately 50% of health checks being completed. Regular monitoring of patients within the inpatient ward continues. The team has also been supporting the transition process from inpatient setting to community. Training and outreach work (prevention and promotion) carried out by the team included personal hygiene and cervical screening

sessions and support to sexual health services. Joint working with sexual health services and MacMillan has supported clients' understanding of contraception and terminal conditions respectively. Other community work involved dental desensitisation being carried out to improve clients' health and wellbeing. Training within the team included bespoke medication training and cancer screening. Some members have signed up as "Health Champions" and will undertake further training for this role.

Winterbourne View Two Years on and Transforming Care: Next Steps: At the end of January 2015, the Winterbourne View Two Years On and Transforming Care: Next Steps was published by Association of Directors of Adult Social Care (ADASS), Department of Health (DH), Local Government Association (LGA) and NHS England. The Winterbourne View Two Years On is a collective progress report from partners across the health and care system. Transforming Care: Next Steps sets out the plans for the next stage of this work. All partners have agreed on the need for a single programme with a single plan, building on the recommendations of Winterbourne View – A Time for Change. Any outstanding actions from the original action plan and concordat will be carried forward into the Transforming Care programme. The new publications reinforce the Health and Wellbeing Board's leadership role by ensuring that there is a strong integrated local health and care commissioning and housing support, and use of pooled budgets.

Learning Disability (LD) Beds and Out of Borough placements: LD inpatient bed usage continues to be monitored, with four admissions in 2014/15 compared to ten admissions in 2013/14. The multi-disciplinary team approach has provided a robust community response reducing the need for inpatient admissions. The out of borough cohort continues to be monitored, with four individuals repatriated to Halton in the past financial year. The Barkla Bungalow project continues to be developed as part of Halton's offer to reduce the out of borough cohort in 2015/16.

Telecare Services Association (TSA): Halton Community Alarm Service was inspected by the Telecare Services Association and has, for the fifth year on the run, achieved platinum and European accreditation. Continued accreditation will help to assure service users, their families and carers that they are in receipt of a quality service they can rely on.

COMMISSIONING & COMPLEX CARE SERVICES

Operation Emblem: Between December 2013 and February 2015, there were 120 incidents which previously would have been dealt with using Section 136; this figure reduced to a total of 10 detentions (92% reduction). Of these, 9 went on to be further detained for treatment and assessment under the Mental Health Act. Prior to this project, only around 25% of people detained under Section 136 were subsequently further detained under the Mental Health Act, suggesting that more people are being routed away from mental health services; the interventions have been much more targeted towards people who really need help and treatment, and a more effective use of resources. Accident and Emergency services are being used less, and police and social work time are being better used. As a result of this success, the project has been rolled out to cover the entire Cheshire area.

Mental Health Crisis Care Concordat: In addition to the work done last quarter by the inter-agency group (Councils, Clinical Commissioning Groups, Mental Health Trusts and Police across Cheshire), Halton mental health services have developed their own action plan, which closely references the wider Cheshire plan but recognises local conditions. This action plan will be monitored and delivered by the Halton Mental Health Oversight and Mental Health Delivery Groups.

Mental Health Outreach Team – GP pilot: Previous monitoring reports have referenced the development of this pilot scheme, which links the Outreach Team to a small number of local GP practices, with the intention of intervening at an earlier stage in people's mental health condition. This pilot continues to show positive results and plans are being developed to roll this out more widely into Halton.

Halton and St Helens Emergency Duty Team (EDT): Since the establishment of this partnership, there have been considerable changes in services delivery, national and local requirements for social care services across children's and adults services, levels of service demand and the way in which partner agencies work. Therefore, a detailed review of out of hours emergency social care services is being undertaken by the EDT Steering Group. A report should be available by the end of the summer 2015.

Homelessness: The Merseyside Sub Regional Homeless Group (MSRHG) successfully qualified for single homeless funding. All six authorities agreed that vulnerable clients with complex needs were a priority. A service developed to provide intense support to clients with high complex needs will commence early May 2015 and run for a period of two years. As part of the Gold Standard, MSRHG have registered for the peer review. Each authority will review a number of services within the group. The peer review is due to commence April 2015 and Halton services will be reviewed in August 2015.

Halton has subscribed to the Pan Merseyside Bond Scheme, which will be managed and delivered by Whitechapel, Liverpool. The scheme will assist vulnerable clients not meeting the local authority homelessness criteria to get help from Whitechapel in securing alternative accommodation within the private rented sector.

PUBLIC HEALTH

Halton has made excellent progress with child obesity for school age children and has reduced the excess weight level so it is less than 1% above the England average. Halton has excelled with immunisation and this is now above the England rate with over 95% of children vaccinated. The Healthy Child programme is making good progress with a new School Nurse Service commissioned and a Family Nurse partnership in place overseen by a statutory board. Work continues to reduce Under 18 alcohol admission rates locally. Alcohol health education sessions have been delivered in all local schools and will continue. Uptake remains good for HPV vaccination with latest data for 2013/14 showing uptake of all 3 doses at 90.9%, above target and slightly higher than the England average. Tier 2 mental health services for children and young people have been commissioned and the service has just started.

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:

PREVENTION & ASSESSMENT

Employment Tribunal Case – Sleeping Night Support: A recent Employment Appeal Tribunal case '*Esparon t/a Middle West v Slaikovska*' suggested sleeping night support should be paid at the national minimum wage rate. The current sleeping rates are £33 per night shift. This appeal presents a considerable financial risk for the Council and Halton Clinical Commissioning Group's pooled budget arrangements with sleeping support predominately being used in supported accommodation for vulnerable adults. A re-tender exercise of the supported accommodation services will take place in 2015. The implications of the Esparon Case will be considered during the re-tender of services. Colleagues continue to investigate the authority's responsibilities and liaise with provider services.

COMMISSIONING & COMPLEX CARE

Mental Health Act Code of Practice: The new Code of Practice has now been published and contains a number of changes and developments. All Council policies and procedures are being amended to take this into account and key staff in mental health services are receiving training in relation to this.

Review of the Acute Care Pathway (ACP): The review of the ACP is now being taken forward by all of the Clinical Commissioning Groups within the footprint of the 5Boroughs; an external consultancy has been appointed and the review is scheduled to conclude in autumn 2015.

5Boroughs Trust: From April 2015, 5Boroughs will introduce a more borough-based approach to the delivery of their services. This new approach will ensure more effective engagement in local strategic and operational planning processes. In July 2015, the 5Boroughs will be inspected by the Care Quality Commission, as part of CQC's national programme to review all mental health services. The Council will support the 5Boroughs' preparation for this inspection.

PUBLIC HEALTH

Early child development and the readiness for school indicator indicate that Halton has considerable challenges in this area. Public Health and Children's Services are working together to address this issue. We are conducting an in depth analysis across the Borough. Despite making progress with school age obesity levels obesity in the early years remains a concern. A new Healthy Weight Strategy is being developed to address this issue.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2014 – 15 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures was reported in Quarter 2 and Risk Registers are currently being reviewed for 2015/16 in tandem with the development of next year's Directorate Business Plans.

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.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q4 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: The pooled budget has been fully implemented.

PA 1 Integrated provision of frontline services: Community health and social care teams continue to integrate around GP practices and hubs. The successful bid for the Prime Ministers challenge money for primary care will further support the developing model of health and social care delivery as will the remodelling of mental health services to a borough based approach.

PA 1 Develop a Care Management Strategy: The Care Management Strategy has previously been presented to SMT it is in a final draft and will now follow a period of consultation. It will be presented to the HPPB in June.

PA 1 Work within Adult Social Care focussing on Preventative Services: The Initial Assessment team continues to work closely with Sure Start/Bridge Building teams, and Telecare. Training has been delivered on the new Care Act to reinforce better signposting and capturing information that ensures positive outcomes for people using services.

PA 2 Personalisation/Self-directed Support: Effective arrangements continue to remain in place for 'Personalisation' across adult social care. A steering group has been established and will continue to progress the 'Making it Real' agenda. A co-production approach has been adopted to work with people who use services and their support networks.

PA 2 Integrated Safeguarding: A care and safeguarding dashboard is being developed to enable professionals to receive up to date information across the Halton footprint for commissioned services and safeguarding.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14/15 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate	81.31	82	80.0		

Ref	Measure	13 / 14 Actual	14/15 Target	Q4 Actual	Q4 Progress	Direction of travel
	Care per 1,000 population (65+)					
PA 3	Percentage of VAA Assessments completed within 28 days	87.69%	85%	86.8%		
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days	96.3%	97%	95.5%		

Supporting Commentary

PA 2 Numbers of people receiving Intermediate Care per 1,000 population (65+): The total number of Intermediate Care referrals are up on the same quarter last year and overall are slightly up on 2013/14. However there was a 3.6% increase in the 65+ population estimate (20306). Had this population figure remained the same as 2013/14 (19603), the outturn would have been 82.8.

PA 3 Percentage of VAA Assessments completed within 28 days: Target has been achieved.

PA 7 Percentage of items of equipment and adaptations delivered within 7 working days: Three of the four service providers have achieved the 97% target. There have been issues with the fourth contract which is coming to an end in 2015/16. We are undertaking a procurement process to find a new service provider.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q4 Progress
CCC 1	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)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4)	
CCC 1	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)	

CCC 1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. Mar 2015. (AOF 4, AOF 18)	
CCC 2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21)	
CCC 3	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

CCC1 Services / Support to children and adults with Autism: Autism Self-Assessment 2015 has been completed and formally submitted on behalf of Halton Borough Council and Halton Clinical Commissioning Group. The Autism Strategy Action Plan is to be reviewed to align with the Think Autism 2014 National review. £18,500 grant funding has been allocated to support safely accessing social media and employment focused based support with Community Services.

CCC 1 Dementia Strategy: During Q4 the focus has been on achieving the diagnosis rate target of 67% by end of March 2015. As at mid-March 2015, the diagnosis rate was 69.5%. Preparation for the commissioning of a Halton Admiral Nurse Service has taken place, including planning a consultation event for early April 2015 and meetings with existing community pathway providers. Further work will be undertaken into Q1 2015/16 with community pathway providers to maximise opportunities for collaborative working to reshape the pathway (where appropriate) in readiness for the Admiral Nurse service and to ensure quality services that continue to meet the needs of people living with dementia, and their carers. The Dementia Action Alliance (DAA) is now well established, with 17 active members. There was a successful Halton DAA event held in conjunction with Halton Carers Centre, attended by over 120 participants; 50% of participants were people living with dementia or their carers.

CCC 1 Mental Health: The effectiveness of the Acute Care Pathway (ACP) is being reviewed by the combined Clinical Commissioning Groups across the 5Boroughs. A report will be due in the autumn of 2015. The pathway for older people with mental health problems – the Later Life and Memory service – has also been fully developed and implemented, and is again fully supported by the council social work service.

CCC 1 Homelessness Strategy: The homelessness strategy 2014 to 2018 is a working document that captures future change, trends, demands and is due to be reviewed in June 2015. During the past 12 months a number of priority actions within the strategy plan have been successfully completed to ensure the service is fully compliant with the legislation. The focus has been around improving the performance and monitoring of the service, with further emphasis to develop prevention initiatives for vulnerable complex needs client groups. The main priority for 2015/16 will be on Health & Homelessness, meeting the key service objectives outlined within the St Mungo's

report, and incorporating these within the reviewed strategy action plan.

CCC 2 HealthWatch: Healthwatch continues to develop and events for local residents are scheduled. Discussion with partner Councils related to advocacy took place to ensure the best possible service is delivered. More cost effective arrangements are now in place.

CCC 3 Review and development of commissioning strategies to align with Public Health and Clinical Commissioning Groups: Work in this area is progressing as scheduled. The Integration Agenda continues to move towards greater alignment around governance, work schemes, and performance management. For example, new Governance arrangements for Mental Health and other work streams have been put in place.

Key Performance Indicators

Ref	Measure	13 / 14 Actual	14 / 15 Target	Q4 Actual	Q4 Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.5	2.64		
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		
CCC 6	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	11	12	19		

Supporting Commentary

CCC 4 Adults with mental health problems helped to live at home per 1,000 population: Although the target for this year has not been reached, this figure represents a small improvement on the previous quarter's performance, and a reversal of a previous downward trend. This improvement has arisen because of a reconfiguration of some of the work within the mental health service.

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 has approached the street pastors and are striving towards developing an outreach service to tackle rough sleepers within the district. The authority will continue to aim to sustain zero

tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

CCC 6 Number of households living in Temporary Accommodation: Many authorities across the country have seen an increase in homeless presentations. During the last 12 months there have been a number of contributable factors that have led to the increase, for example, welfare reform, benefit cap and sanctions, which have placed additional pressure upon the authority to provide temporary accommodation. The introduction of Universal Credit had a small impact upon homelessness, as the process has resulted in clients experiencing disruption to benefits and financial hardship. It is envisaged that this process may affect more clients in the future, whereby, affordability is a contributable factor to the loss of their settled accommodation. Consequently, this will place additional pressure on the service and increase demand for the temporary accommodation provision.

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 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

PH 01 Raise awareness of Bowel, Breast and Lung Cancer: We are in the process of updating the Health and Wellbeing Cancer Action plan and exploring additional opportunities to expand programmes, including opportunities to increase participation in National Bowel Cancer Screening. 43.1% of cancers were detected early (stage 1 or 2) in 2012, slightly higher than the England average.

PH 01 Reduce Obesity Rates: A range of weight management services have been 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. The Halton Healthy Weight management care pathways for children and adults have been reviewed and the tier 3 service is in the process of being re-commissioned.

PH 01 Reduce Cervical Cancer Rates: Uptake remains good for HPV vaccination. The latest data for 2013/14 shows uptake of all 3 doses at 90.9%, above target and slightly higher than the England average. Changes to the national schedule for HPV vaccination (reduction from 3 to 2 dose schedule) may provide further opportunities to improve uptake locally.

PH 01 Reduce the number of people drinking to harmful levels: An alcohol harm reduction strategy for Halton has been developed. The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy sets out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Locally, good progress has been made in reducing under 18 admission rates. Alcohol health education sessions continue to be delivered in all local schools. Key activity includes:

- Alcohol health education sessions delivered in all local schools.
- Community outreach work to educate young people about alcohol, offer advice and support and promote alcohol free local activities for young people.
- Local awareness campaign around the dangers of drinking alcohol during pregnancy.
- Training key staff such as midwives, health visitors, Early Years' staff and people who work with children and young people in the early identification and support of those who misuse alcohol.

PH 02 Facilitate Early Life Stages development: A new school nurse service has been commissioned and this service is a key part of the Healthy Child pathway. The Healthy Child programme continues to be delivered across Halton, conducting screening, immunisations and health reviews. The Family Nurse Partnership team is working closely with first time teenage mothers in the borough. Work continues to ensure the safe transition of the Health Visiting service and Family Nurse Partnership to be commissioned by the local authority by October 2015. Halton Health in the Early years group is developing action plans to ensure the delivery of the 'high impact areas' that have been recommended by the Department of Health.

PH 03 Falls Reduction Action Plan: The falls business case has now been completed in draft and is going through the relevant decision making boards. This document is an addition to the existing falls strategy that continues to be implemented successfully. Training and exercise programmes have both been redesigned in quarter 4 to increase capacity; this has been done through the Healthy Living Team.

PH 05 Mental Health and Wellbeing Programme: The children’s mental health service has now been commissioned, and will be delivered by 5 Boroughs Partnership NHS Trust. This service will deliver training on health and wellbeing in schools. The Health Improvement team continue to provide the Healthitude programme in schools and colleges. The parenting programme Triple P also continues to be delivered by the Health Improvement team

Key Performance Indicators

Ref	Measure	13/14 Actual	14/15 Target	Q4	Current Progress	Direction of travel
PH LI 01 (SCS HH 7)	Mortality rate from all cancers at ages under 75 (previously PH LI 04 [2013/14],NI 122)	145.1 July 13 to June 14	140	130.8 2014 Provisional		
PH LI 02	A good level of child development	37%	40%	46% (2013/14)		
PH LI 03 New SCS Measure Health 2013-16)	Falls and injuries in the over 65s (Public Health Outcomes Framework) (previously PH LI 06 [2013/14])	2,850.4 (Jan 13 – Dec 13)	2,847	2942.5 2014 (Provisional)		
PH LI 04	Admissions which are wholly attributable to alcohol AAF=1, rate per 100,000 population.	947.5 (2013/14)	1,038	916.2 (Q3 2014/15)		
PH LI 05	Mental Health: Self-reported wellbeing (previously PH LI 08, 2013/14)	N/A	69%	N/A	N/A	N/A

Supporting Commentary

PH LI 01 Cancer Mortality rates: There has been a very positive in-year reduction in the mortality from cancers. There needs to be some caution in interpreting a downward trend from an in-year improvement and continued progress against the Cancer Action plan will solidify a downward direction of travel.

PH LI 02 Child Development: The annual measure of child development has shown an improvement in the number of children reaching a good level of development by school age. There has been a lot of work in this area, for example piloting an integrated assessment between education and health, and parenting programmes that contribute to this improvement. Further work is underway to better understand the strengths and weaknesses of Early Years provision in Halton, and identify how greater improvements can be made.

PH LI 03 Falls and injuries 65+: There has been an increase in the numbers of people presenting, mainly due to changes in practice and improved triage in the system; this change presents are more efficient method of capturing information and ensuring that a fall is recorded as a fall. A business case is being developed to support the existing falls strategy and consider the gaps and potential risks in the existing service.

PH LI 04 Alcohol admissions: The number of admissions which are wholly attributable to alcohol saw a reduction in Q3 2014/15 and is now lower than the 2013/14 rate.

PH LI 05 Mental health self-reported wellbeing: No data available yet.

APPENDIX 1 – Financial Statements

Statement from Financial Management team

The Council's 2014/15 year-end accounts are currently being finalised. The year-end position for each Department will therefore be made available via the Intranet by 30th June 2015.

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.