

**Reporting Period:** Quarter 2 – Period 1<sup>st</sup> July – 30<sup>th</sup> September 2018

### 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 2018/19 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:

#### **Adult Social Care:**

#### **Developing the use of the Mental Health Resource Centre in Vine Street, Widnes:**

originally designed as a multi-purpose mental health resource centre, this building had over time become underused, and was no longer fulfilling its original aim. However, significant capital investment from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Mental Health Trust has resulted in a redesign of the building's use over a period of over eighteen months. The ground floor will now be used by the North West Boroughs nurses, psychiatrists and psychologist on site, to provide a crisis resolution and home treatment service, whilst the upstairs already contains social workers, the Mental Health Outreach Team and the Community Bridge Building Team. This combination of services will provide greater support to people in crisis, will create much easier pathways for referrals between the services and will support the development of new and innovative ways of working together. All refurbishments are about to be completed, favourable lease arrangements have been put in place, and the new service should be available by December 2018.

#### **Transition Team**

Towards the end of 2016 a review took place looking at local processes and procedures in place to support young people with health and social care needs and their families/carers going through transition.

This review involved consultation with families and it revealed that:

It also became clear that transition arrangements were not fit for purpose.

In early 2017, action was taken to address this; a dedicated Transition Team was established, supported by a new Multi-Agency Transition Protocol, to ensure that in future young people would experience transition that is planned from an earlier stage with effective joint working between professionals and taking into account the wishes and needs of young people and their families.

The Transition Team was established in February 2017 comprising one Social worker from Children's Services and two Social Workers from Adult Social Care with Principal Manager support from Adult Social Care. Close working links were also established, aided by physical co-location, with the Positive Behaviour Support Service and the Continuing Health Care Complex Needs Children's Nurse (employed by the CCG). The

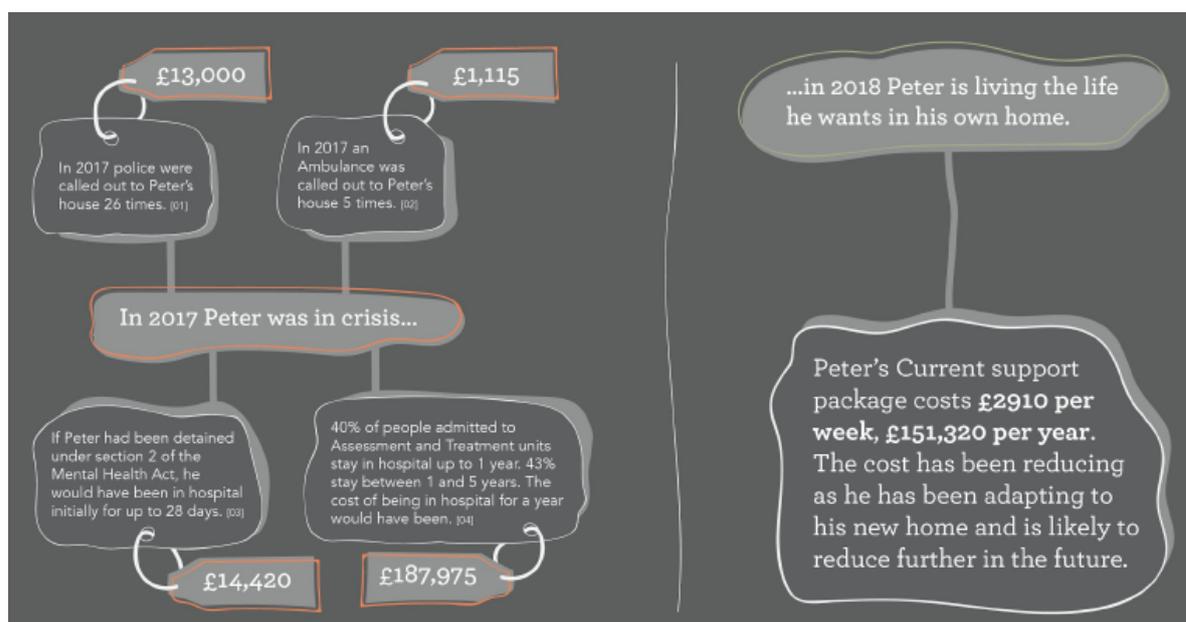
aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years (or until appropriate to transfer into generic adult services), depending on complexity and how much support they will require to go through the transition process. In September 2017, the Transition Team was awarded £92,827 from the Department of Health (now the Department of Health & Social Care – DHSC) following a bid to be involved with the national ‘Named Social Worker’ pilot, which ran until April 2018. The aim of the pilot was to support sites to make changes to social work practice and wider system conditions that will improve outcomes and experiences for individuals with learning disabilities, autism and mental health conditions, and for the people around them. In practice, the model varied from one place to another but the ambition was for all the sites to:

- Provide excellent person-centred support for individuals with learning disabilities and the people around them;
- Equip and support social workers to be enablers of high quality, responsive, person centred and asset based care;
- Build more effective and integrated systems that bring together health, care and community support and deliver efficiency savings.

The additional funding allowed the creation an additional Social Worker post and an Advanced Practitioner post. This additional capacity allowed the team to work intensively with 17 young people with complex needs as part of the pilot. Social Workers worked with the young people and their families to prevent crisis intervention and develop a new approach to working with those who are often seen as the most challenging and therefore often end up in out-of-area residential placements.

Halton took part in the overall evaluation of the pilot on a national level and a cost-benefit analysis was completed by York Consultancy. The cost-benefit analysis revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support.

One of the cases from Halton’s pilot became a case study shared nationally as part of the positive outcomes of the NSW approach (Peter’s story). This demonstrated the costs savings that can be realised by the wider system as a result of the NSW model, as displayed below:



Following on from the Evaluation, Halton Borough Council are working with partners across Health and Education to secure further funding to retain the additional resources and continue to work within the Named Social Worker model.

Halton has been invited to work alongside Social Care Institute of Excellence, the Department Of Health and Social Care and the innovation unit on rolling out national guidance on Transition, from Directors of Adult Social Services to social work Practitioners.

### Social Work Matters Forum

The 'Social Work Matters Forum' has been running in Halton for the past three years and continues to thrive. Led by social work professionals within the Council the forum provides a valuable feedback and feed forward mechanism for both local and national issues related to social work. The quarterly meetings, chaired by the Adults' Principal Social Worker, involves input from internal teams as well as hosting external speakers. Content is focussed on best practice and information sharing and has involved case study examples, updates on project work and legislative changes. The Forum is well attended with dates for the year being set in advance.

### Community Connectors

There two Community connector posts 12 month pilot continues. They are focused on connecting local people to their neighbourhood and communities. They are a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

The Community connectors have already been busy providing advice, information and support in the community to people, families and their carers across service types. They aim to :-

Build long term relationships with around 50-65 people/families enabling them to:

- Access information in a variety of ways
- Be heard, in control and make choices
- Identify their personal strengths and aspirations
- Find practices (non-service) ways of doing the things they want or need to do
- Develop and use personal and local networks
- Plan for the future
- Connect with, be part of and contribute to local community life
- Access support and services if required, at the right time

The have identified a number of community based services and have been working closely with social workers and social care staff to aid awareness of aware of alternative services and opportunities available to people.

## **Public Health**

There has been significant improvement in a number of lifestyle areas for adults. Halton's smoking rate has now reduced down to the England average which is a big improvement. The percentage of active adults has also improved and is now better than the North West average and the same as the England average. Excess weight in adults has also decreased with Halton now having a similar percentage to the England average and much better than the North West average.

### **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:**

**Review of the Mental Health Act 1983:** mental health has become a key policy priority for this current government, and one of the central elements of this has been a detailed review of the operation of the Mental Health Act itself. There is evidence of increasing use around the country of the Act to detain people in hospital (this reflects the local pattern too) and this adds to pressure on inpatient mental health services and community support services. An independent review has been established, focusing on:

- What happens to people before detention: the range of support services available, types of professional approach, how decisions to admit are taken, the interface with the Mental Capacity Act, the role of the police
- What happens during detention: dignity, respect, autonomy, advance planning and treatment safeguards
- Tribunals, hospital managers' hearings and advocacy
- Leaving hospital: Community Treatment Orders, discharge and care planning, aftercare
- Issues for particular groups: Black, Asian and minority ethnicities, children and young people, learning disabilities and autism, criminal justice, court powers

An interim report was published in May 2018, identifying the above themes; subsequent work will consider:

- What interventions could reduce use of the Act and compulsory admissions
- How to take a "whole system" view of the issues
- How to mandate close interagency working
- Opportunities to improve risk and safety management

The aim is to deliver a final report by October 2018, and this is likely to lead to a Green Paper and then a White Paper to replace the current legislation. This will still take some time to deliver but the indications are that this will go through the next session of parliament. This will then lead to a detailed internal review of local policies and procedures, to ensure that all processes are compliant with the Act.

**Internal Audit Review of Adult Mental Health Social Care Services:** this review took place over the summer of 2018, focusing on:

- Approved Mental Health Practitioners: their capacity, training, approval and re-approval
- Mental Health Social Work Team: referral and assessment process, carers assessments, reviews
- Mental Health Outreach Team: referral and assessment process, duration and nature of support, reviews

The Review found Substantial Assurance in the delivery of all the services; some minor action points were identified and these are the subject of an action plan, which aims to deliver these improvements by November 2018.

## **Public Health**

Halton needs to continue to concentrate on good child development particularly with regard to speech and language. Cardiovascular disease and cancer also need to be prioritised via the evidence based programmes that can be put into place. Conversations are currently taking place with the Halton Federations to implement these.

### **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 2017/18 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 Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. 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:

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

## **Adult Social Care**

### **Key Objectives / milestones**

<b>Ref</b>	<b>Milestones</b>	<b>Q1 Progress</b>
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	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.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	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.	

### **Supporting Commentary**

**1a** - Work ongoing with the Clinical Commissioning Group to ensure the pooled budget comes out on target. Some key pressures identified in relation to Continuing Health Care.

**1b** – Multi-disciplinary Team work is ongoing across primary care, community health care and social care work has begun to look at developing models of hub based working across localities.

**1c** - The Halton Autism Action Alliance (HAAA) continues to meet on a Bi monthly basis with a focus on ensuring that the All Age Autism Strategy Delivery plan continues to make progress. The process for recruiting and appointing a chair of the HAAA. A Contract has been drawn together for this post and the next stage is to progress the formal recruitment process.

The Autism Self-assessment Framework is in the process of completion, The HAAA has taken the lead in completing this with members allocated to specific areas that fall under their remit. Early indications suggest that while progress is clear in some areas there are a number of areas in which there remains work to be done.

The group will continue to feedback via the Strategic Action and Commissioning Group.

**1d** - During Q2 the Dementia Delivery Group merged with the Mental Health Oversight Group and met for the first time with the revised terms and conditions. The group continued to report on progress of delivery of dementia actions in the dementia delivery plan. Halton DAA continue to offer a virtual network of signposting and information to professionals, and others with an interest in dementia, and initiated awareness work around Join Dementia Research (JDR) – one of the Dementia Friendly Communities pledges. Work around JDR awareness will continue into Q3. During Q2 Halton DAA met with HBC Community Centre Manager and Leisure Centre Managers to promote awareness of how they can make small steps to become dementia friendly environments. Resources were provided and pledges made by the managers to incorporate dementia awareness within their service. Dementia diagnosis rates are stable at 71%, against the national target of 61.7% and Cheshire and Merseyside average of 69.4%.

**1e** – Completed.

**1f** - A review of the Homelessness strategy is underway to reflect the key priorities and agreed action plan for the next five year period.

The review will include a five year action plan that will determine Local Authority key objectives that reflect economical and legislative changes. A draft review report will be completed and submitted to Senior Management Team in November 2018 for approval and implementation.

**3a** - The work on developing the One Halton placed based commissioning and service delivery is ongoing.

**3b** - We continue to support strengths based approaches in practice. We have a making safeguarding personal approach implemented across services. We have high performance in offering direct payments.

### Key Performance Indicators

Older People:							
Ref	Measure	17/18 Actual	17/18 NW	18/19 Target	Q2	Current Progress	Direction of travel
AS C 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	623.31	888.8	635	472.2		
AS C 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	604	1200	5147	1333 actual V plan 874		
AS C 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3290	272	13,289	3338 Actual V plan 3194		

AS C 04	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+) <b>Better Care Fund performance metric</b>	N/A	N/A	N/A	N/A	N/A as no target	N/A
AS C 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	78%	86%	75%	N/A	N/A as no target	N/A
<b>Adults with Learning and/or Physical Disabilities:</b>							
AS C 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%	72%		
AS C 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%	69%	NA	N/A
AS C 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%	30%	NA	N/A
AS C 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87%	88%	87%	87%		
AS C 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%	5.10%		
AS C 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	N/A

**People with a Mental Health Condition:**

AS C 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A	0.53		
AS C 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	N/A	TBC	52.77		
AS C 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02%	N/A	TBC	14.68		

**Homelessness:**

AS C 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500	37		
AS C 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100	8		
AS C 16	Number of households living in Temporary Accommodation	6	N/A	17	7		
AS C 17	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)	1.64%	N/A	6.00%	1.16%		

**Safeguarding:**

AS C 18	Percentage of VAA Assessments completed within 28 days	74.49%	N/A	88%	66%		
AS C 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	N/A	56%	70%		
AS C 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	88.9%	Not yet available	82%	N/A	N/A	N/A
<b>Carers:</b>							
AS C 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	81.7%	TBC	99.53%	N/A	N/A
AS C 23	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	8.1% 2016/17	N/A	9	N/A	N/A	N/A
AS C 24	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	48.9% 2016/17	N/A	50	N/A	N/A	N/A
AS C 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	76.6% 2016/17	N/A	80	N/A	N/A	N/A

ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <b>Better Care Fund performance metric</b>	93.30% 2016/17	N/A	93%	N/A	N/A	N/A
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## **Supporting Commentary**

### **Older People:**

ASC 01 We have placed less people in permanent residential and nursing care than the same period last year, which in terms of performance is positive.

ASC 02 Full Q2 will not be available until November, the actual and plan reported here relate to July and August. There were a total of 1333 delayed days compared to a plan of 874 and an actual of 839 for the same period last year. This performance was driven by an exceptionally high number of admissions in July (935) which was the highest number ever reported. In August the number of delayed days fell to 398 which is 10% below the monthly plan of 437. We have seen a positive impact at Warrington & Halton Hospitals Trust in the August figures as a result of additional Ward B3 beds being made available

ASC 03 Full Q2 will not be available until November, the actual and plan reported here relate to July and August. There were a total of 3338 non-elective admissions against a plan of 3206 and the same period last year of 3097. Year-on-year growth exceeds 8% and an additional 466 emergency admissions have been witnessed. Increases are driven almost exclusively by St Helens trust (+19%) with a small reduction at Warrington (-2%) The CCG is working with MIAA and the trusts to understand the reasons behind the number of very short stay admissions and emergency readmissions with a view to developing alternatives

ASC 04 Data not currently available due to data issues with the CSU.  
No refresh on data is available beyond 2015/16.

ASC 05 Annual collection only to be reported in Quarter 4.  
Data published October 2017, the latest data for 17/18 will be available in October 2018

### **Adults with Learning and/or Physical Disabilities:**

ASC 06 No commentary provided

ASC 07 This measure changed last year so there is no comparable data. The definition has been updated to reflect this..

ASC 08 This measure changed last year so there is no comparable data. The definition has been updated to reflect this.

ASC 09 We are on track to meet this target.

ASC 10 We are on track to meet this target.

ASC 11 No data provided.

**People with a Mental Health Condition:**

ASC 12 We are on track to meet this target.

ASC 13 Performance/Lindsay Smith

(A) Performance is higher compared to Q2 last year at 11.10%, however, progress cannot be reported as there is no target.

ASC 13 Performance/Lindsay Smith

(B) Performance is marginally higher this quarter compared to the same period last year of 14.33%, however, progress cannot be reported as there is no target.

**Homelessness:**

ASC 14 The statistics for Q2 are low, which is mainly due to the service transferring to a new homelessness database. The system was implemented January 2018 and went live April 2018, however, due to IT issues, the legacy cases could not be transferred.

The system upgrade will allow more efficient and accurate data recording and will be fully compliant with the new MHCLG reporting requirements

ASC 15 The figures are low, due to the implementation of the Homeless Reduction Act. Statutory homeless and duty acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.

ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

Due to the introduction of the Homelessness Reduction Act 2017, the service is now beginning to see the impact upon homelessness services. For the first time in several years, HBC has utilised B&B accommodation, resulting in a further review of the existing accommodation provision to ensure the LA legal obligations can be fully met.

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention. The officers have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team will continue to strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers continue to successfully reduce homelessness within the district

**Safeguarding:**

ASC 18 Performance slightly down compared to the same period last year. However, an exception report detailing assessments open longer than 28 days is sent to the teams monthly for them to action

ASC 19 No commentary provided

ASC 20 18/19 Data not available due to changes in the forms on Care First. New reports (A) need to be built to reflect the changes

ASC 20 18/19 Data not available due to changes in the forms on Care First. New reports (B) need to be built to reflect the changes

ASC 21 Annual collection only to be reported in Quarter 4, (figure is an estimate).

**Carers:**

ASC 22 No target as yet set.

ASC 23 This is the Biennial Carers Survey which will commence in December 2018

ASC 24 This is the Biennial Carers Survey which will commence in December 2018

ASC 25 This is the Biennial Carers Survey which will commence in December 2018

ASC 26 This is the Biennial Carers Survey which will commence in December 2018

**Public Health****Key Objectives / milestones**

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	
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.	
PH 02b	Maintain the Family Nurse Partnership programme.	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	
PH 03a	Expansion of the Postural Stability Exercise Programme.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	
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	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
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.	
PH 05b	Implementation of the Suicide Action Plan.	

### **Supporting Commentary**

**PH 01a** Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting this year (Q1 & Q2) compared to the same period last year (69%). This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service supported by funding from NHS England in 16/17 to reduce maternal smoking rates.

The numbers of people in the Routine & Manual cohort remains consistent between 2017 and 2018.

**PH 01b** We are working closely with the Cheshire and Merseyside Cancer Prevention Group to identify potential activities for cancer screening that would provide benefit across scale, and share resource effectively. We are in the process of submitting potential programmes which may be submitted for Cancer Alliance Transformation Funding rounds. The group have been very interested in the increase in uptake of bowel screening Halton have achieved recently via a pilot study to improve uptake and return of test kits through targetted telephone calls.

**PH 01c** Summer periods always provide a challenge to achieving targets as a result of patient choice and staff capacity. While locally we have been marginally below target for referral to treatment, this is reflected wider also. However, as noted previously, 1-year cancer survival has improved; Halton has gone from being the worst amongst 11 peers for 1 year survival rates for cancer in 2000 to the best amongst 11 peers in 2015. We are now better than the England average for 1 year survival. The Halton survival rate is now 73.2% compared to the England rate of 72.3%.

**PH 02a** The Bridgewater health visitor, school nurse and Family Nurse Partnership (FNP) 0-19 service continues to deliver all the elements of the Healthy Child programme to families in Halton. Following the start of the new 0-19 contract, the performance in quarter 1 of delivering the mandated checks has improved.

**PH 02b** The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families. The Family Nurse Partnership works closely with partners to engage new families to their caseload, and do outreach work to encourage those who are reluctant to engage.

**PH 02c** Work continues to achieve the infant feeding action plan. The infant feeding team continue to proactively contact all mothers on discharge from hospital to support with feeding, and are finding women who wish to start breastfeeding after hospital discharge. All organisations in Halton have BFI stage 3, currently looking at organisational capacity to complete staff audits in children's centres, health visiting and midwifery.

**PH 03a** Health Improvement Team continues to deliver a 45 week Age Well (postural stability) exercise programme across the borough. We are continuing to identify areas and opportunities to maximise uptake of the Exercise Programme.

- Compared to the same period last year, there has been a 40% increase in the number of referrals received to the Age Well exercise class.

The combined nutrition and exercise programme trial for over 55s in local sheltered accommodation has proven effective in the sheltered housing scheme. So far: 20 residents

signed up; 9 residents have now completed the programme since the start, 8 of whom have lost weight. ALL clients have improved their Quality of Life scores and have self-reported feeling their health has improved as a result of the programme.

We are collaborating with many partners and working very closely with the Rapid Access Rehabilitation Service and Local Hospital A&E departments to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service. Cheshire Fire Brigade Service have implemented the Falls Risk Assessment Tool as part of their Safe and Well checks and appropriate referrals are being made to partner Falls organisations. We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advising on the appropriate falls referral pathways. Work is continuing with the CCG to look at the opportunities to work closer with our Health colleagues for improving the promotion and the uptake of the Age Well exercise programme and focus more on Prevention.

We continue to raise public awareness about falls, the steps that people can take to minimise the risk of falls and the various services across the borough that can support people at risk.

**PH 03b** The 5 year strategy for Falls. 2018-2023 and associated action plan is ready to be presented to the Health and Wellbeing Board in Qtr 3. We are continually looking at how we can streamline the referral pathway to the Falls Prevention Service with the hope to offer rehabilitative services to more people who have had a fall to prevent further falls and hospital admissions.

There are separate work streams in care homes specifically around the rates of falls and whether more can be done to reduce the number of falls. Equally there is a separate work stream looking at 5 particular wards within the borough that have above the national average incidents of falls. The outcomes of both of these work streams will be fed up to the appropriate boards.

We have made changes to the referral pathways for Adult Social Care staff. This has resulted in a significant increase in the number of potential referrals to the Age Well exercise Programme. Since June there have been 80 potential referrals for the Age Well service.

We have devised a new pathway with the Telehealth care team who respond to people who fall in our community. This will be rolled out in November and closely monitored to review its effectiveness in people getting a rapid response.

**PH 04a** Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton), promoting a diverse night time economy.

Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

**PH 04b** The Health Improvement Team continue to raise awareness of safe drinking recommendations and local alcohol support services within the local community through the delivery of:

- The Stop Smoking Service is now delivering Audit C screening and brief advice at 1-1 consultations with clients quitting smoking. Alcohol consumption increases the risk of quitters relapsing back into smoking. Also, alcohol consumption can increase when clients successfully quit smoking.
- Health checks (includes Audit C) in workplaces and community events.
- Drink Less Enjoy More campaign.

Healthitude offers alcohol training as part of the programme in all Halton Schools.

**PH 04c** We continue to monitor the elvery of the substance misuse service (CGL) in terms of outcomes and outputs with appropriate numbers of new referrals for alcohol and non-opiate related problems as well as those receiving post treatment recovery support.

**PH 05a** Halton Health Improvement and Public Health continue to roll out a series of programmes and training activities around mental health, with good partnership working on the delivery of action plans, raising awareness and provision of community based programmes and activities.

The Health Improvement Team provides both an adult and children and young people mental health offer to improve the mental health and wellbeing of those living and working in Halton. The preventative approach consists of:

- **Whole settings approaches to support educational settings and workplaces** – 7 educational settings and 2 workplaces supported
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community** – 201 front line staff trained
- **Campaigns to tackle stigma and raise awareness**- Local time to change champions continue to be engaged and social media plan implemented

**Future developments-**

In the process of applying to be a Time to Change hub with local partners, to tackle mental health stigma in Halton. Staff being trained to deliver mindfulness.

**PH 05b** The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters.

Work is underway to develop a suicide prevention pathway for children and young people along with a training package aimed at front line staff who work and support children and young people.

**Key Performance Indicators**

Ref	Measure	17/18 Actual	18/19 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at	60.9% (2016/17)	63.0% (2017/18)	Annual data only	u	

	the end of reception)					
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	65.2% (2016/17)	66.0% (2017/18)	Annual data only		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	838.2 (2017/18) <i>Provisional</i>	836.0 (2018/19)	809.4 (Q2 '17/18 - Q1 '18/19) <i>Provisional</i>		
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) <i>Provisional</i>	57.0 (2016/17-2018/19)	57.8 (Q2 '16/17-Q1 '18/19) <i>Provisional</i>		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	15.0% (2017)		
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	93.6 (2015-17)	91.0 (2016-18)	95.2 (Q2 '15 – Q1 '18) <i>Provisional</i>		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) <i>Provisional</i>	335.0 (2018/19)	328.4 (Q2 '17/18 - Q1 '18/19) <i>Provisional</i>		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.2% (2016/17)	11.1% (2017/18)	Not yet available		
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised	173.7 (2015-17) <i>Provisional</i>	173.0 (2016-18)	174.8 (Q2 '15 – Q1 '18) <i>Provisional</i>		

	Rate, per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>					
PH LI 06ai	<b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.3 (2014-16)	17.5 (2016-18)	17.3 (2015-17) <i>Provisional</i>		
PH LI 06aii	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.1 (2014-16)	19.3 (2016-18)	19.2 (2015-17) <i>Provisional</i>		
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) <i>Provisional</i>	3000.0 (2018/19)	2940.8 (Q2 17/18 - Q1 18/19) <i>Provisional</i>		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) <i>Provisional</i>	75.0% (2017/18)	Not yet available		
PH LI 07a	% of successful completions (drugs) as proportion of all treatment (18+) (Increase)	17.3% (2016/17)	Above NW average	22.7% (July '17 - June '18)		

PH LI 07b	Individuals re-presenting to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	Below NW average	11.5% (July '17 - June '18)		
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### Supporting Commentary

**PH LI 01** - Data is released annually.

**PH LI 02a** - Data is released annually.

**PH LI 02b** - Provisional figures indicate a reduction to the year ending Q1 2018/19, from a rate of 838.2 per 100,000 population in 2017/18.

Too early to state whether the year-end target will be achieved.

*Provisional figures are based on unverified data and as such caution is advised in their use.*

**PH LI 02c** - The provisional figure for the three years to the end of Q1 2018/19 indicates that the rate of admissions has remained the same as it was for 2015/16-2017/18.

Too early to state whether the year-end target will be achieved.

*Provisional figures are based on unverified data and as such caution is advised in their use.*

**PH LI 03a** - Adult smoking prevalence has reduced once again and has met the target for 2017.

**PH LI 03b** - Provisional figures for the three-year period to the end of Q1 2018 indicate a small increase in the rate of premature deaths from CVD from 2015-17. We currently are marginally above the target for year's end.

Too early to state whether the year-end target will be achieved.

*Mortality indicators are now based on 3-year periods.*

**PH LI 04a** - Provisional data for the year to Q1 2-18/19 indicates a marginal reduction on the 2017/18 rate for self-harm admissions. However, given we are only at Q1, it is not possible to tell whether target will be met by year end.

Too early to state whether the year-end target will be achieved.

**PH LI 04b** - Data is available annually.

**PH LI 05** - Provisional figures for the three-year period to the end of Q1 2018 indicate an increase in the rate of premature deaths from cancer from 2015-17. We currently are marginally above the target for year's end.

Too early to state whether the year-end target will be achieved.

*Mortality indicators are now based on 3-year periods.*

**PH LI 06ai** - Data is available annually.

**PH LI 06aii** - Data is available annually.

**PH LI 06b** - Provisional data for the year to the end of June 2018 indicates a further reduction in emergency admissions due to falls (ages 65+). However, we are only one quarter into the year so it is not yet possible to say we will meet the target at year end.

Too early to state whether the year-end target will be achieved.

*Provisional figures are based on unverified data and as such caution is advised in their use.*

**PH LI 06c** - Data is available annually

**PH LI 07a** - Successful completions (according to the NDTMS website) show good progress against the national (14.5%) and North West (15.2%) averages. The Halton percentage has increased from the same period the previous year.

**PH LI 07b** - Re-presentations within 6 months (according to the NDTMS website) are higher compared to the national (10.0%) and North West (10.7%) averages. The Halton percentage has decreased since the previous period last year.

## **ADULT SOCIAL CARE DEPARTMENT**

### **Revenue Budget as at 30 September 2018**

	Annual Budget	Budget To Date	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000	£'000
<i><u>Expenditure</u></i>				
Employees	14,770	7,069	6,971	98
Other Premises	329	134	132	2
Supplies & Services	1,596	616	615	1
Aids & Adaptations	113	39	37	2
Transport	201	83	81	2
Food Provision	206	82	81	1
Contracts & SLAs	528	160	170	(10)
Emergency Duty Team	98	20	21	(1)
Other Agency	635	299	313	(14)
Payments To Providers	1,443	653	648	5
Transfer to Reserve	210	0	0	0
<b>Total Expenditure</b>	<b>20,129</b>	<b>9,155</b>	<b>9,069</b>	<b>86</b>
<i><u>Income</u></i>				
Sales & Rents Income	-281	-196	-196	0
Fees & Charges	-666	-304	-318	14
Reimbursements & Grant Income	-1,139	-366	-369	3
Transfer From Reserves	-800	0	0	0
Capitalised Salaries	-111	-56	-56	0
Government Grant Income	-1,161	-1,115	-1,115	0
<b>Total Income</b>	<b>-4,158</b>	<b>-2,037</b>	<b>2,054</b>	<b>17</b>
<b>Net Operational Expenditure</b>	<b>15,971</b>	<b>7,118</b>	<b>7,015</b>	<b>103</b>
<b><u>Recharges</u></b>				
Premises Support	610	305	305	0
Asset Charges	50	0	0	0
Central Support Services	3,027	1,456	1,456	0
Internal Recharge Income	-2,037	-1,127	-1,127	0
Transport Recharges	671	115	114	1
<b>Net Total Recharges</b>	<b>2,321</b>	<b>749</b>	<b>748</b>	<b>1</b>
<b>Net Department Expenditure</b>	<b>18,292</b>	<b>7,867</b>	<b>7,763</b>	<b>104</b>

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

In overall terms, the Net Department Expenditure excluding the Complex Care Pool is £104,000 below budget the budget profile at the end of the second quarter of the 2018/19 financial year.

Employee costs are currently showing spend of £98,000 under budget profile, due to savings being made on vacancies within the department, specifically in the Day Services and Care Management divisions. Some of these vacancies have been advertised and have been, or are expected to be, filled very soon, therefore the current level of underspend is not projected to continue at this level for the remainder of the financial year.

Employee budgets are based on full time equivalent staffing numbers of 537.

Income achieved is currently running slightly above target, and is projected to do so for the year.

### **Capital Projects as at 30 September 2018**

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	199	0	0	199
Vine Street Development	10	0	1	9
Purchase of 2 Adapted Properties	520	0	0	520
Total	729	0	1	728

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

Building work on the ALD Bungalows is expected to be completed in the latter period of the 2018/19 financial year.

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction was completed during the previous financial year, the 2018/19 capital allocation represents the funding carried forward from 2017/18 to fund the residual payments due in relation to the scheme.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed during the latter stages of the 2018/19 financial year.

**COMPLEX CARE POOL****Revenue Budget as at 30<sup>TH</sup> September 2018**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	6,459	2,465	2,437	28
End of Life	200	92	83	9
Sub-Acute	1,769	818	798	20
Urgent Care Centres	615	155	155	0
Joint Equipment Store	613	56	70	(14)
CCG Contracts & SLA's	1,219	494	460	34
Intermediate Care Beds	599	299	299	0
BCF Schemes	1,729	865	865	0
Carers Breaks	440	229	184	45
Madeline McKenna Home	527	254	285	(31)
Millbrow Home	1,329	705	1,026	(321)
BCF unallocated	713	0	0	0
Adult Health & Social Care Services:				
Residential & Nursing Care	20,336	8,589	8,458	131
Domiciliary & Supported Living	13,446	5,701	5,323	378
Direct Payments	7,611	4,003	5,044	(1,041)
Day Care	420	152	210	(58)
<b>Total Expenditure</b>	<b>58,025</b>	<b>24,877</b>	<b>25,697</b>	<b>(820)</b>
Income				
	-6,144	-2,280	-2,276	(4)
<b>Residential &amp; Nursing Income</b>				
Domiciliary Income	-1,414	-587	-559	(28)
Direct Payments Income	-569	-169	-210	41
BCF	-9,844	-4,922	-4,922	0
CCG Contribution to Pool	-13,631	-6,816	-6,816	0
ILF	-677	-169	-169	0
Income from other CCG's	-113	-56	-64	8
Madeline McKenna fees	-279	-137	-101	(36)
Millbrow fees	-307	-142	-163	21
Falls Income	-60	-30	-30	0
<b>Total Income</b>	<b>-33,038</b>	<b>-15,308</b>	<b>-15,310</b>	<b>2</b>
<b>Net Department Expenditure</b>	<b>24,987</b>	<b>9,569</b>	<b>10,387</b>	<b>(818)</b>
Liability as per Joint Working Agreement (HCCG share - 38%)	<b>0</b>	<b>0</b>	<b>-310</b>	<b>310</b>
<b>Adjusted Net Dept. Expenditure</b>	<b>24,987</b>	<b>9,569</b>	<b>10,077</b>	<b>(508)</b>

**Comments on the above figures:**

The overall position for the Complex Care Pool budget is £818,000 over budget profile at the end of the quarter 2.

Intermediate care services achieved an underspend last financial year and this trend looks to continue in 2018/19.

To date only one invoice (April) has been received in respect of the Joint Equipment Service and this is £12,000 over budget profile. The new contract states an exception report must be provided by Bridgewater if the spend is over budget profile, which we are currently still waiting for. Invoices are to be submitted on a monthly basis so that spend can be more closely monitored.

The Carer's Breaks budget is under budget profile by £45,000 as at quarter 2. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre are quite low. Direct Payment carer's break spend is also lower than expected at this point in time but this may increase as spend historically accelerates towards the end of the financial year.

Madeline McKenna Residential home and Millbrow Nursing home were purchased by the council last financial year. Madeline McKenna Residential home is expected to achieve a balanced budget at year end. Millbrow Nursing home was transferred with a legacy of agency workers. Agency spend so far this financial year is £529,000 but this is being addressed as a matter of urgency and a new staffing structure will be implemented shortly, which will reduce spend on agency staff.

The main pressure on the Complex Care Pool budget is due to the Adult Health and Social Care budget which is currently £573,000 over budget profile as at Q2. The expected year end forecast based on current demand is an overspend position of £1.7m.

It was recognised last year that this budget is under significant pressure and a recovery working group was set up to address the issues. This group is currently looking at ways to reduce spend whilst ensuring the needs of clients continue to be met.

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages. Included in the annual projection is an estimate for the increase in the cost of sleep in rates. This has changed from an inconsistent cost per sleep to a consistent hourly rate. The projected overspend has been analysed below and split been CCG and LA funded care packages:-

### **Residential & Nursing Care**

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages continue to be a major pressure. Partway through the last financial year a recovery action plan was put together. As a result of this transitionally funded packages were focussed upon and the number of reviews completed within 28 days improved dramatically. Some of these packages were also deemed not eligible for CHC but were eligible for Funded Nursing Care (FNC). There has been a noticeable decrease in the number of people being deemed eligible for CHC funded packages and an increase in FNC costs. This trend is continuing

#### Count and Spend:

The total number of clients receiving a permanent residential care package has increased from 582 clients in April to 615 clients in September. The average weekly cost of a permanent residential package of care increased from £628 to £630 for the same period.

### **Domiciliary & Supported Living**

A number of service users that are in residential homes but receiving extra 1 to 1 support will cost approximately £312,000 this financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

#### Count and Spend:

The total number of clients receiving a domiciliary care package decreased by 1.6% from 676 clients in April to 665 clients in August. However, the average cost of a domiciliary care package has increased by 1.7% from £336 in April to £342 in August.

### **Direct Payments**

During the first quarter the number of service users utilising a direct payment increased and this pattern has continued in quarter 2. In the main this is due to the main domiciliary care provider struggling to recruit staff, resulting in not being able to pick up care packages. In fact the number of new referrals received so far this year is 98 compared to 75 for the same period last year. This is a 30% increase in new referrals.

### Count and Spend:

The total number of clients receiving a Direct Payment (DP) has increased by 9% from 503 clients at the end of the last financial year to 552 clients in August. The average cost of a DP package has increased from £334 to £360.

### **Pooled Budget Capital Projects as at 30<sup>th</sup> September 2018**

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	1,109	270	221	888
Stair lifts (Adaptations Initiative)	300	150	108	192
RSL Adaptations (Joint Funding)	250	125	65	185
Millbrow Residential Home	150	150	180	(30)
Madeline McKenna Residential Home	136	10	5	131
<b>Total</b>	<b>1,945</b>	<b>705</b>	<b>579</b>	<b>1,366</b>

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

Total DFG capital funding consists of £1,629,000 Disabled Facilities Grant (DFG) allocation for 2018/19 and £316,000 DFG funding carried forward from 2017/18 to fund ongoing expenditure.

The renovations to Millbrow are now complete and final costs are slighted more than expected, however this will be contained within the DFG overall.

Similarly, the £136,000 allocated for Madeline McKenna is funding for refurbishment of the premises. The purchase was completed in November 2017, and the establishment is also now managed by Halton Borough Council's Adult Social Care department.

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

### **Revenue Budget as at 30 September 2018**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (overspend) £'000
<i><u>Expenditure</u></i>				
Employees	3,664	1,792	1,760	32
Other Premises	5	0	0	0
Supplies & Services	267	96	85	11
	6,803	3,089	3,098	(9)
Contracts & SLA's				
Transport	6	3	3	0
Other Agency	18	18	18	0
<b>Total Expenditure</b>	<b>10,763</b>	<b>4,998</b>	<b>4,964</b>	<b>34</b>
<i><u>Income</u></i>				
Other Fees & Charges	-73	-63	-60	(3)
Government Grant	-10,185	-4,798	-4,798	0
Reimbursements & Grant Income	-278	-162	-153	(9)
Transfer from Reserves	-226	0	0	0
<b>Total Income</b>	<b>-10,762</b>	<b>-5,023</b>	<b>-5,011</b>	<b>(12)</b>
<b>Net Operational Expenditure</b>	<b>1</b>	<b>-25</b>	<b>-47</b>	<b>22</b>
<b><u>Recharges</u></b>				
Premises Support	179	89	89	0
Central Support Services	718	359	359	0
Transport Recharges	32	15	14	1
Support Income	-98	-81	-81	0
<b>Net Total Recharges</b>	<b>831</b>	<b>382</b>	<b>381</b>	<b>1</b>
<b>Net Department Expenditure</b>	<b>832</b>	<b>357</b>	<b>334</b>	<b>23</b>

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

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £23,000 under budget profile.

Employee costs are currently £32,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours within the Health & Wellbeing and Environmental, Public Health & Health Protection Divisions and a delay in the transfer of the Weight Management Team. The vacancies are expected to be filled before the end of the financial year. However if not appointed to, the current underspend will continue to increase beyond this level.

The expected outturn position for the department to 31 March 2019 is anticipated to be circa £45,000, based on the current levels of income and expenditure.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<b>Objective</b>	<b>Performance Indicator</b>
Green		Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	<i>Indicates that the annual target is <u>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 whether the annual target is on course to be achieved</u>.</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 unless there is an intervention or remedial action taken</u>.</i>

### Direction of Travel Indicator

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

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