

Rotherham Integrated Care Partnership

Performance Report: Quarter 1

The **performance framework** will report against the agreed Milestones and Key Performance Indicators on a quarterly basis as follows:

	Delivery Team	Place Board
Q1	22 August 2018	5 September 2018
Q2	28 November 2018	12 December 2018
Q3	20 February 2019	6 March 2019
Q4	15 May 2019	5 June 2019

Key to ratings:

Brown	Milestone	Not due to start
Red	KPI Milestones	Not achieving target (<i>Tolerance = more than 2%</i>) Significant issues
Amber	KPI Milestones	Almost achieving target (<i>Tolerance = within 2%</i>) Started but not on track
Green	KPI Milestones	Achieving Target On track
Blue	Milestones	Complete

There are five transformational workstreams, led by three Transformational Groups. All workstreams have key priorities as shown below:

Children and Young People		Mental Health and Learning Disability		Acute and Community	
C&YP 1	Implementation of Children and Young People Mental Health Services (CAMHS) Transformation Plan	LD&MH 1	Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service	UC&C 1	Creation of an integrated point of contact for care needs in Rotherham
C&YP 2	Maternity and Better Births	LD&MH 2	Improve dementia diagnosis and support	UC&C 2	Expansion of the Integrated Rapid Response Service
C&YP 3	Oversee delivery of the 0-19 healthy child pathway services	LD&MH 3	Deliver CORE 24 mental health liaison services	UC&C 3	Development of an integrated health and social care team to support the discharge of people out of hospital
C&YP 4	Children's Acute and Community Integration	LD&MH 4	Transform the Woodlands 'Fern' ward	UC&C 4	Implementation of integrated locality model across Rotherham
C&YP 5	Special Educational Needs and Disability (SEND) – Journey to Excellence	LD&MH 5	Improve community crisis response and intervention for mental health.	UC&C 5	Development of the re-ablement and intermediate care offer
C&YP 6	Implement 'Signs of Safety' for Children and Young People across partner organisations.	LD&MH 6	Implement Public Health 'Better Mental Health for All' Strategy	UC&C 6	Development of a coordinated approach to care home support.
C&YP 7	Transitions	LD&MH 7	Oversee delivery of Learning Disability Transforming Care		
		LD&MH 8	Support the implementation of the 'my front door' Learning Disability Strategy		
		LD&MH 9	Support the development of the Autism Strategy		

Summary of Performance against Milestones and KPIs

Children and Young People <i>56% of milestones are on track or complete and 53% of KPIs are on track</i> <i>4% of milestones are red</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	5	0	0	3	2	0	0
	2	<i>Still to be agreed</i>	N/A	N/A	N/A	N/A	N/A	N/A
	3	4	0	0	3	1	0	0
	4	3	0	0	3	0	0	0
	5	5	0	0	4	0	1	0
	6	4	1	0	1	2	0	0
	7	4	0	0	0	0	0	4
	No. of milestones	25	1	0	14	5	1	4
		% against total	4%	0%	56%	20%	4%	16%
No. of KPIs	17	0	0	9	3	0	5	
	% against total	0%	0%	53%	18%	0%	29%	

Mental Health and Learning Disability <i>52% of milestones are on track or complete and 38% of KPIs are on track</i> <i>19% of KPIs are red</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	4	0	1	1	1	0	1
	2	2	0	0	2	0	0	0
	3	3	0	0	3	0	0	0
	4	2	0	0	2	0	0	0
	5	3	0	0	2	1	0	0
	6	3	0	1	2	0	0	0
	7	3	0	0	0	3	0	0
	8	1	0	0	0	1	0	0
	9	2	0	0	0	2	0	0
No. of milestones	23	0	2	12	8	0	1	
	% against total	0%	9%	52%	35%	0%	4%	
No. of KPIs	16	0	0	6	3	3	4	
	% against total	0%	0%	38%	19%	19%	24%	

Urgent and Community <i>54% of milestones are on track or complete and 41% of KPIs are on track</i>	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	6	3	0	2	1	0	0
	2	3	1	0	2	0	0	0
	3	4	1	2	1	0	0	0
	4	7	4	0	3	0	0	0
	5	4	2	0	1	1	0	0
	6	4	0	1	3	0	0	0
	No. of milestones	28	11	3	12	2	0	0
		% against total	39%	11%	43%	7%	0%	0%
	No. of KPIs	17	0	0	7	1	0	9
	% against total	0%	0%	41%	6%	0%	53%	

MILESTONES

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

Chairs: Councillor Gordon Watson, RMBC/ Vice Chair, Dr Jason Page, CCG

Priority 1 C&YP – CAMHS Transformation Plan								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH1.1	Work with all stakeholders to review the RDaSH CAMHS ASD/ADHD diagnosis pathway.	Q4 18/19	G	G				Commenced in April 2018. Work is ongoing but taking longer than expected - still anticipating a Q4 completion.
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 18/19	G	A				Both services have evolved over the recent period and a high level meeting is required to understand if integration is still required/ necessary.
CH1.3	Improved CAMHS Crisis service out of hours.	Q4 18/19	G	A				Staff are being consulted on the proposal, but the project may be delayed due to wider South Yorkshire work underway.
CH1.4	Clarification of the pathways between the CAMHS service and Youth Offending Team (YOT) and 'Liaison & Diversion' service.	Q3 18/19	G	G				CAMHS are leading on an initiative to clarify pathways between the services. An initial meeting took place and a further meeting is planned to develop closer links.
CH1.5	Scoping out of a Schools 'CAMHS' service in line with the government 'Green Paper' recommendations	Q4 18/19	G	G				Ongoing. Post being jointly funded by Schools, RCGG and RDaSH. Service due to start in September, 2018.

Priority 2 C&YP – Maternity and Better births								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
TBC	TBC	TBC	TBC	TBC				TBC
TBC	TBC	TBC	TBC	TBC				TBC
TBC	TBC	TBC	TBC	TBC				TBC

Priority 3 C&YP – 0-19 Healthy Child Pathway								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH2.1	To map the 0-19 / RMBC pathways to identify opportunities for efficiencies and highlight any gaps.	Q4 18/19	BR	G				This is a two year project which aims to have an AS IS position by Q4 2018/19. Pathways mapping has begun and on track.
CH2.2	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 18/19	G	A				Plan for Locality EHA managers to attend area team meeting for 0 -19 teams to discuss EHA and process. Date to be confirmed. During Q1 3 EHA's were completed by the 0-19 service
CH2.3	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 18/19	G	G				During Q1 67 health practitioners accessed the ½ day SoS training.
CH2.4	We will work with partners to develop a tool and resources in order to capture the voice of the child Q4 18/19	Q4 18/19	G	G				Discussions have taken place between TRFT and the Head of Inclusion in CYPS to start planning.

Priority 4 C&YP – Acute and Community Integration								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH3.1	Embed the work of the rapid response team with referral routes established across the system Work with GPs and test direct referrals from General Practice to the Rapid Response Team	Q4 18/19	G	G				Work has commenced with Urgent and Emergency Care Centre (UECC) in April 2018 with the aim to reduce hospital admissions through the use of the Children's Rapid Response team. UECC can refer to the Rapid Response team directly and the Rapid Response team will provide on-going care in the community thereby avoiding hospital admissions. Update for Q1 - Childrens transformation group now established which will drive the improvements forward.
CH3.2	Establish links between Rapid Response Team and Early Help	Q3 18/19	G	G				Update for Q1 - An initial scoping meeting has taken place. Childrens transformation group now established which will drive the improvements forward.
CH3.3	Pilot a direct link between Children's Ward and Children's Service to support timely discharge plans	Q3 18/19	G	G				Update for Q1 - An initial scoping meeting has taken place. Childrens transformation group now established which will drive the improvements forward

Priority 5 C&YP – SEND								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH4.1	Develop Voices Action Plan	Q2 18/19	G	G				Meetings have taken place with young people to help in the development of the plan with further meetings scheduled during August.
CH4.2	Undertake the following in respect of Joint Commissioning : <ul style="list-style-type: none"> Implement the joint financial protocol and service specifications Implement the Special School Funding Model Review of SEMH Support Centres (PRUs) Review of Traded Models Review of service provision within the High Needs Budget 	Q4 18/19	G	G				In progress and on track
CH4.3	Create a plan to reduce placements outside Rotherham (including residential provision offer, Reduce OOA provision arrangements)	Q2 18/19	G	G				In progress and on track
CH4.4	Implement Phase 1 of the SEND Sufficiency Plan Complete building work resulting in additional provision at the following locations: <ul style="list-style-type: none"> SEND Hub (co-location of services) - Complete Cherry Tree / Kelford Schools (Open as SLD provision) Abbey School (20 additional places) 19-25 Provision (15 new college places) Rowan Centre (15 additional places) 	Q3 18/19	G	G				The SEND Hub is open with services in place and co-located. All building work is due to be completed on time enabling additional places to be available to the project timescales set.
CH4.5	Appoint a lead officer and implement the Joint Preparation for Adulthood Action Plan	Q1 18/19	G	R				Draft Joint Preparation for Adulthood Action Plan developed. There has been no progress made in respect of appointing a lead officer. This has been escalated to senior management.

Priority 6 C&YP – Implementation of ‘Signs of Safety’								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH5.1	The RLSCB will be sighted on the roll out to partners and this will include training to all levels of practitioner	Q2 18/19	A	A				The planned session with partners took place on 11/7/2018, and looked at the wider and different implementation options for agencies. Children’s Services have agreed on a whole system approach, which wouldn’t necessarily be the necessary option for other organisations. Some organisations could adopt the methodology and ethos in certain areas. Partners have been attending SoS half day partner briefings. The May and June 2018 sessions were well attended with nearly 200 on 4 dates. Feedback so far from partners about the sessions has been positive.
CH5.2	Phase 1 of roll out of training	Q3 18/19	G	G				Vast majority of SC and EH practitioners have attended 2 day training. Over 90 Practice leads within CYPs. 2 trainers are now accredited by signs of safety to deliver 2 day training, a further 4 will have completed this by Nov 18, this will assist with an offer to train partner agencies requiring 2 day training.
CH5.3	Phase 2 of roll out of training	Q4 18/19	BR	A				SM for QLD has met with VCS Rotherham following a leadership session held with SoS consultant on 11.7.18. VCS will facilitate scoping the training requirement for voluntary agencies. All training for 2018-19 for multi-agency partners is booked, 345 staff have attended so far with further sessions booked until March 2019. Partner staff are starting to access 2 day training.
CH5.4	Evaluation and next steps	Q4 18/19	BR	BR				Task and finish to be agreed from L and Improvement Subgroup to support oversight and development of wider training programme and package. Multi-agency partners to identify key staff to undertake 2 day training. VCS partners to identify key staff to undertake ½ day briefing and potentially progress to 2 day training. Alignment of inter-agency forms and documentation.

Priority 7 C&YP – Transitions								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH6.1	The Transitions team to work jointly with Children Young People Services (CYPS), health and education for all new referrals for young people aged 14 to 18 with an Education, Health and Care Plan (EHCP) / Care Needs Assessment (CAN) who may be in need of a social care assessment using the Preparing for Adulthood model.	Q3 18/19	BR	TBC				New Governance structure is in place Rotherham is adopting Preparing for Adulthood (PfA) model to ensure smooth transition to adulthood
CH6.2	Develop a transition pathway based on Preparing for Adulthood model	Q3 18/19	G	TBC				TBC
CH6.3	Create a data matrix of the full cohort and risk register	Q2 18/19	TBC	TBC				TBC
CH6.4	Publish transition pathway on the Council website	Q3 18/19	TBC	TBC				TBC

* Priority 2 is new and milestones will be included in Q2 Milestones for Priority

* Milestones CG6.1 – 6.4 to be confirmed in Q2

KEY PERFORMANCE INDICATORS

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

Chairs: Councillor Gordon Watson, RMBC/ Vice Chair, Dr Jason Page, CCG

No.	Description	Trajectory	Target	Priority	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH/ KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	G 99%				Target met in all 3 months. 99% average for the quarter.
CH/ KPI2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	G 98%				98% average for the quarter. Slight dip in May, but performance recovered to 100% in June
CH/ KPI3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%				Target met
CH/ KPI4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%				Target met
CH/ KPI 5	Increased Early Help Assessments completed by 0-19 practitioners to a minimum of 10 per month	Increase	10 per month	CH 2 - 0-19	A 3				Target agreed at 10 per month by Q4. Plan for Locality EHA managers to attend area team meeting for 0 -19 teams to discuss EHA and process During Q1, there were 3 EHA's completed by 0-19 practitioners. Only 14 were completed during all of 17/18 - it is anticipated that numbers will increase.
CH/ KPI 6	Evidence of voice of the child being considered in care planning through audit of individual records	Increase	25% sample	CH 2 - 0-19	To be reported in Q2				Discussions have taken place between TRFT and the Head of Inclusion in CYPS to start planning. Once the tool is developed this will be part of the documentation audits that occur in TRFT
CH/ KPI 7	Increase the number of referrals to Early Help from Acute Clinical Services* <i>*Hospital A&E, hospital Children's Ward, maternity ward and other department / ward</i>	Increase	TBA – Need baseline data before we can set a realistic target	CH 3 - C&A	To be reported in Q2				CYPS will report the numbers of referrals from the Acute services. A validation process will need to be agreed. 29 referrals in Q1
CH/ KPI 8.1 to 8.3	8.1 Reduction in the number of young people 16/17 year old who have SEND who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 3.9% NK 0.4% (combined 4.3%)	CH 4 - SEND	G 8.5% Combined				End June 2018: NEET 6.5% NK 2% (8.5%). Latest National (June): NEET 7% - NK 2.8% (9.8%). Indicator based on SEND Resident in Rotherham. Performance success is measured by NCCIS national comparison data. Performance is strong when compared with national comparators for the same period.

	8.2 Reduction in the number of young people 18/19 year old who have SEND who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 2.9% NK 4.1% (7%)	CH 4 - SEND	G 13.7% Combined			End June 2018: NEET 3.0% - NK10.7% (13.7%). Indicator based on SEND Resident in Rotherham. Local measure and therefore doesn't have any comparison data available.												
	8.3 Reduction in the number of young people 20-24 year old who are NEET or Not Known	Reduce	Q4 – 17/18 was NEET 0.8% NK 11.2% (combined 12%)	CH 4 - SEND	G 13.6% Combined			End June 2018: NEET 1.6% - NK 12% (13.6). Latest National (June 18): NEET 14% - NK 66.3% (80.3%). Indicators based on SEND Resident in Rotherham. Performance success is measured by NCCIS national comparison data. Performance is strong when compared with national comparators for the same period.												
CH/ KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 4 - SEND	G 1			40 SEND Permanent exclusions between April 17-Mar 18. Currently 1 as at Q1												
CH/ KPI 10	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 4 - SEND	A 90.2%			As at the end of Quarter 1 (June 18) there were 190 CYP in an OOA provision out of 1939 CYP who have a EHCP in place (This is 57 Post -16 CYP and 133 other). 1749 CYP (from 1939) in a Local provision. A Sufficiency Plan has been developed and is currently being implemented which will increase the local authority special placements available, allowing those children currently placed OOA to be placed within authority provision where appropriate. The first of these placements will be available in September 2018 with the remaining placements on track to be available during 2018/19.												
CH/ KPI 11	Number of practitioners from across the Multi-agency partnership who have accessed the Rotherham Family Approach and Signs of safety Training (½ days and extended 2 day for safeguarding leads).	Increase	TBA 17/18 baseline = 0	CH 5 - 'Signs of Safety'	G 345			To date 345 attended - breakdown: <table border="1"> <tr> <td>Children Centres</td> <td>19</td> <td>Schools</td> <td>82</td> </tr> <tr> <td>NHS/Health</td> <td>67</td> <td>Business Support</td> <td>21</td> </tr> <tr> <td>Adult services</td> <td>71</td> <td>YWCA</td> <td>15</td> </tr> </table> <p>Difficult to put a target on this as we would need to know all workforce numbers involved.</p>	Children Centres	19	Schools	82	NHS/Health	67	Business Support	21	Adult services	71	YWCA	15
Children Centres	19	Schools	82																	
NHS/Health	67	Business Support	21																	
Adult services	71	YWCA	15																	
CH/ KPI 12	An increase in the conversion rate from contacts to referrals from Partnership agencies highlighting a better shared understanding & assessment of risk and threshold - Evidence of embedding the change & maximising impact.	Increase	50% by Q4	CH 5 - 'Signs of Safety'	A 28.9%			28.9% of contacts from partner agencies in Q1 went on to a referral i.e. police, schools and health. This is currently amber – because we have commenced multiagency training re signs of safety and we are offering coaching discussion at the front door when we receive contacts that do not convert. Next steps are to broaden the signs of safety offer and work towards a more unified Early Help and CYPS front door. We also need to do some work across the partnership around exploring the role of CYPS in the continuum of need.												

CH/ KPI 13	Number of out of Borough residential placements	Reduce	TBA	CH 6 - Transitions	TBC				TBC
CH/ KPI 14	Ofsted CQC ratings for services used for transitions	Increase	TBA	CH 6 - Transitions	TBC				TBC
CH/ KPI 15	Numbers of SEND Tier 1 tribunal applications	Reduce	TBA	CH 6 - Transitions	TBC				TBC

* KPIs 13 – 15 to be updated for Q2

* KPIs for Maternity and Better Births to be included in Q2

MILESTONES

MENTAL HEALTH AND LEARNING DISABILITY TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

Priority 1 MH - IAPT								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH1.1	Identify and agree workforce development and training requirements (LTC & Core) - IAPT	Q1 18/19	G	G				On track – trainers graduated in June, 2 additional in August. Clinically operational in September.
MH1.2	Apply for NHS England LTC training (training commences October-18 & March-19) – IAPT	Q1 18/19	G	B				NHS E funding received, staff scheduled for training as planned
MH1.3	All GP practice review support visits completed - IAPT	Q4 18/19	G	TBC				TBC
MH1.4	Delivery of 5 year forward IAPT 18/19 plan - IAPT	Q4 18/19	A	A				Links to M1.1 - not currently on track to deliver Q1 target, however, additional trainers will be operational in September.

Priority 2 MH - Dementia Diagnosis and Support								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH2.1	Review dementia diagnosis pathway	Q4 17/18	G	G				On track – performance above national target, increasing numbers of dementia diagnosis in primary care.
MH2.2	Develop new dementia pathway for post diagnostic care	Q4 18/19	BR	G				Clinically led review of Rotherham dementia care pathway commenced in Q1, with consideration of new NICE guidelines

Priority 3 MH - Delivery CORE 24 MH Liaison Services								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH3.1	Funding received to support expansion of service to CORE 24 compliance	Q2 18/19	G	G				Successful NHS E funding bid, to be received in Q2.
MH3.2	CORE 24 standards delivered in Rotherham.	Q2 18/19	G	G				On track – a full implementation plan developed and agreed between CCG and RDASH on track for delivery in Q2
MH3.3	Core 24 Service self-sustaining. – 19/20 onwards	Q1 19/20	G	G				On track – initial dialogue undertaken between partners to identify opportunity for sustainability in 19/20

Priority 4 MH - Transform Ferns Ward								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH4.1	Implementation of agreed model of provision at Ferns and continuous evaluation	Q3 18/19	G	G				On track – clinically developed model in place, continuous review and refinement of model
MH4.2	Agree long-term model and funding source for Ferns.	Q3 18/19	G	G				Funding for 18/19 agreed. Full evaluation being developed by system partners to determine long-term sustainability

Priority 5 MH - Improve Community Crisis Response (including Core Fidelity, suicide-prevention)								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH5.1	Complete CORE Fidelity review, recommendations and action plan for improvement (including investment requirements)	Q4 18/19	G	G				Core Fidelity Review completed, Action Plan in development.
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan	Q4 18/19	BR	G				System wide discussion with the National Team to identify opportunities for SYB system wide suicide prevention schemes
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 18/19	A	A				Milestone revised to deliver in Q3 in light of Suicide prevention ICS work and peer review in September

Priority 6 MH – Public Health: Better Mental Health for All Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH6.1	Launch of Five Ways to Wellbeing campaign	Q1 18/19	G	B				Launch complete
MH6.2	Five Ways communication and marketing plan for 2018/19 - agreed and delivered by partners	Q1 18/19	G	G				On track. VAR and RMBC covered Give and Active respectively. In September the colleges are leading on Learning and the CCG is leading on Connect in October
MH6.3	Evidence of integration of Five Ways messages within provider and commissioned services	Q4 18/19	A	G				Good progress being made. Discussions are taking place with adults services, children's services to take place

Priority 7 LD – Oversee Delivery of Transforming Care								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD7.1	RMBC and CCG to agree process for funding learning disability joint placements	Q2 18/19	NEW	A				Drafted decision making framework shared across all partners for consideration
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 18/19	NEW	A				Implementation of joint review of Transforming Care caseload commenced
LD7.3	Commissioning solutions to be in place to meet national deadline	Q4 18/19	NEW	A				Close partnership working across the system has taken place to identify possible placement opportunities for identified transforming care caseload

Priority 8 LD – Support the Implementation of the My Front Door – Learning Disability Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD8.1	Delivery of joint Learning Disability transformation strategy	Q4 19/20	NEW	A				Action Plan in response to strategy in development, system partners considering adoption of LD strategy

Priority 9 LD – Support the development of an Autism Strategy								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
LD9.1	Complete the development of the Autism Strategy (including Action Plan)	Q3 18/19	NEW	A				Draft Autism strategy in development through Autism Strategy Group
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	NEW	A				Initial clinically led dialogue undertaken to scope opportunities for development of pathway

KEY PERFORMANCE INDICATORS

LEARNING DISABILITY AND MENTAL HEALTH TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

No.	Description	Trajectory	Target	Priority	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
MH/KPI 1	Percentage of people referred to IAPT commencing treatment within 6 weeks of referral.	Maintain	75%	MH 1 - IAPT	G 78.3%				Q4 was 94.4%, performance has dipped in June, although still achieving above target. Additional trainers graduated – should see impact on performance
MH/KPI 2	% Compliance of those who have entered (i.e. received) treatment as a proportion of people entering treatment with anxiety or depression Qtrly target % Qtr1 = 4.34%; Qtr 2 = 4.48%; Qtr 3 = 4.61%; Qtr 4 = 4.75%	Increase	19% Accumulative total of population with depression - reported to NHSE	MH 1 - IAPT	R 3.84%				Trainers recruited in Q1 (as per MH1.1 milestone), agency staff had been used in 2017/18. Performance dipped due to reduced caseload while in training. Expectation that performance will improve by Q2
MH/KPI 3	% of people who have completed treatment having attended at least 2 treatment contacts and are moving to recovery	Increase	≥ 50%	MH 1 - IAPT	G 59.1%				May compliance is 59.1% against the 50% target. The service continues to achieve against the KPI
MH/KPI 4	Dementia diagnosis rates (%)	Maintain	National = 67% Local = ≥80%	MH 2 - Dementia	G 83.5%				National target is 67%. Local target set to maintain or improve on 80%. June performance was 83.5%
MH/KPI 5	% of GP practices achieving 62% of Post diagnostic support plan recorded in last 12 months	Increase	TBC	MH 2 - Dementia	TBC in Q2				Baseline is 62% based on Rotherham GP practices current average / 39% currently equal to or above 62%. Performance to be reported on a 6 monthly basis
MH/KPI 6	Urgent and emergency MH response within 1 hour of receiving an urgent referral (Core 24 liaison)	Increase	95%	MH 3 – Core 24	R 58%				Referrals Adults Q1 = 150 / OP = 13. Combined 163. Within 1 hour Adults Q1 87 / OP = 8. Combined 95. Q1 = 58%. Service not currently provided 24/7. 24/7 service is expected to commence end of Sept/beg of Oct. Performance is then expected to increase to 95%
MH/KPI 7	Average length of stay (Ferns)	Decrease	28 days	MH 4 - Ferns	R 47				Q1 average LOS = 47 days. April 43, May 48.8, June 49.8. Issues allocating a Social Worker and gaining input causing delays. Ward procedures being amended so discharge planning begins earlier. Can be issues with expectations around discharge destinations changing

MH/KPI 8	To reduce the suicide rate by 10% from the 2013-15 baseline (14.2 per 100,000)	Decrease	10% reduction against the 2013-2015 baseline by 2019-2021	MH 5 - Crisis	TBC in Q3				We will report on this metric once per year. The metric is reported over a rolling 3 year period due to the small numbers involved. The next three year data (2015-2017) will be available in November 2018.
MH/KPI 9	Referrals who require a Face to Face assessment who were seen within 4 Hours % Compliance (crisis)	Increase	≥95%	MH 5 - Crisis	G 100%				May compliance is 100% against the 95% target.
LD/KPI 10	Ensure that patients receive a CETR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: adults.	Increase	95%	LD 7 - Transforming Care	G				On track
LD/KPI 11	Ensure that patients receive a CETR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: children.	Increase	95%	LD 7 - Transforming Care	G				On track
LD/KPI 12	Ensure that patients in an Assessment and Treatment Unit receive a Care and Treatment Review (CTR) every 6 months.	Increase	100%	LD 7 - Transforming Care	A				One individual CTR delayed by 1 month – this will be resolved in the next 6 weeks.
LD/KPI 13	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – <i>Local Reporting</i>	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds	LD 7 - Transforming Care	A				Local and TCP trajectories are off track with 4 patients in hospital beds.
LD/KPI 14	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A 124				CCG I&AF, requirement to agree a trajectory as part of 1819 planning –reported quarterly. Trajectory is: Q1 159, Q2 159, Q3 318, Q4 423 Achieved 124 against target of 159 in Q1, however only 19 practices submitted their figures so we may have achieved the target.
LD/KPI 15	Proportion of adults with a learning disability in paid employment	Increase	TBC	LD 8 - LD Strategy	TBC				ASCOF 1E
LD/KPI 16	Proportion of adults with a learning disability who live in their own home or with their family	Increase	TBC	LD 8 - LD Strategy	TBC				ASCOF 1G

* KPIs for Mental Health for All and Autism are being considered, this will be updated for Q2

* KPI 6 and 7 to be updated for Q2

MILESTONES

URGENT CARE AND COMMUNITY TRANSFORMATION GROUP

Chairs: Chris Holt, TRFT and Anne Marie Lubanski RMBC

Priority 1 UC&C - Integrated Point of Contract

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 1.1	Transfer mental health referrals to the Care Co-ordination Centre	Q2 18/19	A	A				TRFT/RDaSH. LD referrals transferred. It was agreed to place the transfer of mental health referrals on hold whilst RDaSH implanted a new patient record system. Out of hours (OOH) provision has been prioritised at RDaSH' request due to business need. This is the most complex area. Crisis workers will co-locate with the CCC OOH to support staff. More transition time will be required before older peoples referrals transfer.
UC 1.2	Agree joint working arrangements between Integrated Rapid Response/Care Co-ordination Centre /Single Point of Access to test the models.	Q2 18/19	G	G				Time limited pilot conducted between community nursing and SPA. A mental health pilot is underway
UC 1.3	Co-locate Care Co-ordination Centre with Integrated Rapid Response	Q3 18/19	G	G				On track
UC 1.4	Evaluate joint working arrangements between health and RMBC Single Point of Access	Q3 18/19	BR	BR				Not due to start
UC 1.5	Partners agree integrated service model for Single Point of Access and Care Co-ordination Centre	Q4 18/19	BR	BR				To be informed by above milestones
UC 1.6	New service model in place	Q2 19/20	BR	BR				To be informed by above milestones

Priority 2 UC&C - Integrated Rapid Response (Phase 1)

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 2.1	Complete separation of planned/unplanned activity within District Nursing	Q2 18/19	G	G				On track
UC 2.2	Co-locate the unplanned and Integrated Rapid Response teams	Q3 18/19	G	G				On track - links with 1.3
UC 2.3	Incorporate unplanned specialist community nursing work into the Integrated Rapid Response team	Q1 19/20	G	BR				Milestone has been reviewed and moved to Q1 19/ 20 (from Q2 18/ 19) to reflect the volume/complexity of change impacting on Integrated Rapid Response

Priority 3 UC&C - Integrated Discharge (Phase 2)

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 3.1	Appointment of Integrated Service Manager	Q2 18/19	G	B				Complete
UC 3.2	Appointment of Ward Co-ordinator Roles	Q2 18/19	G	B				Complete
UC 3.3	Partners approve Service Model (incl. team structure and 7/7 working and front door interface)	Q4 18/19	G	G				On track
UC 3.4	Implement new model	Q2 19/20	BR	BR				Development activity will inform model. Drafting of model will be taken forward by service lead

Priority 4 UC&C - Integrated Locality Pilot (Phase 2)

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 4.1	Map of current resources in each Partnership area for all organisations complete	Q3 18/19	G	G				On track. Dependent on partners providing information
UC 4.2	Agree outcome framework with partners - identify joint outcomes, agree governance and identify accountable officers for delivery within provider organisations	Q3 18/19	G	G				On track
UC 4.3	Hold launch workshops (to agree work plans and targets and working principles)	Q3 18/19	G	G				On track - engagement event scheduled for September
UC 4.4	Partnership leadership teams agreed by partners	Q3 18/19	BR	BR				Team leader and senior team to be informed by above milestones
UC 4.5	Team configuration agreed by partners	Q4 18/19	BR	BR				To be informed by above milestones
UC 4.6	Implementation plan for full roll out agreed by partners	Q4 18/19	BR	BR				To be informed by above milestones
UC 4.7	Agree Long Term Conditions LES to ensure that it links with the localities	Q1 19/20	BR	BR				Not due

Priority 5 UC&C – Home First Model: Reablement and Intermediate Care

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 5.1	Carry out financial modelling of current pathways	Q2 18/19	G	G				On track
UC 5.2	Programme lead to develop a comprehensive milestone and action plan for delivery of this priority	Q2 18/19	New	A				There are a complex range of projects within this priority that require an overarching approach
UC 5.3	Develop draft service model and service specifications for reablement, intermediate Care and Home First	Q4 18/19	New	BR				To be informed by above milestones
UC 5.4	Phase 1 of new service model implemented	Q4 18/19	BR	BR				To be informed by above milestones

Priority 6 UC&C - Care Home Support

No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC 6.1	Local implementation of Red Bag Scheme	Q1 18/19	G	B				Complete
UC 6.2	Implement and evaluate care home pilots: Trusted Assessor, Telehealth and End of Life	Q1-Q3 18/19	G	G				On track
UC 6.3	Review training requirements for Care Home staff to enable effective delivery of service	Q4 18/19	G	G				This will be ongoing as new ways of working are developed and implemented.
UC 6.4	Continue to ensure the Care Home LES is fit for purpose	Q4 18/19	G	G				The Care Home LES continues to be reviewed to ensure it is fit for purpose

KEY PERFORMANCE INDICATORS

No.	Description	Trajectory	1819 Target	Priority(ies)	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC/ KPI 1	SPA - Percentage of people provided with information and advice at first point of contact (to prevent service need) - <i>ASCOF</i>	Increase	2750	UC 1 - IPC	G 884				In council plan On track
UC / KPI 2	CCC – Number of GP urgent admissions to AMU (including those referred through CCC) (TRFT KPI suite)	Increase	3150 threshold	UC 1 – IPC UC 5 – IC /Reab	G 432				On track
UC/ KPI 3	Percentage of new clients who have had a formal social care assessment completed this year, that went on to receive long term social care support - <i>ASCOF</i>	Reduction	<i>TBC</i>	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	<i>TBC</i>				To be confirmed in Q2
UC / KPI 4	Proportion of new clients who receive short term (enablement) service in year with an outcome of no further requests made for support - <i>ASCOF 2d</i>	Increase	83%	UC 1 – IPC UC 2 – IRR UC4 – Int Loc UC 5 – IC /Reab	G 89%				In council plan On track
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ <i>BCF/ASCOF 2a (2)</i>	Decrease	140.69	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	G 124.83				Target being met
UC/ KPI 6	Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services – <i>BCF/ ASCOF 2B (1)</i>	Increase	89%	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	N/K until Q3/4				In council plan. No. of discharges between Oct – Dec counted each year. Exercise from 1 Jan to contact all patients to confirm how many still at home 91 days later. 2017/18 target was 88%, actual 82.75%.
UC/ KPI 7	Reduce non elective admissions (BCF)	Reduction	2359	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	G 2298				As at April 2298 Further work to take place to establish a metric for over 65's.
UC/ KPI 8	Number of emergency re-admissions within 30 days of hospital discharge (all age) - <i>BCF</i>	Reduction	<i>TBC</i>	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	<i>TBC</i>				This data used to be available nationally. CCG working on a local solution which will be available in a few months. Check if this can be for over 64's. To be confirmed in Q2
UC/ KPI 9	Length of stay in hospital (over 64's)	Reduction	<i>TBC</i>	UC 2 - IRR UC 4 – Int Locality	<i>TBC</i>				No LOS target, TRFT have a local target. Check if this can be for the over 64's. To be confirmed in Q2
UC/KPI 10	Reducing long lengths of stay (super stranded patients)	Reduction	39 = 10% reduction on 17/18	UC 2 - IRR UC 4 – Int Locality	<i>TBC</i>				As per national guidance and as in the Winter Plan. Baseline = Beds occupied with long stay patients 2017/18. To be confirmed in Q2

UC/KPI 11	Number of patients discharged to their usual place of residence (over 64's)	Increase	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				Current data shows 90+% of people are coded as going back to usual place of residence – further work to take place to analyse and establish a more appropriate data collection. To be confirmed in Q2
UC/KPI 12	Intermediate Care - Average length of stay (general rehabilitation) (beds only)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/KPI 13	Intermediate Care - Average length of stay (specialist rehabilitation) (beds only)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/KPI 14	Intermediate Care - Late discharge - LOS > 6 weeks (general rehabilitation)	Reduce	TBC	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	TBC				
UC/ KPI 15	Delayed transfer of care from hospital (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 2.1%				Following the on-going implementation of an action plan across partners, performance has significantly improved. May 18 provisional performance is 2.1%.
UC/ KPI 16	Number of A&E attendances from care home residents (local)	Reduction	1500	UC 6 – Care Homes	A 400				RAG rate based on April 145, May 133, June 122 = 400. Qtr average = 375 – so slightly above expected
UC/ KPI 17	Percentage of attendances that resulted in hospital admission	Reduction	72%	UC 6 – Care Homes	G 72.3%				On track

*KPI's 3, 8, 9, 10 and 11 to be updated for Q2 – some further analysis required

*KPI 6 is collected annually and will be available Q3/4

*KPI's 12, 13 and 14 further work is to take place to establish an appropriate set of metrics for LOS (general and complex) that will promote independence