

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 2: 1<sup>st</sup> April to 30<sup>th</sup> September 2016

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2016/17 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

### 2.0 Key Developments

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

#### Homelessness

##### **Asylum & Refugee Programme.**

The Syrian Refugee Programme is underway and the Merseyside Sub Region has agreed to accommodate 510 refugees, with Halton taking up to 100. All the necessary arrangements are due to be finalised and each authority will agree what services will be commissioned. Liverpool has devised a service specification, which is on the chest, with closing date of 31/10/16. Halton will buy into a number of the services within the spec and form part of the procurement and evaluation process.

##### **Gypsy Traveller Site**

The new permanent traveller site is complete and the allocation process is underway. The site is due to officially open 14<sup>th</sup> November 2016 and a number of pitches have been allocated to priority travellers.

An appeal was lodged however, it was unsuccessful and the original court judgement was upheld. A further verbal appeal has been granted which is due to be heard early November 2016, whereby, a number of pitches will be retained on the new site, pending the appeal decision.

#### Adult Social Care

##### **Transforming Domiciliary Care**

We have carried out a review of domiciliary care in Halton which will support our overall plan to submit a funding application to the National Lottery Commissioning Better Outcomes fund. The application is due for submission by September 22<sup>nd</sup> and if successful we will be in a position to start implementation within three months. The review so far has allowed us to consider what the current service offers and how it may change in the future, as a result we are in the process of developing a new service specification that will significantly change the way in which we provide care at home. This will include:

- Removing time calls
- Increasing flexibility

- Reducing the number of providers (currently we have 9)
- Assess people for outcomes not just set tasks
- Increase the number of reviews that take place
- Work with the providers to deliver quality of life outcomes, reduce social isolation and improve people's wellbeing

### **Day Services**

'The Route', which opened in November 2015, offers work placement opportunities in a busy food retail and customer service-based setting. It is the newest addition to an interlinked portfolio of some 15 small businesses developed by the service which includes a microbrewery, an ice-cream manufacturing business, high street hairdressers, a pie and confectioners production line amongst fruit and veg producers and small poultry farm. Service users often experience work across a range of our businesses developing transferable skill and broadening experience (see Roberta's Journey).

Used as part of a progression programme for service users the outlet acts as a stepping stone to enhance skills already gained across other services. The synergy between the ventures is well reasoned with The Route sells soups and cake slabs made at the kitchens in Oakmeadow Community Support Centre, cupcakes produced by the Independent Living Centre, and the ice cream manufactured through Community Services at Norton Priory.

### **The Community Multi-Disciplinary Team Model**

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. One of the schemes outlined within Halton's Better Care Fund is in relation to the continued development of Integrated Health and Social Care Teams which 'aims to deliver high quality, effective and efficient assessment, care and support planning for people with a wide range of health and social care needs'. In Halton, we have held a dedicated Steering group with membership across health and social care developing a new model for Multi-Disciplinary Team working, which is now ready to be implemented.

The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Social Care in Practice (SCiP) workers, Community Matrons, Continuing Health Care Nurses, and Wellbeing Officers, who are able to respond to people who require the help of more than one kind of professional. The MDT will work in an integrated way, aligned to GP practices.

The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, are working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.

### **Mental Health Services**

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services: following the in-depth review of the way in which the Acute Care Pathway is delivered in relation to adults with severe mental illnesses, and of the delivery of services for people with memory deficiencies, work has been continuing both locally and across the footprint of the 5Boroughs to put in place the recommendations of the review. In Halton, two groups are in place which are looking at the ways to improve the discharge to primary

care services of people whose mental health is such that they no longer need secondary care services, but also to ensure that processes for referral and acceptance into secondary care are smooth and effective.

As a part of the delivery of the review recommendations, the 5Boroughs have redesigned their management structure, so that each local area is supported by senior managers within the Trust, and local services relate much more to the local population. This is allowing for much greater involvement of the 5Boroughs in local strategic planning and operational groups.

Across the wider footprint of the 5Boroughs, work has taken place to improve the way that services are delivered for people with personality disorders and/ or chaotic and high risk lives. The Trust's bed base has been reviewed, and proposals for change have now been submitted to the Health Policy and Performance Board in Halton.

Direct Payments in Mental Health: work has been taking place in Halton to improve the uptake of direct payments for people with mental health problems. Direct payments give people much greater control over their daily lives and help to build self-esteem, coping skills and self-confidence. However, in common with much of the rest of the country, it has been hard to achieve a high uptake of direct payments for this group of people. A new service is now in place, delivered by Halton Disability Partnership, which works directly with people with complex mental health problems to support and encourage them to take up the offer of direct payments. From a baseline of 23 people, there are now 35 people with mental health needs who now receive a direct payment for their care and support. Further redesign of the care pathway (see above) is expected to lead to an increase in these figures.

## **PUBLIC HEALTH**

### **Mindfulness Programme**

A mindfulness programme has been put to tender and has been successfully awarded. The programme will deliver mindfulness training and awareness programme across a schools setting with the aim to improve mental health and wellbeing and contribute towards improved personal resilience in school aged children.

### **World Mental Health Day**

Halton Borough Council celebrated World Mental Health Day on Monday 10 October with a conference and social event for residents and local professionals to inform and entertain. There were owls, dancers, bands and discussion groups.

The conference at Riverside College (Centre Stage, Kingsway) was attended by over 100 people and tied in with the theme of 'Building a Mentally Healthier Halton' - an ongoing theme for the Health Improvement Team.

150 local residents also attended the 'feel good' social event in the evening at The Studio in Lacey Street, Widnes. Performers included SJ Pure Dance, Hearts and Voices Choir and poet Clive Little.

The events were a partnership with Riverside College and The Studio, with support across local services and teams including health, education, housing and police, with the aim of finding ways to make people healthier and happier.

## **National Recovery Walk**

Halton was proud to host the National Recovery Walk, organised by Public Health and the commissioned substance misuse service provider CGL. More than 7,000 people took part in the walk across Halton on Saturday 9<sup>th</sup> September to raise awareness of the seriousness of addiction and celebrate recovery.

## **Vintage Rally Health Engagement**

Health Improvement Team (HIT) supported the Vintage Rally on 24<sup>th</sup> & 25<sup>th</sup> September held in Victoria Park in Widnes. The team undertook various health engagement opportunities including make your own smoothie, involving people in healthy eating and importance of '5 a day' messages, alongside a physical activity message – making smoothies in a blender by powering it with pedal power on a bike. The HIT engaged 531 in the health marquee with a further 160 people involved in cancer awareness through the information iVan which was specially commissioned for the event.

## **3.0 Emerging Issues**

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

### **Adult Social Care**

#### **Domiciliary Care**

The current domiciliary care market is under a certain level of pressure. There have been a number of issues that have contributed to an increase in the current waiting times for packages of care to be picked up. These include:

- Low levels of staff recruitment
- Low numbers of car drivers making certain parts of the borough more difficult to cover
- Increased overheads with the implementation of the National Living Wage.
- Pressures faced from neighbouring authorities.

We are working proactively with all of the senior management teams of each of the nine providers to find solutions to the outstanding packages. Meetings are taking place on a fortnightly basis and a number of solutions are already being explored.

#### **Mental Health Services**

Social Work for Better Mental Health: this national programme is designed to bring clarity to the work of social workers within mental health services. In partnership with Sefton Council, Halton is an early implementer of the programme, which is intended to focus the work of social workers within mental health Trusts, to ensure that their professional skills are best used. A detailed local self-assessment is taking place, which will be used to reshape the delivery of mental health social work in this area.

People with complex mental health conditions who are placed out of borough: there are a number of people with complex mental health needs and high levels of disruptive and risky behaviour who have been placed in specialist facilities out of borough (often some distance away) because local services have been unable to meet their needs. Work is going on between the Council, the Clinical Commissioning Group and the 5Boroughs to look at the needs of these people and decide whether some of them can now be more appropriately supported locally, as their condition has improved. Although there are some people who will need this level of specialist support for an indefinite period, it is clear that

some are now ready to return to their own neighbourhoods and be near their families and networks again. Work is therefore taking place to ensure that this happens, by providing them with the appropriate levels of care and support locally.

Serious Incidents in mental health: since the end of July 2016, there has been an increase in the number of serious incidents relating to people with mental health needs in the borough. A multiagency group, led by the Clinical Commissioning Group and the Halton Safeguarding Adults Board, is co-ordinating a detailed programme of review and analysis of each of these cases, to find out whether there are any lessons to be learned and changes to local systems which might be required.

## **PUBLIC HEALTH**

Continued requirement to meet efficiency targets is likely to impact upon the delivery of some key programmes in the foreseeable future.

### **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 2016/17 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.

#### "Rate per population" vs "Percentage" to express data

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%
Region B	170.5	0.17%
Region C	225.6	0.23%

**Prevention and Assessment Services**

**Key Objectives / milestones**

Ref	Milestones	Q2 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21, 25) <b>March 2017</b>	
PA 1	Integrate frontline services with community nursing (AOF 2, 4, & 21) <b>March 2017</b>	

**Supporting Commentary**

**PA 1 - Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target**

Budget position at quarter 2 reflects increased pressure on the Better Care Fund in respect of supporting people with complex needs and the national mandated, but as yet unfunded, increase in the NHS funded component of nursing home admissions.

**PA 1 - Integrate frontline services with community nursing**

Key development this quarter is the development of system wide information sharing agreements and promising indications that Halton will receive regional NHS information technology grants that will make the joining together of information technology systems easier

**Key Performance Indicators**

Ref	Measure	15/16 Actual	16/17 Target	Q2 Actual	Q2 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% <small>(estimated - further data quality work ongoing to confirm this)</small>	85%	80%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	96%		
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population, 65+ (ASCOF 2A1) <i>Better Care Fund performance metric</i>	541.7%	637.3	208.9		
PA 12	Delayed transfers of care (delayed days) from hospital (average	2475	236 per month	406		N/A

Ref	Measure	15/16 Actual	16/17 Target	Q2 Actual	Q2 Progress	Direction of travel
	per month) <i>Better Care Fund performance metric</i>					
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	15231 V plan 16668 (Feb 16)		1524 V target 1509 (July)	?	
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	685.1	TBC	N/A	N/A	N/A
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>	63.3	Data published for 15/16, figures have remained stable from 14/15.  This is an annual collection figures for 16/17 will be available late 2017			
PA 20	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.3	Data published for 15/16, figures have remained stable from previous years.  This is an annual collection figures for 16/17 will be available late 2017			

### Supporting Commentary

#### **PA 2 - Percentage of VAA Assessments completed within 28 days**

We are on track to meet the target for this measure.

#### **PA 6a - Percentage of items of equipment and adaptations delivered within 7 working days**

We are on track to meet this target.

#### **PA 11 - Permanent Admissions to residential and nursing care homes per 100,000 population, 65+**

As at the end of quarter 2 we have placed 45 clients into permanent residential / nursing

care. For the same period in 2015/16 we had placed 53 clients.

**PA 12 - Delayed transfers of care (delayed days) from hospital per 100,000 population**

The Q2 figure is for July only and is well above target. The Q2 will be subject to change in both October and November when the August and September data is released, so the Q2 figure will not be final until the new year.

**PA 14 - Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population**

The CCG has queried a large increase in the number of non-elective admissions witnessed at Warrington Hospital this year (+30%) this has not been seen in the number of A&E attendances and it believed that the new ambulatory care unit at Warrington hospital may be having an adverse impact on the number of non-elective admissions.

**PA 15 - Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)**

The performance data is only being collected on an annual basis, the next date that data will be available is May 2017

**PA 16 - Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**

Annual Collection

**PA 20 - Do care and support services help to have a better quality of life?**

Annual Collection

## Commissioning and Complex Care Services

### Key Objectives / milestones

Ref	Milestones	Q2 Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>March 2017</b> (AOF 4)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>March 2017</b> (AOF 4)	
CCC 1	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. <b>March 2017</b> (AOF 4)	
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. <b>March 2017</b> (AOF 4, AOF 18)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>March 2017</b> (AOF 21)	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. <b>March 2017</b> (AOF 21 & 25)	

### Supporting Commentary

#### **CC1 - Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder**

We have recently completed the Department of Health Autism Self-Assessment Framework and this will lead to a revised and improved strategy. There is now an agreed way forward across children and adult services to improve transition processes and hence outcomes for young people and their families.

#### **CC1 - Continue to implement the Local Dementia Strategy, to ensure effective services are in place**

Quarter 2 saw the publication of the Dementia Chapter of the Older People's JSNA , the contents of which will help shape the refresh of the Dementia Delivery Plan ( Scheduled Q3/4). During Q2 the roll out of the Age Well Community Memory Screening training for front line staff from across a arrange of partner organisations has taken place. With 40+ professionals and vol/community sector participants having undertaken the training.

Progress is being made with the implementation of the START intervention for dementia carers, with Halton Carers centre agreeing to undergo the necessary training to be able to deliver the intervention as part of their 'offer' to dementia carers. Support from Halton Positive Behaviour Support Service (who undertook the pilot) and training is scheduled to take place during Q4, with the intervention being available from January 2017.

The Halton Dementia Action Alliance held an end of life and advanced care planning event to

raise awareness amongst people living with dementia, families, carers, voluntary sector and professionals of the dementia specialist support available locally.

Work is ongoing with GP practices and care homes in relation to the dementia diagnosis rate, which currently stands at 69.1%. Halton CCG aspiration is to achieve 75%, but changes in the way that the diagnosis rate is calculated ( only counting those aged over 65) has meant that the overall diagnosis rate for Halton has appeared to drop. The Later Life and Memory Service Care Home Liaison Team have been undertaking screening in Care Homes to identify those who are living with a dementia, but without a diagnosis, and practices are supported to undergo data cleansing exercises to identify those who have been uncoded on the dementia register.

**CC1 - Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems**

Early in 2016, a detailed review across the whole 5Boroughs footprint was published; this review considered the various care pathways for adults with mental health problems and older people with memory loss, and made a number of proposals for change. Various work streams are taking place both locally and across the 5Boroughs, and the Council is working with the Clinical Commissioning Group and the 5Boroughs to ensure that the recommendations are delivered.

**CC1 - The Homelessness strategy be kept under annual review to determine if any changes or updates are required**

The homeless strategy action plan is reviewed annually, to ensure it reflects economical and legislative changes / trends. The homeless forum will take place December 2016 and the action plan will be updated.

The homeless strategy will be fully reviewed June 2017 to determine LA priorities for next five years.

**CC2 – Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this**

During Q2 Healthwatch engaged with over 390 people. There were **2334 visits** to the website in quarter 2; an **8% increase** on the same period in 2015. Three 'Enter & View' visits have taken place to local care homes. From these visits themes are emerging around Hospital Discharge and medication issues. Widnes Academy (Halebank) became the first school to gain Healthwatch School accreditation. Healthwatch has also met with local CQC inspectors to find the best way of sharing the intelligence HW Halton gathers on NHS and social care services; gathered intelligence with other local Healthwatch and Healthwatch England to feed in to an upcoming review on delays in Social Care Assessments; worked with Umbrella Halton (BME) on arranging an annual 'Hello Halton' event at Riverside College for ESOL Students, and held discussions around support of Asylum Seekers, based in Widnes on arrival.

**CC3 - Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.**

Work continues on the further alignment of system and services across Health and Adult Social Care in line with the associated project brief previously approved by Halton Borough Council, NHS and Halton Clinical Commissioning Group.

## Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q2 Actual	Q2 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	3.10		
CCC 4	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	0	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	2		
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	5.1	5.5	0.76		

### Supporting Commentary

#### **CCC3 - Adults with mental health problems helped to live at home per 1,000 population**

This continues to be a challenging target, because a reconfiguration within the 5Boroughs reduced the numbers of people who could be counted in this cohort. The work to develop new care pathways into and out of long term care should increase the numbers however.

#### **CCC4 - The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years**

The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

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

authorities.

**CCC5 - Number of households living in Temporary Accommodation**

Trends indicate a National and Local Increase in homelessness. This will have an impact upon future service provision, including temporary accommodation placements. The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, has had a positive impact upon the level of placements. The Housing Solutions Team takes a proactive approach to preventing homelessness. There are established prevention measures in place and that the Housing Solutions team fully utilise, and continue to promote all service options available to clients. The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.

**CCC6 - Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)**

The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

The officers now have a range of resources and options to offer clients threatened with homelessness and strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district

**Public Health**

**Key Objectives / milestones**

Ref	Milestones	Q2 Progress
PH 01a	Work with PHE to ensure targets for HPV vaccinations are maintained in light of national immunisation Schedule Changes and Service reorganisations. <b>March 2017</b>	
PH 01b	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. <b>March 2017</b>	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. <b>March 2017</b>	
PH 02a	Facilitate the Healthy Child Programme 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. <b>March 2017</b>	
PH 02b	Maintain the Family Nurse Partnership programme <b>March 2017</b>	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan. <b>March 2017</b>	
PH 03a	Expansion of the Postural Stability Exercise Programme. <b>March 2017</b>	

PH 03b	Review and evaluate the performance of the integrated falls pathway. <b>March 2017</b>	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol. <b>March 2017</b>	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA). <b>March 2017</b>	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. <b>March 2017</b>	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions). <b>March 2017</b>	
PH 05b	Implementation of the Suicide Action Plan. <b>March 2017</b>	

**PH 01a Work with PHE to ensure targets for HPV vaccinations are maintained in light of national immunisation Schedule Changes and Service reorganisations.**

No new data since last report.

Initial preliminary results show that first dose HPV vaccination are above 90% target for the year, and dose 2 is almost at target already, despite not being formerly reported until 2017. We will continue to engage with current school nurse providers to support high level delivery.

**PH 01b Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%.**

No new data since last report.

We continue to engage with all partners, to increase local uptake of cancer screening. The Memorandum of Understanding with the Cancer Task Group at Public Health England and Cheshire and Merseyside authorities is making progress and continues to undertake campaigns to raise awareness and attendance, including bowel screening campaigns (in addition to local work), and breast screening collaborations. Other local activities have involved working with local pharmacies around breast screening call and recall, and making contact with people who had missed their appointment, re-engaging with them to book another screening appointment.

**PH 01c Ensure Referral to treatment targets are achieved and minimise all avoidable breaches.**

Individual breaches by hospitals continue to be investigated and analysed so that the root causes for the delays can be assessed and mitigated. 62 day referral is currently below target and it is unlikely that Halton will achieve the 85% target (January 2016 data 79%). Public Health and Halton CCG are currently working with Trusts to improve reporting and system wide assurance. A new Health and Wellbeing Cancer Action Plan is being developed to address system wide issues, which should help develop a system approach to reducing breaches . This will also be a key focus within the

development of a regional Cancer Alliance, and part of the STP approach going forward.

**PH 02a Facilitate the Healthy Child Programme 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.**

Child development is a priority area for One Halton, and a working group is developing and refreshing an action plan. The commissioned independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. There are indications of recent improvements in child development (from non published data), and an event is being planned for November, to update stakeholders and engage them in the development of the action plan.

The Health Visiting Service is delivering all the new components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-2<sup>1/2</sup>. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

The CCG has invested in perinatal mental health, including training of health visitors and community staff to support mothers to bond with their baby and support parents experiencing perinatal mental illness (during pregnancy and immediately after birth). Perinatal pathways are in the process of being agreed, to improve consistency of care. The new Parent Craft programme (Your Baby and You) is being delivered, and has been well attended, the acceptability and effectiveness of the model is being evaluated.

**PH 02b Maintain the Family Nurse Partnership programme**

Family Nurse Partnership is fully operational with a full caseload.

**PH 02c Facilitate the implementation of the infant feeding strategy action plan.**

The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding coordinator and children's centres are working towards achieving BFI (Unicef Baby Friendly Initiative) in the children's centres and are due to be inspected in the summer of 2017, alongside a Bridgewater inspection. This involves training children's centre staff, and auditing their practice.

The team continue to maintain baby welcome premises and are refreshing the Halton Early Years award, which encourages healthy living practices in early years settings, and includes breastfeeding.

**PH 03a Expansion of the Postural Stability Exercise Programme.**

Key activity this quarter:

- Currently delivering six classes per week, three in both towns, level 1, 2 and 3 (level 1 being for most complex clients). Level 3 classes have become a maintenance class – 'Keep it Moving'. Classes work on a rolling programme with a review every 15 weeks up to 45 weeks in total. This means there has been an increase in classes from the previous level of 2.
- A total of 25 people have been supported through the service in quarter 2.

**PH 03b Review and evaluate the performance of the integrated falls pathway.**

The review of the falls pathway has been scoped and will be implemented over the

next quarter. This will include considering how the pathway works, what restrictions there are, resource issues and overall performance of falls within the borough. An initial benchmarking report is being presented through existing governance structures in quarter 3.

**PH 04a Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol**

Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Reviewing and updating the early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- The launch of the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.
- Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

**PH 04b Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA)**

Work continues to raise awareness among the local community of safe drinking recommendations and to train staff in alcohol identification and brief advice (alcohol IBA). The Chief Medical Officer has recently updated the low risk weekly guidelines (men and women are advised not to regularly drink more than 14 units a week). Work has been undertaken to update resources and communicate this message to the public at events across the borough e.g. the Vintage Rally.

**PH 04c Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support**

On the first of April 2016, in line with the start of the new 5 year contract for the provision of specialist adult community substance misuse services (including alcohol) in Halton, CRI formally changed their business name to “Change, Grow, Live” (CGL). CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During 2015-16 a total of 297 individuals underwent alcohol treatment (58% male, 42% female). A further 176 individuals underwent treatment for alcohol and drug misuse. Performance continues to be good, with outcomes remaining high when compared to national figures:

- Successful alcohol treatment completion rate was 53% locally, compared to 39% nationally (2015/16).
- Individuals leaving alcohol treatment successfully and not returning within 6 months was 52% locally, compared to 38% nationally (2015).

**PH 05a Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).**

The action plan and activity reports from sub groups are reviewed at the Mental Health Oversight Board.

A review of the Mental Health Strategy and refresh of high level indicators based on

new national policy drivers has been completed and approved by the Mental Health Oversight Group. This will be cascaded across subgroups rolled out from October 2016.

**PH 05b Implementation of the Suicide Action Plan.**

The action plan continues to be overseen by the Halton Suicide Partnership group. Activity towards becoming a Suicide Safer Community is underway and a series of training programmes have been rolled out to multiple partners and agencies across a multi disciplinary footprint.

### Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q2	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population  <i>Published data based on calendar year, please note year for targets.</i>	167.0 (2015)	176.0 (2016)	159.6 (Q3 2015 – Q2 2016)		
PH LI 02	A good level of child development	54.7% (2014/15)	54.6% (2015/16)	Annual data only		
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3360.0 (2014/15)	3294.1 (2015/16)	Annual data only		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	Annual data only		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	51.0 (12/13 to 14/15)	55.0	Annual data only		N / A
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	11.8% (2014/15)	12.4%	Annual data only		

#### Supporting Commentary

**PH LI 01 Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population**

Data used is rolling annual, based on calendar year of date of death registered.  
The rate has seen an improvement up to June 2016 and is on track to hit the 2016 target.

**PH LI 02 A good level of child development**

2014/15 data saw an improvement. Data used is annual published data; 2015/16 is not yet available.

**PH LI 03 Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition)**

Data used is annual, published data. 2015/16 data is not yet available.  
This will remain the case until a solid source of local data can be attained.

**PH LI 04 Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population**

No update from previous quarter available.

Provisional alcohol related admission data have shown an increase since last quarter. This trend is reflected across the region and work is being undertaken via the Halton alcohol strategy to reverse this trend (as outlined in section above).

**PH LI 05 Under 18 alcohol-specific admissions Crude Rate, per 100,000 population**

No update from previous quarter available

**PH LI 06 Self-reported wellbeing: % of people with a low happiness score**

2014/15 data was similar to 2013/14 data (11.8%). This is based on annual published survey data for Halton residents calculated from the question "Overall, how happy did you feel yesterday?" Respondents answer on a scale of 0 (not at all happy) to 10 (completely happy) and this indicator is a percentage that scored 0-4.

# APPENDIX 1 – Financial Statements

## ADULT SOCIAL SERVICES & PREVENTION AND ASSESSMENT DEPARTMENT

### Revenue Budget as at 30<sup>th</sup> September 2016

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	7,921	3,753	3,699	54
Other Premises	80	34	45	(11)
Supplies & Services	400	182	187	(5)
Aids & Adaptations	113	14	14	0
Transport	18	14	14	0
Food Provision	28	13	13	0
Other Agency	23	3	0	3
Contribution to Complex Care Pool	18,692	6,678	6,826	(148)
<b>Total Expenditure</b>	<b>27,275</b>	<b>10,691</b>	<b>10,798</b>	<b>(107)</b>
<b>Income</b>				
Fees & Charges	-306	-151	-149	(2)
Reimbursements & Grant Income	-212	-145	-141	(4)
Transfer from Reserves	-1,168	-34	-34	0
Capital Salaries	-111	-55	-55	0
Government Grant Income	-137	-137	-137	0
<b>Total Income</b>	<b>-1,934</b>	<b>-522</b>	<b>-516</b>	<b>(6)</b>
<b>Net Operational Expenditure</b>	<b>25,341</b>	<b>10,169</b>	<b>10,282</b>	<b>(113)</b>
<b>Recharges</b>				
Premises Support	389	186	186	0
Central Support Services	1,874	889	889	0
Internal Recharge Income	-1,284	-637	-637	0
Transport Recharges	29	13	11	2
<b>Net Total Recharges</b>	<b>1,008</b>	<b>451</b>	<b>449</b>	<b>2</b>
<b>Net Department Expenditure</b>	<b>26,349</b>	<b>10,620</b>	<b>10,731</b>	<b>(111)</b>

### Comments on the above figures:

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £37,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £54,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months. However, if not appointed to, the current underspend will continue to increase beyond this level.

Other Premises expenditure is £11,000 over budget profile. This is a result of expenditure on maintenance and repairs for Independent Living equipment which includes approximately 403 stair lifts, 18 thru floor/wheelchair lifts and 84 ceiling track hoists requiring an annual service and potentially repairs. For quarter two, the cost included 174 visits to properties, an increase of 52 visits on the first quarter. This increase has placed additional pressure on the budget. However, alternative funding is currently under investigation.

**Capital Projects as at 30<sup>th</sup> September 2016**

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Upgrade PNC (Telehealthcare Lifeline System)	100	50	45	55
Community Meals Oven	10	0	0	10
<b>Total</b>	<b>110</b>	<b>50</b>	<b>45</b>	<b>65</b>

**Comments on the above figures:**

Work is ongoing with the PNC upgrade. Hardware has been purchased and the contractor is liaising with the council to start the build. Completion is expected within the next six months.

The purchase of the Community Meals oven is expected to take place within the financial year, with spend to match the capital allocation.

**COMPLEX CARE POOL****Revenue Budget as at 30<sup>th</sup> September 2016**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	4,196	1,366	1,314	52
End of Life	192	74	97	(23)
Sub Acute	1,727	800	792	8
Urgent Care Centres	815	48	48	0
Joint Equipment Store	847	157	115	42
Contracts & SLA's	987	354	382	(28)
Intermediate Care Beds	596	298	339	(41)
BCF Schemes	1754	651	651	0
Adult Care:				
Residential & Nursing Care	21,695	9,402	9,149	253
Domiciliary & Supported Living	9,403	4,712	5,153	(441)
Direct Payments	5,284	2,849	3,297	(448)
Day Care	437	140	161	(21)
Carers Breaks	431	230	230	0
Meals on Wheels	227	106	98	8
Frailty Pathway	155	0	0	0
Contingency	518	0	0	0
<b>Total Expenditure</b>	<b>49,264</b>	<b>21,187</b>	<b>21,826</b>	<b>(639)</b>
<b>Income</b>				
Residential & Nursing Income	-5,059	-2,200	-2,533	333
Community Care Income	-1,840	-701	-659	(42)
Meals on Wheels Income	-245	-102	-76	(26)
Direct Payments Income	-254	-98	-180	82
BCF	-9,491	-4,745	-4,745	0
CCG Contribution to Pool	-12,846	-6,423	-6,423	0
Other CCG income	-114	-59	-56	(3)
ILF Grant	-723	-181	-181	0
Liability as per Joint Working Agreement	0	0	-147	147
<b>Total Income</b>	<b>-30,572</b>	<b>-14,509</b>	<b>-15,000</b>	<b>491</b>
<b>Net Department Expenditure</b>	<b>18,692</b>	<b>6,678</b>	<b>6,826</b>	<b>(148)</b>

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

The overall net department budget is £148,000 over budget profile at the end of the second financial quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement.

End of Life is over budget profile by £23,000 at the mid-point of the year, the year-end position is expected to be approximately £40,000 over budget. This is due to more hours of care being provided than originally agreed in the contract.

Intermediate Care Beds includes payments for 6 extra beds. Use of these beds was stepped down during the first quarter and ended in June therefore there will be no further spend on these, hence the reduction in the overspend from quarter one.

The Adult Health and Social Care budget is currently £284,000 over budget profile, which is a substantial increase from quarter one. This is due to an increase in short term residential respite, short term direct payments and adult placements where domiciliary providers were not able to provide a service.

In addition to these changes the Free Nursing Care rate has increased from April 2016 by 40%, from £112 to £156.25. This amounts to £350,000 additional costs for the current financial year, however to date no additional funding has yet been received from the Department of Health.

The total number of clients receiving a permanent residential care package decreased by 1.7% during the first half of the financial year, from 592 clients in April to 582 clients in September. However, the average cost of a permanent residential package of care increased from £557 to £581 for the same period.

The total number of clients receiving a domiciliary package of care reduced by 2.5% during the first half of the financial year, from 807 clients in April to 787 clients in September. However, the average cost of a domiciliary care package increased from £235 to £236 in the same period.

The total number of clients receiving a Direct Payment (DP) increased by 10.1% during the first half of the year, from 444 clients in April to 489 clients in September. The average cost of a DP package reduced from £271 to £254 for the same period.

Carers Breaks and Meals on Wheels have now been incorporated into the Pooled Budget. Work is ongoing to realign the Adult Health and Social Care budget in line with projected spend patterns and this will be completed during the next financial year.

Due to the volatile nature of the Adult Health and Social Care budget and the current pressures being experienced, steps are being taken to identify underspends in other areas to bring down spending so that it is back in line with budget and a balanced budget can be achieved.

### **Capital Projects as at 30<sup>th</sup> September 2016**

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	635	315	190	445
Stair lifts (Adaptations Initiative)	250	125	164	86
RSL Adaptations (Joint Funding)	200	100	96	104
Madeline McKenna Residential Home	450	0	0	450
<b>Total</b>	<b>1,535</b>	<b>540</b>	<b>450</b>	<b>1,085</b>

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

Total capital funding consists of £1,378,000 Disabled Facilities Grant (DFG) for 2016/17, and £157,000 DFG funding carried forward from 2015/16, to fund ongoing expenditure. The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the overall capital allocation.

The £450,000 earmarked for the purchase of the Madeline McKenna residential home includes an allowance for the refurbishment of the premises.

## **COMMISSIONING & COMPLEX DEPARTMENT**

### **Revenue Budget as at 30<sup>th</sup> September 2016**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (Overspend) £'000
<i><u>Expenditure</u></i>				
Employees	6,282	3,120	3,047	73
Other Premises	243	129	139	(10)
Supplies & Services	342	176	190	(14)
Other Agency Costs	620	297	295	2
Transport	190	95	77	18
Contracts & SLAs	151	87	89	(2)
Emergency Duty Team	94	47	48	(1)
Payments To Providers	3,031	1,024	1,024	0
<b>Total Expenditure</b>	<b>10,953</b>	<b>4,975</b>	<b>4,909</b>	<b>66</b>
<i><u>Income</u></i>				
Sales & Rents Income	-198	-130	-147	17
Fees & Charges Income	-232	-116	-77	(39)
Reimbursements & Other Grant Income	-492	-181	-190	9
CCG Contribution To Service	-360	-133	-86	(47)
Transfer From Reserves	-1,351	0	0	0
<b>Total Income</b>	<b>-2,633</b>	<b>-560</b>	<b>-500</b>	<b>-60</b>
<b>Net Operational Expenditure</b>	<b>8,320</b>	<b>4,415</b>	<b>4,409</b>	<b>6</b>
<b><u>Recharges</u></b>				
Premises Support	236	118	118	0
Transport	390	195	214	(19)
Central Support Services	1,088	521	521	0
Internal Recharge Income	-649	-269	-269	0
<b>Net Total Recharges</b>	<b>1,065</b>	<b>565</b>	<b>584</b>	<b>(19)</b>
<b>Net Department Expenditure</b>	<b>9,385</b>	<b>4,980</b>	<b>4,993</b>	<b>(13)</b>

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

Net departmental expenditure is currently £13,000 above budget profile at the end of the second quarter of the financial year.

Employee costs are currently £73,000 below budget profile. This results from savings made on vacant posts above the targeted staff savings level of £300,000. The majority of these savings have been made within Day Services and Mental Health Services. Most of these posts were recruited to in the first two quarters of the financial year, and it is not anticipated that the level of savings above target will continue for the remainder of the year.

Premises expenditure is currently running above budget profile by £10,000. This budget will be monitored carefully during the year, given that the winter months will bring additional pressures on utility costs, and remedial action will be taken if necessary to ensure a balanced budget at year-end.

Income for the year to date is less than the budgeted income target. The income above target in relation to sales and rents relates to trading services provided by Day Services, which continue to perform well. However, income from charging service users for transport costs is significantly below target, resulting in a projected under-achievement of Fees and Charges income in the region of £60,000 for the year. Income received from the Clinical Commissioning Group also remains a concern. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently projected to be £90,000 for the year.

At this stage in the financial year, it is anticipated that net spend for the year will be in excess of the annual budget by approximately £25,000.

### **Capital Projects as at 30<sup>th</sup> September 2016**

<b>Capital Expenditure</b>	<b>2016/17 Capital Allocation £'000</b>	<b>Allocation to Date £'000</b>	<b>Actual Spend £'000</b>	<b>Total Allocation Remaining £'000</b>
ALD Bungalows	299	0	0	299
Bredon Reconfiguration	356	7	7	349
Grangeway Court Refurbishment	343	200	193	150
Community Capacity Grant	57	0	0	57
<b>Total Capital Expenditure</b>	<b>1,055</b>	<b>207</b>	<b>200</b>	<b>855</b>

### **Comments on the above figures.**

Building work on the ALD Bungalows is expected to be completed within the financial year, with spend to match allocation.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. Spend for the year is anticipated to be within the capital allocation.

Work to refurbish Grangeway Court is currently underway, and it is expected that the works will be completed within the calendar year. At this stage it is anticipated that total expenditure will remain within the capital allocation.

The Community Capacity Grant allocation represents unspent grant funding from previous financial years, which is available to fund new capital projects, or augment existing capital allocations.

## **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

### **Revenue Budget as at 30<sup>th</sup> September 2016**

	Annual Budget	Budget To Date	Actual To Date	Variance to Date (Overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	3,385	1,621	1,564	57
Supplies & Services	265	96	92	4
Other Agency	21	21	16	5
	7,561	3,552	3,550	2
<b>Contracts &amp; SLA's</b>				
<b>Total Expenditure</b>	<b>11,232</b>	<b>5,290</b>	<b>5,222</b>	<b>68</b>
<b>Income</b>				
Other Fees & Charges	-59	-37	-36	(1)
Sales Income	-44	-44	-46	2
Reimbursements & Grant Income	-161	-131	-136	5
Government Grant	-10,718	-2,691	-2,691	0
Transfer from Reserves	-500	0	0	0
<b>Total Income</b>	<b>-11,482</b>	<b>-2,903</b>	<b>-2,909</b>	<b>6</b>
<b>Net Operational Expenditure</b>	<b>-250</b>	<b>2,387</b>	<b>2,313</b>	<b>74</b>
<b>Recharges</b>				
Premises Support	162	81	82	(1)
Central Support Services	592	226	226	0
Transport Recharges	18	9	8	1
Support Income	-64	0	0	0
<b>Net Total Recharges</b>	<b>708</b>	<b>316</b>	<b>316</b>	<b>0</b>
<b>Net Department Expenditure</b>	<b>458</b>	<b>2,703</b>	<b>2,629</b>	<b>74</b>

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

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £74,000 under budget profile.

Employee costs are currently £57,000 under budget profile. This is due to savings being made on vacancies within both of the Environmental, Public Health & Health Protection and Public Health Divisions. Some of these vacancies have been advertised and are expected to be filled in the coming months. However, if not appointed to, the current underspend will continue to increase beyond this level.

At this point in the financial year, it is expected spend will be within budget at year-end.

### **Capital Project as at 30<sup>th</sup> September 2016**

<b>Capital Expenditure</b>	<b>2016/17 Capital Allocation £'000</b>	<b>Allocation to Date £'000</b>	<b>Actual Spend £'000</b>	<b>Total Allocation Remaining £'000</b>
Halton Recovery & Wellbeing Project	45	45	45	0
<b>Total Capital Expenditure</b>	<b>45</b>	<b>45</b>	<b>45</b>	<b>0</b>

### **Comments on the above figures.**

The Halton Recovery & Wellbeing Project work has been carried out on the physical refurbishment of the Halton Recovery Hub in line with the grant application. The work was completed during July 2016.

## 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 <u>intervention or remedial action</u> taken.</i>

### Direction of Travel Indicator

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

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