

# Health Policy & Performance Board Priority Based Report

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

## 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 2020/21 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: Care Management**

From March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involved Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. The teams have moved back to normal working practices and re-settled back to the original teams, whilst ensuring flexible arrangements around covid-19 pandemic requirements. The team is dealing with some capacity issues and increased demand for services following the lockdown. This is attributed to some families following advice to shield and choosing to look after loved ones themselves.

We have established a dedicated steering group to look at Strengths Based Approaches are predicated on the use of a conversational approach to social work assessment which focus on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working.

In Strengths Based working the Assessor adopts an approach that looks at a person's life holistically and considers their needs in the context of their strengths, skills, ambitions, and priorities. It is vital to support Social Work staff to have knowledge and familiarity with the local communities and places to enable them to draw on community assets such as libraries, leisure center's/activities, clubs, faith sector and, voluntary organisations etc. to enhance people's lives and wellbeing.

The Care Act 2014 introduced a requirement for Local Authorities to 'consider a person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve'.

Halton is at the start of its journey in terms of implementing a strengths based approach to social work practice and has committed to working with Professor Samantha Baron who is currently the leading figure in the UK in the field of Strengths Based Approaches. Working alongside Professor Samantha Baron, a support programme has been tailored to Halton Borough Council to ensure that it meets the needs of the organisation particularly during the covid pandemic to ensure it is both feasible and manageable. It builds on current arrangements and proposals for embedding a strengths based approach. The programme of support has been tailored to take into account existing systems and paperwork and how they can be aligned with/adapted to new ways of working. The programme will commence October 15<sup>th</sup> 2020.

### **Liberty Protection Safeguards**

The long awaited implementation of the Liberty Protection Safeguards (LPS) has been delayed until April 2022 after the government accepted that the planned October 2020 date was not achievable due to the impact of Covid 19. The LPS will provide legal authorisation for depriving people in England and Wales of their liberty for the purposes of health or social care services, where the person lacks capacity to consent to their confinement. It will replace the Deprivation of Liberty Safeguards (DoLS), in relation to cases involving care homes or hospitals, and the authorisation of deprivations in other settings by the Court of Protection. A timeline has been published indicating that there will be a public consultation on the Code of Practice and Regulations in Spring 2021 with the final documents laid before Parliament in Autumn 2021 and aiming for full implementation in April 2022. Locally, the ADASS NW MCA Leads group has recommenced and information is starting to be shared. This will form the basis of the planning going forward to ensure Halton meets the milestones set out by the Department of Health and Social Care.

### **Mental Health services:**

The Halton Women's Centre: as reported in the last Quarterly Monitoring Report, the Centre has received a substantial one-year allocation of funding to develop services for local women who have contact with the criminal justice system. The aim is to provide probation support in a more relaxed community setting, and to help women to connect effectively with their local community support systems. The service is aimed at supporting women with lower level (but nonetheless distressing) mental health problems, poor self esteem, isolation, emotional issues and complex needs. Services provided include formal counselling (provided in partnership with Halton College), personal development courses, educational opportunities, health and wellbeing courses and a range of therapeutic services.

The Centre has been able to partially reopen following relaxations in restrictions because of the coronavirus pandemic. This has been done by following strict guidance from the Council's Property Services Team, to ensure that the centre is as Covid-safe as possible. The position is constantly reviewed in the light of any changes in restrictions. It is notable that there has been an increase in referrals to the centre which relate to mental health problems arising from the presence of the pandemic. This is being kept under review and regular reports will be taken to the Directorate's Senior Management Team.

### **Public Health**

No up to date data at present due to COVID-19.

### 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**

##### **Mental health services:**

The North West Boroughs (NWB) Mental Health Trust: as previously reported, there is a planned takeover of the NWB's mental health services by MerseyCare, the mental health provider for Liverpool and Sefton, which also provides medium and high-secure mental health services. Formal consultation documents have been prepared and the process has been approved by NHS England. A Steering Group is in place, with very senior representation from the Borough Council on that group. The planned changes are anticipated to take place on April 1<sup>st</sup> 2021. Further work will need to take place with MerseyCare to ensure that the currently good working front line relationships between the Borough Council social work staff and the NWB teams continue effectively.

Review of the Mental Health Act: this has been in development for some time, but progress was delayed by the impact of the coronavirus pandemic. The Department of health and Social Care has started working on this again, with the aim of producing a White Paper by the end of the year. The national AMHP network, of which Halton is a part, is contributing to and influencing these developments.

Breathing Space (mental health support for people in debt): this is an extension of an existing scheme for other service areas, and will allow support for people in financial debt who are experiencing a mental health crisis. The scheme is to be implemented by the Treasury in May 2021. There are some concerns that this will lead to considerable additional work pressures for AMHPs, who are identified as key gatekeepers for the scheme, and who are already under considerable pressure from their AMHP duties. The AMHP leads group is working closely with the Treasury on this, and further guidance is expected.

#### **Public Health**

No up to date data at present due to COVID-19.

### 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 2018/19 Directorate Business Plans.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

### 5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.








## 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the 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.

### **Commissioning and Complex Care Services**

#### **Adult Social Care**

##### **Key Objectives / milestones**

Ref	Milestones	Q2 Progress
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. On target for a balanced budget

1B. Work ongoing alongside our Health colleagues to integrate services, within a community based model. Intermediate care review on target for completion by January 2021.

1C. Due to the pandemic further developments are currently on hold.

1D. The Alzheimer's Society Dementia Care Advisor Service continues to delivery information, advice and signposting via telephone/email whilst COVID restrictions limit face to face support. The +12 month contract extension option has been put in place to ensure continuity of service during the COVID pandemic, with the contract in place until end of September 2021. Progress on the development of a refreshed local dementia strategy delivery plan has been halted due to COVID. It has been categorised as a priority 2 piece of work, with a time scale of 2-3 months (October) to be resumed. An adult social care dementia position statement was completed prior to COVID restrictions, which will help direct the development of the delivery plan when ONE Halton representatives reconvene, with support from Alzheimer's Society Policy representatives.

1E. Completed

1F. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan will be reviewed annually, to ensure it is current and reflects economic and legislative changes



The homelessness forum will be arranged for December 2020, to review the key priorities for the forthcoming 12 month period. The Homelessness strategy and action plan will be updated accordingly.

Covid-19 changed working practices and resulted in additional measures being implemented to meet crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future






3A. Work ongoing- On target.

### **Key Performance Indicators**



<b>Older People:</b>						
<b>Ref</b>	<b>Measure</b>	<b>19/20 Actual</b>	<b>20/21 Target</b>	<b>Q2</b>	<b>Current Progress</b>	<b>Direction of travel</b>
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	TBC	635	TBC	TBC	TBC

	<b>Better Care Fund performance metric</b>					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <b>Better Care Fund performance metric</b>	N/A	TBC	TBC	TBC	TBC
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	4893	5182	TBC	TBC	TBC
ASC 04	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%	85%	N/A	N/A	N/A
<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	39%	97%	60%		

ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	72%	80%	69%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	34%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73 %	87%	88.25 %		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04%	5.5%	5.07%		
<b>Homelessness:</b>						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	1822	2000 1000 500 250	492 71 274 38		
ASC 11	LA Accepted a statutory duty to homeless households in accordance with	114	150	38		

	homelessness Act 2002					
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	150	38	<input checked="" type="checkbox"/>	
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	155 124 10	<input checked="" type="checkbox"/>	
ASC 14	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)	6.62%	7.0%	1.05%	<input checked="" type="checkbox"/>	
<b>Safeguarding:</b>						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	29.5%	<input checked="" type="checkbox"/>	
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding	61%	85%	72%	<input checked="" type="checkbox"/>	



	Training, including e-learning, in the last 3-years (denominator front line staff only).					
ASC 17	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)	89%	90%	N/A	N/A	N/A
<b>Carers:</b>						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	99%		
ASC 19	<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>	7.6%	8%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1 %	52%	N/A	N/A	N/A
ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they	77.6 %	80%	N/A	N/A	N/A

	care for (ASCOF 3C)					
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <b>Better Care Fund performance metric</b>	89.1 %	93%	N/A	N/A	N/A

Supporting Commentary:

**Older People:**

ASC 01 The performance team are unable to complete this indicator at this time.

ASC 02 No data received from CCG

ASC 03 No data received from CCG

ASC 04 Annual collection only to be reported in Q4.

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

ASC 05 The reduced figures are due to the impact of covid and the reduced accessibility to properties with non-urgent requests placed on hold

ASC 06 We are aware that this is an ongoing issue with reporting on service agreements, however due to COVID, we are not in a position to fully investigate this.

ASC 07 We are monitoring this measure and are still above the NW averages when benchmarking

ASC 08 We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.

ASC 09 There are 22 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

**Homelessness:**

ASC 10 Covid 19 and the government announcement of the `all in` approach, resulted in an increase in homelessness presentations. The government guidance instructed all LAs to remove all rough sleepers from the streets, to ensure all vulnerable homeless clients were accommodated.

The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which led to an increase in homelessness presentations. The emphasis is placed upon prevention and relief measures to reduce homelessness.

ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low. The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the last option. The legislation places further emphasis

ASC 12 Duplication of above question. Eligibility and intentionality form part of the homelessness assessment to determine statutory homelessness.

ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation, placed extreme pressure upon Local Authorities and housing providers to source suitable temporary and permanent accommodation. The `all in` approach forced many Local Authorities to use hotel and B&B accommodation to meet the increased demand. The Local Authority also commissioned additional temporary accommodation provision to meet demand

ASC 14 The team focus is upon advice and assistance to reduce homelessness issues. The early intervention team take an accelerated approach to working with many clients, offering advice to avert the crisis.

### **Safeguarding:**

ASC 15 Work being done looking at the Actual/ target.

ASC 16 We have exceeded this target and staff continue to access the appropriate training.

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

### **Carers:**

ASC 18 We have exceeded the target for Q2 2020/21 compared to Q2 2019/20.

ASC 19 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

ASC 20	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 21	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 22	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

## Public Health

### Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	U
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	U
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	U
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	U
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.	U
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	U
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	U
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	U

PH 03b	Review and evaluate the performance of the integrated falls pathway.	u
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	u
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	u
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).	u
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	u
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	u
PH 05b	Implementation of the Suicide Action Plan.	u
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	u

### **Supporting Commentary**

PH 01a	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 01b	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 01c	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 01d	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 02a	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 02b	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 02c	<b>Supporting commentary</b> No up to date data at present due to COVID-19
PH 03a	<b>Supporting commentary</b>

	No up to date data at present due to COVID-19
<b>PPH 03b</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 03c</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 04a</b>	No up to date data at present due to COVID-19
<b>PH 04b</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 04c</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 05a</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 05b</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19
<b>PH 05c</b>	<b>Supporting commentary</b> No up to date data at present due to COVID-19

### **Key Performance Indicators**

<b>Ref</b>	<b>Measure</b>	<b>19/20 Actual</b>	<b>20/21 Target</b>	<b>Q2</b>	<b>Current Progress</b>	<b>Direction of travel</b>
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	N/A	N/A	N/A	u	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that	N/A	N/A	N/A	u	N/A

	achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	N/A	N/A	N/A	u	N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	N/A	N/A	N/A	u	N/A
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	N/A	N/A	N/A	u	N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	N/A	N/A	N/A	u	N/A
PH LI 03c	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>	N/A	N/A	N/A	u	N/A
PH LI 03d	Mortality from cancer at ages	N/A	N/A	N/A	u	N/A

	under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>					
PH LI 03e	Mortality from respiratory 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>	N/A	N/A	N/A	u	N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	N/A	N/A	N/A	u	N/A
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	N/A	N/A	N/A	u	N/A
PH LI 05ai	<b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates)	N/A	N/A	N/A	u	N/A



	<i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05a ii	<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>	N/A	N/A	N/A	<b>u</b>	<b>N/A</b>
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)					
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	N/A	N/A	N/A	<b>u</b>	<b>N/A</b>

### **Supporting Commentary**

**PH LI 01** - No up to date data at present due to COVID-19

**PH LI 02a** - No up to date data at present due to COVID-19

**PH LI 02b** - No up to date data at present due to COVID-19

**PH LI 02c** - No up to date data at present due to COVID-19

PH LI 03a - No up to date data at present due to COVID-19

PH LI 03b – No up to date data at present due to COVID-19

PH LI 03c - No up to date data at present due to COVID-19

PH LI 03d – No up to date data at present due to COVID-19

PH LI 03e - No up to date data at present due to COVID-19

PH LI 04a - No up to date data at present due to COVID-19

PH LI 04b - No up to date data at present due to COVID-19

PH LI 05ai - No up to date data at present due to COVID-19

PH LI 05aii – No up to date data at present due to COVID-19

PH LI 05b – No up to date data at present due to COVID-19

PH LI 05c - No up to date data at present due to COVID-19

## APPENDIX 1 – Financial Statements

### ADULT SOCIAL CARE DEPARTMENT

No finance data available for Q2.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

### Progress

Green



**Objective**  
Indicates that the objective is on course to be achieved within the appropriate timeframe.

**Performance Indicator**  
*Indicates that the annual target is on course to be achieved.*

Amber



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*

Red






Indicates that it is highly likely or certain that the objective will not be

*Indicates that the target will not be achieved unless there is an*

achieved within the *intervention or remedial action*  
appropriate timeframe. *taken.*

### Direction of Travel Indicator

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

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