

Rotherham Integrated Care Partnership

Rotherham IH&SC Place Board – 3 July 2019 (public)

Quarter 4 Performance Report for ICP Place Plan

Lead Executive	Ian Atkinson - Deputy Chief Officer, NHS Rotherham CCG
Lead Officer	Lydia George - Strategy and Delivery Lead, NHS Rotherham CCG / Rotherham ICP

Purpose

For members to note the progress with delivery of the ICP Place Plan as at the end of Quarter 4 2018-19.

Background

A performance report for the ICP Place Plan has been developed so that ICP Place Board members can assess its progress against key priorities and on its implementation of the plan. The performance report includes a small set of milestones and key performance indicators (KPIs) for each of the priorities beneath the three transformational areas.

The performance report will be reported 4 times a year and received at ICP Place Board in September, December, March and June/July.

The performance report will also be received at the Health and Wellbeing Board.

Analysis of key issues and of risks

The following narrative summarises the highlights within the report in comparison to the quarter 3 position, further detail can be found within the report itself.

Children and Young People

Milestones

- In Q4 67% of milestones are on track or complete compared to 63% in Q3
- In Q4 no milestones are of concern compared to 4% in Q3
- 2 have deteriorated, 5 have improved and 1 is still to be confirmed

KPIs

- In Q4 53% of KPIs are on track compared to 47% in Q3
- In Q4 10% of KPIs are of concern compared to 16% in Q3
- The 2 red indicators are: 11.1 Reduction in the number of young people 16/17 year old who have SEND who are NEET or Not Known, and Reduction in the number of exclusions

Mental Health and Learning Disabilities

Milestones

- In Q4 65% of milestones are on track or complete compared to 57% in Q3
- In Q4 no milestones are of concern, the same as in Q3
- 1 has deteriorated and 4 have improved

KPIs

- In Q4 69% of KPIs are on track compared to 63% in Q3
- In Q4 12% of KPIs are of concern the same as Q3
- 1 has deteriorated and 2 have improved
- The 2 red indicators are: Average length of stay (Ferns) and Proportion of adults with a learning disability in paid employment

Urgent and Community

Milestones

- In Q4 50% of milestones are on track or complete, compared to 54% in Q3 – this is due to Integrated Localities and Intermediate Care / Reablement to be determined
- In Q4 no milestones are of concern, which is the same as Q3
- None have deteriorated and 4 have improved
- It should be noted that there are 2 milestones in relation to Integrated Localities and 1 in relation to Intermediate Care /Reablement where the RAG rate is to be determined, this in light of new guidance / outcome of business case

KPIs

- In Q4 70% of KPIs are on track, compared to 75% in Q3
- In Q4 6% of KPIs are of concern, compared to none in Q3
- 1 has deteriorated, this is red and is: New permanent admissions to residential nursing care for adults – 65+ *BCF/ASCOF 2a (2)/ BCF (per100,000)*

Approval history

ICP Delivery Team – =15/05/2019

ICP Place Board (confidential) – 05/06/2019

ICP Place Board (public) – 03/07/2019

Recommendations

Members are asked to:

- Note the performance for Q4, and that overall it is a very similar position to the Q3 position, although overall the shift to milestones that are complete is positive over the year.
- Note that a new performance framework will be developed for 2019/20, this will incorporate the learning from this first year.

Rotherham Integrated Care Partnership

Performance Report: Quarter 4

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	3 July 2019

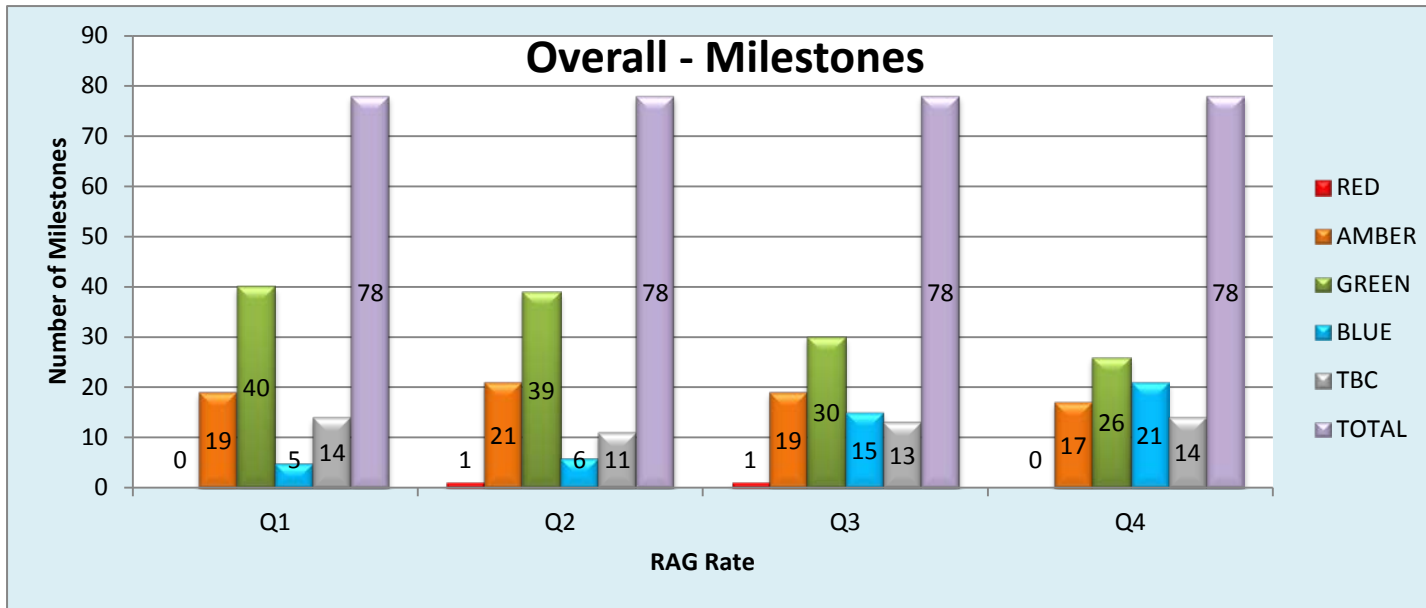
Key to ratings:

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:

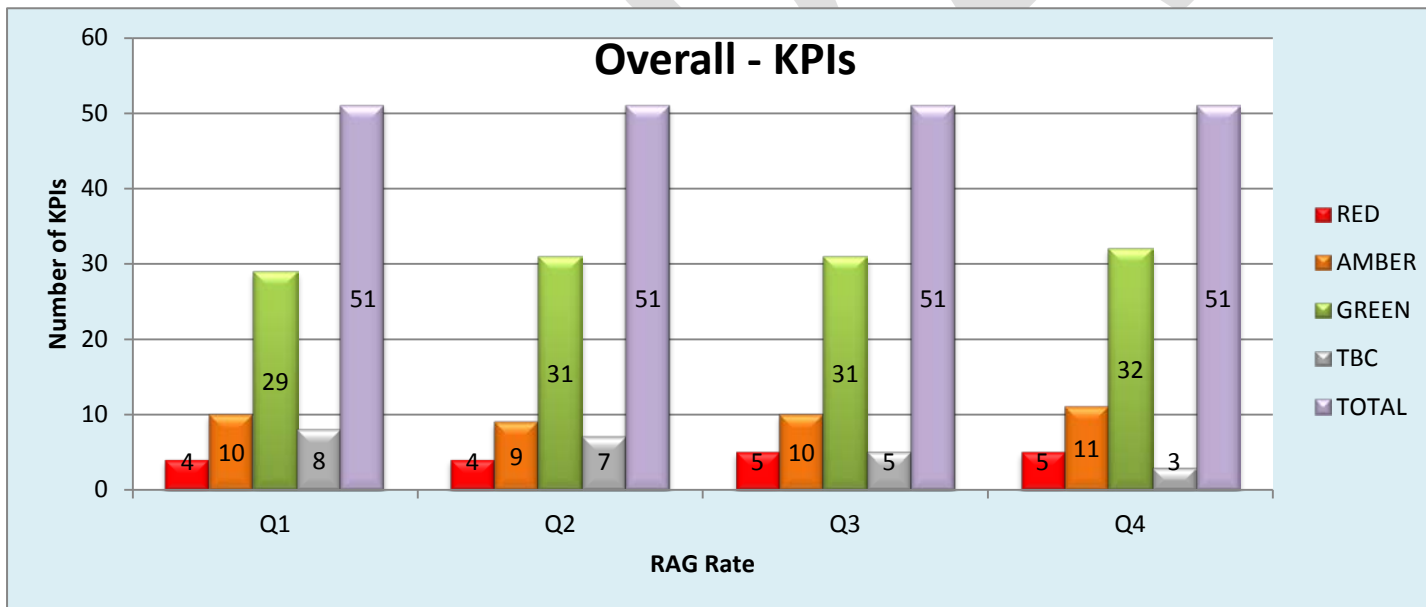
Children and Young People		Mental Health and Learning Disability		Acute and Community	
C&YP 1	Implementation of Children and Young People Mental Health Services (CAMHS) Transformation Plan	LD&MH 1	Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service	UC&C 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 working 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 Quarter 1 - 4



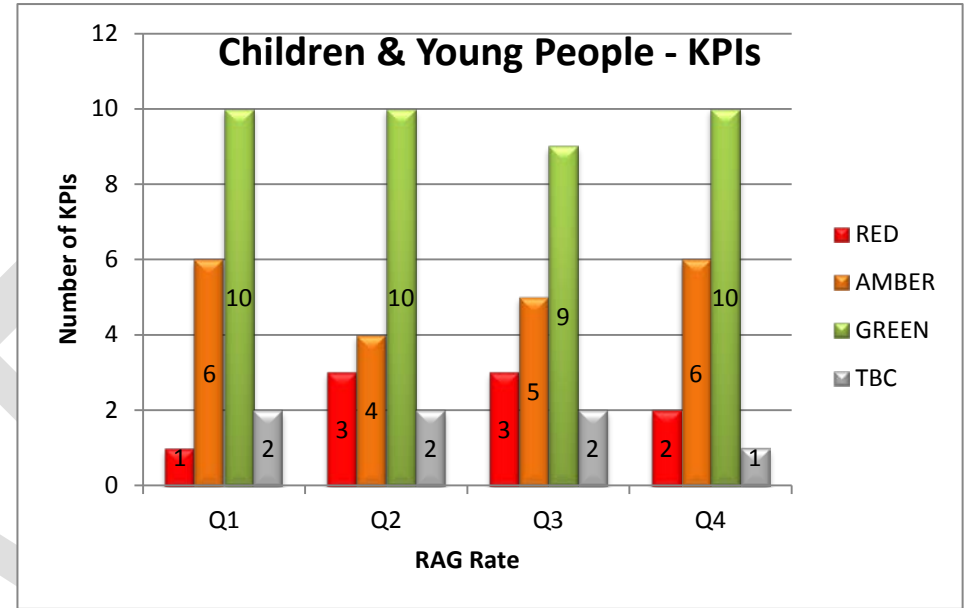
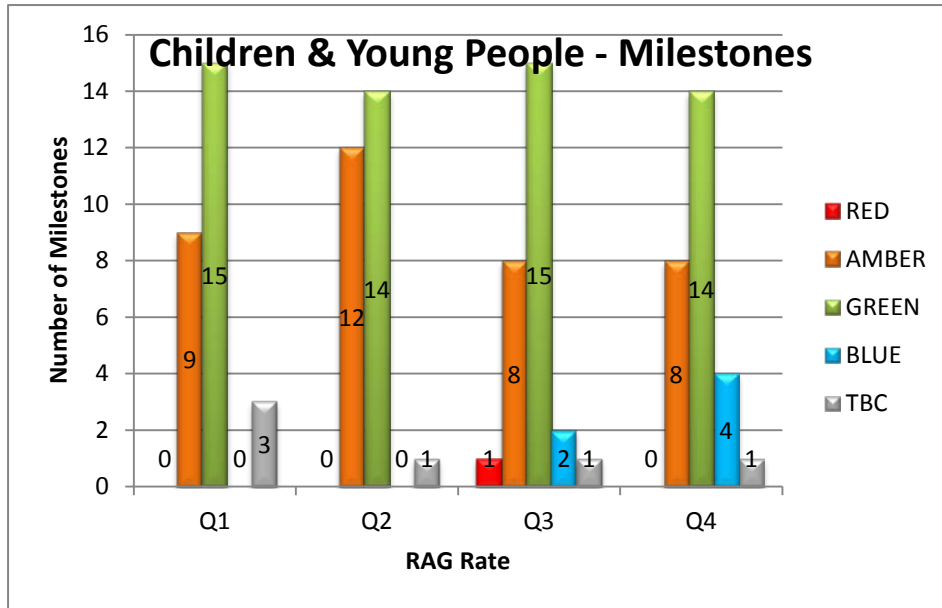
Of note:
 The number of milestones either **TBC** or **Amber** (started but not on track) has remained very similar for Quarters 1 – 4.

The combined number of milestones either **green or blue** (on track or complete) has remained the same through Quarters 1 – 4, although there has been a significant shift to the number complete.



Of note:
 The overall figures show that there has been little fluctuation in performance over Quarters 1 – 4 for **any** of the RAG ratings.

Overview of Children and Young People Performance



The RAG rate of milestones and KPIs by priority are shown in the table below:

Children and Young People	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	5	0	0	2	3	0	0
	2	3	0	0	0	3	0	0
	3	4	0	0	2	2	1	0
	4	3	0	0	3	0	0	0
	5	4	0	2	2	0	0	0
	6	4	1	0	3	0	0	0
	7	4	0	2	2	0	0	0
	No. of milestones	27	1	4	14	8	0	0
	% against total	3%	15%	52%	30%	0%	0%	
No. of KPIs	19	0	0	10	6	2	1	
	% against total	0%	0%	53%	32%	10%	5%	

In Q4 67% of **milestones** are on track or complete compared to 63% in Q3
In Q4no **milestones** are of concern compared to 4% in Q3

In Q4 53% of **KPIs** are on track compared to 47% in Q3
In Q4 10% of **KPIs** are of concern compared to 16% in Q3

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	G	A	G	Commenced in April 2018. Work is ongoing in light of concerns about waiting times for diagnosis. A new model for sensory support has been developed with SEND Strategy Board for approval. This is a long term area of work and will continue into 2019/20 further understanding is required of the waiting list profile in order to identify appropriate commissioning options.
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 18/19	G	A	A	A	A	The CAMHS locality model is now embedded. Early Help and CAMHS work together. CAMHS is co-located within the Special Educational Needs and Disabilities (SEND) hub at Kimberworth Place. Partners will adopt the principle of “no wrong door” rather than the physical integration of the two services points of access – which could potentially de-stabilise the strong links already working with SEND services. Trailblazer work will strengthen links between CAMHS and schools.
CH1.3	Improved CAMHS Crisis service out of hours.	Q4 18/19	G	A	A	A	A	This is a long term area of work. Recent Changes in the guidance relating to adult mental health crisis service will have implications for developing an all-age crisis service.
CH1.4	Clarification of the pathways between the CAMHS service and Youth Offending Team (YOT) and ‘Liaison & Diversion’ service.	Q3 18/19	G	G	G	G	A	The bid for a dedicated CAMHS worker was not progressed due to capacity and staff changes, however this will be revisited in 19/20 to identify if establishing this pathway remains a priority. Current data identifies that no children and young people who are open to the Youth Offending Team have a CAMHS involvement
CH1.5	Scoping out of a Schools ‘CAMHS’ service in line with the government ‘Green Paper’ recommendations	Q4 18/19	G	G	G	G	G	The trailblazer bid was successful and is at implementation phase.

Priority 2 C&YP – Maternity and Better births								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH2.1	*Transformational Funding Plan finalised and agreed at LMS Board and through partners governance arrangements as appropriate	Q3	A	A	A	G	G	The Rotherham Transformation Funding Plan has been through The Rotherham Clinical Commissioning Group and TRFT Maternity Better Births Governance Group and is now being monitored via the Better Births Group which is monthly.
CH2.2	Local leadership and governance in place to deliver on the strategy (Better Births Group)	*Q3	A	A	A	G	G	The Rotherham Maternity Better Births Group is now established and commenced from December 2018 and is a monthly Group. There are a number of Sub Groups that report into the Better Births Group that are progressing the actions required for each of the Key Lines of Enquiry.
CH2.3	Formalised community maternity hubs in north, central and south areas of the borough.	*Q4 (2 of the 3)	A	A	A	A	G	Discussions taking place to identify community maternity hub venues in the central and north areas of the borough. We are aiming utilise the contact centres and develop them into community Midwifery Hubs South- Aston & Maltby contact centre both have suites of rooms which are booked to community midwifery for antenatal care. The Maltby Hub has antenatal, GTT testing, birth workshops and postnatal clinics, Aston Hub has antenatal care with rooms available for postnatal care and birth workshop once the CoC team is in place. North- Rawmarsh Contact Centre is the 3rd hub. Central - looking at an option and exploring the use of RCHC.

*the target date is dependent upon achieving the target date for milestone 1

Priority 3 C&YP – 0-19 Healthy Child Pathway								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH3.1	To map the 0-19 / RMBC pathways to identify opportunities for efficiencies and highlight any gaps.	Q4 18/19	BR	G	G	G	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.
CH3.2	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 18/19	G	A	A	R	A	There has been a slight improvement in completion of EHA's (8). This is likely to continue and currently there are 36 EHA's in the process of being completed
CH3.3	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 18/19	G	G	G	G	A	Health practitioners accessed the ½ day SoS training. Total number for health 156; number of 0 -19 practitioners is: 58 out of 97 = 60%
CH3.4	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	G	G	G	90 % of 0 -19 service clinical records evidence the capture voice of the child

Priority 4 C&YP – Acute and Community Integration								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH4.1	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	G	G	G	No change due to capacity within the team due to sickness/absence/vacancy
CH4.2	Establish links between Rapid Response Team & Early Help	Q3 18/19	G	G	G	G	G	No further update
CH4.3	Pilot a direct link between Children’s Ward and Children’s Service to support timely discharge plans	Q3 18/19	G	G	G	A	G	No further update

Priority 5 C&YP – SEND								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH5.1	Develop Voices Action Plan	Q2 18/19	G	G	G	B	B	Voices Action Plan is in place and overseen by SEND Strategic Board.
CH5.2	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	G	G	G	Multiple workstreams are in place and on track to support joint commissioning arrangements and reduce budget pressures.
CH5.3	Create a plan to reduce placements outside Rotherham (including residential provision offer, Reduce OOA provision arrangements)	Q2 18/19	G	G	A	A	G	Send Sufficiency Strategy has gone to Cabinet. Commissioning places on track and on target..
CH5.4	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	G	B	B	The SEND Hub is open with services in place and co-located. New provisions as identified in SEN Sufficiency phase 1 are complete and educating children.

Priority 6 C&YP – Implementation of ‘Signs of Safety’								
No.	Description	Target	Progress					Comments
			Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	
CH6.1	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	A	G	G	The planned session with partners took place on 11/7/2018, and looked at the wider and different implementation options for agencies. The wider training plan has been developed and will be shared at the L&I sub group of the LSCB on the 11/3/19. Partners have continued to attend SoS half day partner briefings. The future training plan includes expansion of the current CYPS practice lead sessions to support a partnership approach to embedding SoS at the heart of our Safeguarding practice.
CH6.2	Phase 1 of roll out of training	Q3 18/19	G	G	G	G	G	All of current SC and EH practitioners have attended 2 day training. Over 90 Practice leads within CYPS. We had 6 in house trainers a number of whom have supported phase 1 of the half day briefing sessions for partners. Dates are now set for the rest of the 2018-2019. This is therefore converted to complete as it is business as usual
CH6.3	Phase 2 of roll out of training	Q4 18/19	BR	A	A	G	G	All training for 2018-19 for multi-agency partners is booked, 500 staff have attended so far with further sessions booked until March 2019. The wider training plan has been developed and shared at the L&I sub group of the LSCB.
CH6.4	Evaluation and next steps	Q4 18/19	BR	BR	BR	BR	BR	Task and finish to be agreed from L and Improvement Subgroup to support oversight and evaluation. Alignment of inter-agency forms and documentation underway with conference reports developed and EMARF under development.

Priority 7 C&YP – Transitions								
No.	Description	Target	Progress					Comments
			Q4 1718	Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH7.1	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	G	G	G	G	New Governance structure is in place Rotherham is adopting Preparing for Adulthood (PfA) model to ensure smooth transition to adulthood
CH7.2	Develop a transition pathway based on Preparing for Adulthood model	Q3 18/19	G	A	A	A	A	A draft pathway has been developed for young people with high support needs (green). Further consideration is required to ensure inclusion of universal and targeted help groups. This is being developed and so will retain amber. Nominated individuals from Education will be engaged to actively support the development of this element.
CH7.3	Create a data matrix of the full cohort and risk register	Q2 18/19	TBC	TBC	A	G	G	The data matrix has now been completed and is operationally supporting strategic decision making.
CH7.4	Publish transition pathway on the Council website including Local Offer	Q3 18/19	TBC	TBC	A	A	A	Link to CH7.2 – pathway in development. It is proposed that the high level needs pathway is published on completion of the full activity.

DRAFT

KEY PERFORMANCE INDICATORS

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

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

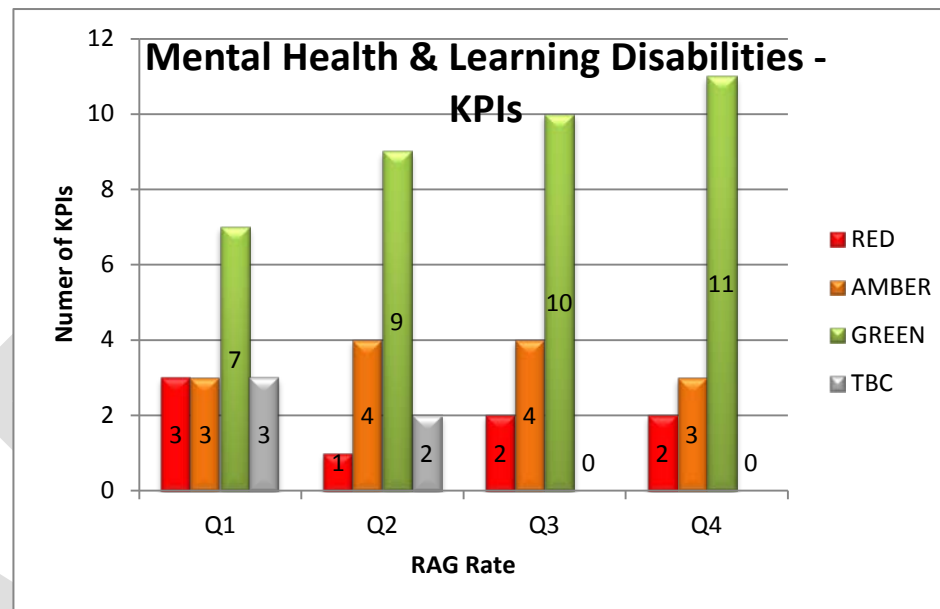
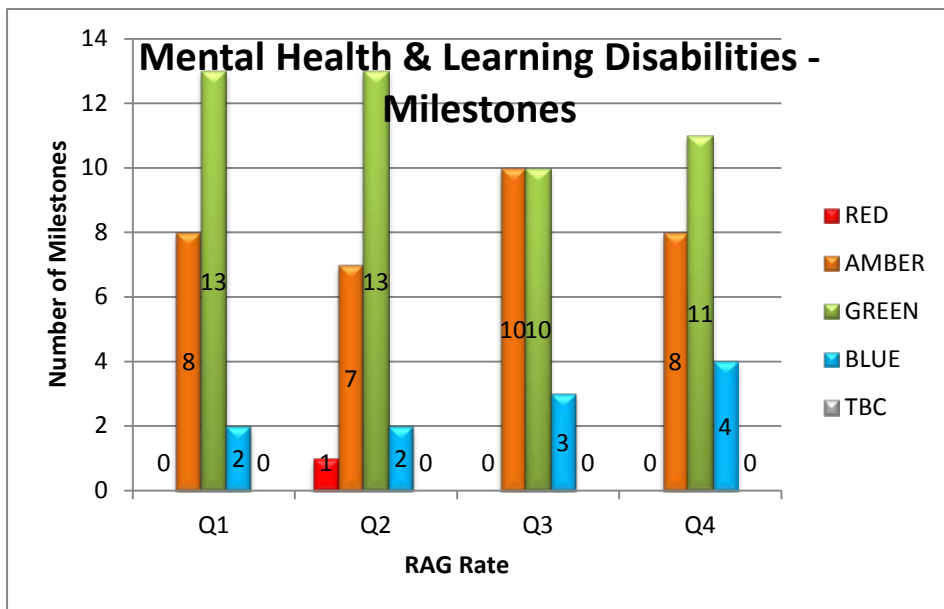
No.	Description	Trajectory	Target	Priority	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
CH/ KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	G 99%	G 97.2%	G 100%	A 84%	As at 31 March 2019 excluding ASD/ADHD (in line with the Contract Reporting). The dip in performance was caused by short-term staffing issues that have now been addressed.
CH/ KPI2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	G 98%	G 100%	G 100%	A 87%	As at 31 March 2019 excluding ASD/ADHD (in line with the Contract Reporting)The dip in performance was caused by short-term staffing issues that have now been addressed.
CH/ KPI3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%	G 100%	G 100%	As at 31 March 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/ KPI4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%	G 100%	G 100%	As at 31 March 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH / KPI 5	Reduce stillbirths and neonatal deaths	Reduction	10% reduction over the 2015-20 period	CH2 - Maternity	G 2.32	G 3.86	G 3.04	G 1.61	Q4 17/18 = 3.86. SYB reported a rate of 4.7 stillborn babies per thousand 2013-15. This was the higher combined Stillbirth & Neonatal rate taken from 2013-15 Maternity Health Needs Data pack. There is a lag on data received. 2017/18 year end position was 3.99. 2018/19 year end SY&B aspiration is 3.95 Q4 2018/2019 is 1.61.
CH / KPI 6	All women to have Personalised Care Plans	Increase	40% by March 2019	CH2 - Maternity	A 0%	A 0%	A 0%	G 100%	All women should have Personalised Care Plans (PCPs) therefore the aspiration is 100% by March 2021. March 2019 40% across SY&B and March 2020 70% - this is an LMS target and not just for TRFT. The aim is to develop an LMS PCP and work and planning is in progress. Currently the plan is to develop a Rotherham and Barnsley PCP Plan with aim to commence the integrated plan at the end of March 2019. In the interim as of the beginning of March TRFT will be utilising an updated version of the Perinatal Institute Record that has a new section included regarding PCP. Work is in progress to achieve the target by the end of March. All women are now provided with a personalised Care Plan and work is on-going in relation to review to ensure the plan meets the needs of the women.

CH / KPI7	Reduce percentage of women smoking at time of delivery	Reduction	10% by end of 2022	CH2 - Maternity	A 16.4%	A 18.1%	A 17.6%	TBA	Q4 17/18 = 17.2% Nationally the aim, by end of 2022, is to reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less. SY&B aim set at 5% reduction. Q2 position was 18.1%, Q4 data available in June/July 2019.
CH/ KPI 8	Increased Early Help Assessments completed by 0-19 practitioners to a minimum of 10 per month	Increase	10 per month	CH 3 - 0-19	A 3	R 1	R 4	A 8	There has been an increase this quarter to quarter 4 but the service is not on course to achieve the target by end of Q4. Steps have been taken to address barriers but there is still no resolution to streamlining case conference work to free up capacity for EHA's. There have been 8 completed but 36 in the process of being completed.
CH/ KPI 9	Evidence of voice of the child being considered in care planning through audit of individual records	Increase	25% sample	CH 3 - 0-19	To be reported in Q3	To be reported in Q3	A Audit to be completed from 1/10/18	90% of records show evidence of capturing the voice of the child	On course programme of work underway to ask C&YP views on healthcare. Some audit results are now available and will be reporting fully on this when greater results available in Q4/ Q1 19/20
CH/ KPI 10	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 4 - C&A	A 29 referrals	G 55 referrals	A 43 referrals	A 43 Referrals	CYPS report the numbers of referrals from the Acute services. A validation process will need to be agreed. The consistent level of referrals indicates that there is awareness of the Early Help Pathway in the acute workforce which is positive. The focus of this priority for 2019/20 will be refreshed and this measure will be reviewed as part of the wider work for the 19/20 performance reporting.
CH/ KPI 11.1 to 11.3	11.1 Reduction in the number of young people 16/17 year old who have SEND who are NEET or Not Known	Reduce	In line with Council Plan target Combined - 5.8% NEET – 3.3% Not Known – 2.5%	CH 5 - SEND	R 8.5% Combined NEET- 6.5% Not Known – 2.0%	R 22% Combined NEET- 2.0% Not Known – 20.0%	R 7.5% Combined NEET- 5.5% Not Known – 2.0%	R 12.1% Combined NEET- 8.6% Not Known – 3.5%	At the end of Q4 we have achieved an average of 12.1%. The annual target of 5.8% is measured as an average across the Nov, Dec and Jan returns and the verified outturn was recorded at 7.8%. Next Steps Focused work continues on follow up and engagement of the cohort. Work is also ongoing ensuring that the EHCPs are reviewed in a timely manner – this will strengthen the position when reporting against the SEND (EHCP) cohort. It will be an ongoing priority in 19/20. NOTE: The target has been amended to be in line with the Council Plan target and RAG rating applied retrospectively back to Q1

	11.2 Reduction in the number of young people 18/19 year old who have SEND who are NEET or Not Known	Reduce	Measured against Statistical Neighbours as at Q4 – 17/18 Combined – 46.9% NEET – 9.5% Not Known – 37.4%	CH 5 - SEND	G 13.7% Combined NEET-3.0% Not Known – 10.7%	R 52.1% Combined NEET-4.6% Not Known – 47.5%	G 24.7% Combined NEET-4.7% Not Known – 20.0%	G 24.4% Combined NEET-5.7% Not Known – 18.7%	At the end of Q4 we have achieved a combined figure of 24.4%. Performance success is measured by NCCIS comparison data. Performance is strong when compared with all comparison groups for the same period as below: National): Combined 37.8% (NEET 9.0%, NK 37.8%) Regional : Combined 39.0% (NEET 8.6%, NK 30.4%) Stat Neighbours: Combined 38.4% (NEET 9.3%, NK 31.2%). NOTE: There is no internal target for the 18/19 cohort so the Statistical Neighbour figure for Q4 17/18 and RAG rating applied retrospectively back to Q1
	11.3 Reduction in the number of young people 20-24 year old who are NEET or Not Known	Reduce	Measured against Statistical Neighbours as at Q4 – 17/18 Combined - 69.4% NEET –16.6% Not Known – 52.8%	CH 5 - SEND	G 13.6% Combined NEET-1.6% Not Known – 12.0%	G 45.4% combined NEET- 2.8% Not Known – 42.6%	G 26.4% Combined NEET-3.1% Not Known – 23.3%	G 21.0% Combined NEET-2.5% Not Known – 18.5%	At the end of Q4 we have achieved a combined figure of 23.5%. Performance success is measured by NCCIS comparison data. Performance is strong when compared with all comparison groups for the same period as below: National): Combined 78.7% (NEET 12.7%, NK 66.0%) Regional : Combined 68.0% (NEET 10.2%, NK 57.8%) Stat Neighbours: Combined 48.7% (NEET 9.0%, NK 39.7%). NOTE: There is no internal target for the 20 to 24 cohort so the Statistical Neighbour figure for Q4 17/18 and RAG rating applied retrospectively back to Q1
CH/ KPI 12	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 5 - SEND	G 7	G 4	R 15	R 19	13 registered with SEN Support and 6 registered with no specialist provision. This measure is a subset of the Council Plan measure and is now monitored as part of the Inclusion Scorecard and Performance meetings This measure will be reviewed as part of the wider work for the 19/20 performance reporting.
CH/ KPI 13	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 5 - SEND	A 90.2%	A 88.4%	A 86.3%	A 88.9%	End of Q4 (Mar 19) there were 235 CYP in an OOA provision out of 2121 CYP who have a EHCP in place (This is 115 Post - 16 CYP and 120 statutory school age CYP). Whilst more provision is being developed this is not currently keeping pace with demand. It is a priority to develop more post 16 provision in the borough.
CH/ KPI 14	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 6 - 'Signs of Safety'	G 345	G 500	G 600	G 600	To date 600 attended the half day sessions . Half day developed will be incorporated into the safeguarding induction – the core offer of the LSCB across the partnership A 2 day advanced training offer will commence for the key roles in the partnership in July with ongoing support via Multi-agency Practice leads

CH/ KPI 15	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 6 - 'Signs of Safety'	A 28.9%	A 23%	A 23.6%	A 29.5%	In April 25.9 % of contacts from partner agencies in Q4 went on to a referral i.e. police, schools and health. This is currently amber and increasing – because we have commenced multiagency training regarding signs of safety and we are offering coaching discussion at the front door when we receive contacts that do not convert. We continue to broaden the signs of safety offer and work towards a more unified Early Help and CYPs front door. This work has been raised as a priority by the MASH steering group. Work is also continuing across the partnership to strengthen multiagency practice around the role of the EH Assessment and the role this plays in the continuum of need. There will be a revised 0-19 pathway with a focus on EH assessment and an LSCB multi -agency audit is supporting better understanding around contact to referral conversion
CH/ KPI 16	Ofsted CQC ratings for services used for transitions	Increase	TBA	CH 7 - Transitions	G 100%	G 100%	G 100%	G 100%	On track
CH/ KPI 17	Numbers of SEND Tier 1 tribunal applications	Reduce	Baseline now agreed 8 plus 1 in court (Q3)	CH 7 - Transitions	TBC	TBC	TBC	G 3 cases pending	To the end of Qtr 3, 8 cases had been lodged with 1 going to Court which upheld the LA view. 3 cases are pending with dates asked to be rescheduled from December 2018 to early 2019. Whilst there is a need to monitor this increase, the number of Tribunals in Rotherham is still significantly lower than those in neighbouring local authorities and the increase is not out of proportion with the overall increase in the number of children and young people with an Education, Health & Care Plan. This information is being reviewed as part of the development of the new Inclusion scorecard and performance meetings and will be reviewed for 19/20 performance report.

Overview of Mental Health and Learning Disabilities



RAG rate of milestones and KPIs by priority are shown in the table below:

Mental Health and Learning Disability	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	4	0	1	2	1	0	0
	2	2	0	0	1	1	0	0
	3	3	0	1	2	0	0	0
	4	2	0	0	2	0	0	0
	5	3	0	0	1	2	0	0
	6	3	0	2	0	1	0	0
	7	3	0	0	2	1	0	0
	8	1	0	0	0	1	0	0
	9	2	0	0	1	1	0	0
No. of milestones	23	0	4	11	8	0	0	
	% against total	0%	17%	48%	35%	0%	0%	
No. of KPIs	16	0	0	11	3	2	0	
	% against total	0%	0%	69%	19%	12%	0%	

The

In Q4 65% of **milestones** are on track or complete compared to 57% in Q3
In Q4 no **milestones** are of concern the same as in Q3

In Q4 69% of **KPIs** are on track compared to 63% in Q3
In Q4 12% of **KPIs** are of concern the same as Q3

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	G	G	G	CBT staff interviewed for three posts. Awaiting final decisions but at least one suitable candidate. One PWP given notice. Two current PWP vacancies to be advertised. PWP interviewed in January started in post on 6 May. Four CBT trainee places requested and three PWP trainee places requested in this year.
MH1.2	Apply for NHS England LTC training (training commences October-18 & March-19) – IAPT	Q1 18/19	G	B	B	B	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	G	G	G	A	Challenges with lack of response from some GP Practices. Aim was to complete by end of Q4. There was further focus on this from Jan to Mar to ensure all complete where possible. Unable to arrange support visits due to lack of response from practices.
MH1.4	Delivery of 5 year forward IAPT 18/19 plan – IAPT	Q4 18/19	A	A	A	G	G	Q4 access target achieved. Recovery rates and waiting times remain above target.

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	G	A	A	An interim measure has been agreed with LMC and in place. A revised model is being worked up.
MH2.2	Develop new dementia pathway for post diagnostic care	Q4 18/19	BR	G	G	G	G	Work undertaken. Implementation delayed due to interdependency with diagnostic pathway

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	G	B	B	Funding received.
MH3.2	CORE 24 standards delivered in Rotherham.	Q2 18/19	G	G	R	A	G	Core 24 standard service established
MH3.3	Core 24 Service self-sustaining. – 19/20 onwards	Q1 19/20	G	G	G	G	G	Funding agreed for 2019/20 contract

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	G	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	G	G	G	Clinical and Senior Management discussions continued throughout Q4 evaluating the pilot and assessing value for money. Decision regarding future of the pilot expected in Q1 19-20.

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	A	A	A	Core 24 review completed with initial recommendations. Discussions ongoing across partners with regard to the new model including social care/health delivery model alignment
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan	Q4 18/19	BR	G	G	G	G	Activity delivered by March 2019 included delivery of SafeTalk and PABBS training to frontline staff, allocation of small grants funding to 13 groups to target men in relation to suicide prevention and targeted work in areas with higher suicide rates.
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 18/19	A	A	G	A	A	Action plan has been refreshed. A Rotherham Suicide Prevention Symposium to be held on 6 June with CEX, Directors and Lead Officers which will contribute to the ongoing development of this.

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	B	B	B	Launch complete
MH6.2	Five Ways communication and marketing plan for 2018/19 - agreed and delivered by partners	Q1 18/19	G	G	G	G	B	The communications plan developed to follow the launch has been delivered. Work is ongoing with Comms Leads to look at opportunities to promote the campaign, for example linking in with national campaigns
MH6.3	Evidence of integration of Five Ways messages within provider and commissioned services	Q4 18/19	A	G	G	A	A	Collecting evidence of where the campaign is embedded into provider and commissioned services. Recent examples include: all suicide prevention small grants recipients having received materials and being encouraged to promote this within their activities. Groups/organisations receiving CAMHS LTP monies to promote the campaign as part of the grant agreement.

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	A	A	A	The policy text has been agreed. Work is ongoing to agree appendices
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 18/19	NEW	A	G	G	G	Implementation of joint review of Transforming Care caseload completed by RMBC and RCCG Finance.
LD7.3	Commissioning solutions to be in place to meet individual trajectories	Q4 18/19	NEW	A	A	A	G	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	A	A	A	The policy is being redrafted to ensure that MFD is the delivery vehicle for transformation

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	A	A	A	The draft strategy was discussed at the Rotherham Partnership Board and SEND Board. Additional work was identified. This is being completed to circulate the strategy as a draft for discussion.
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	NEW	A	A	A	G	Initial clinically led dialogue undertaken to scope opportunities for development of pathway. Looking at options. This is on track.

KEY PERFORMANCE INDICATORS

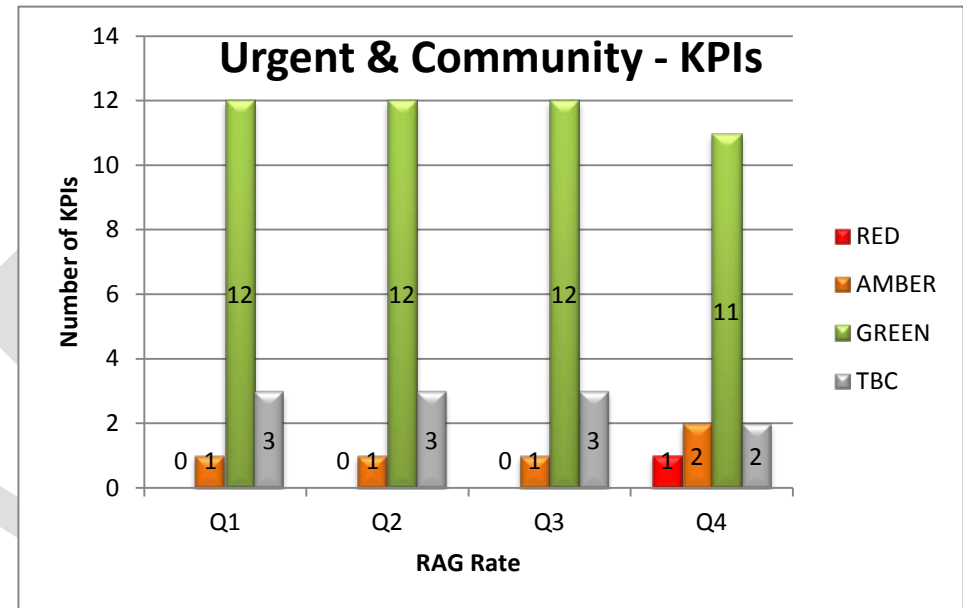
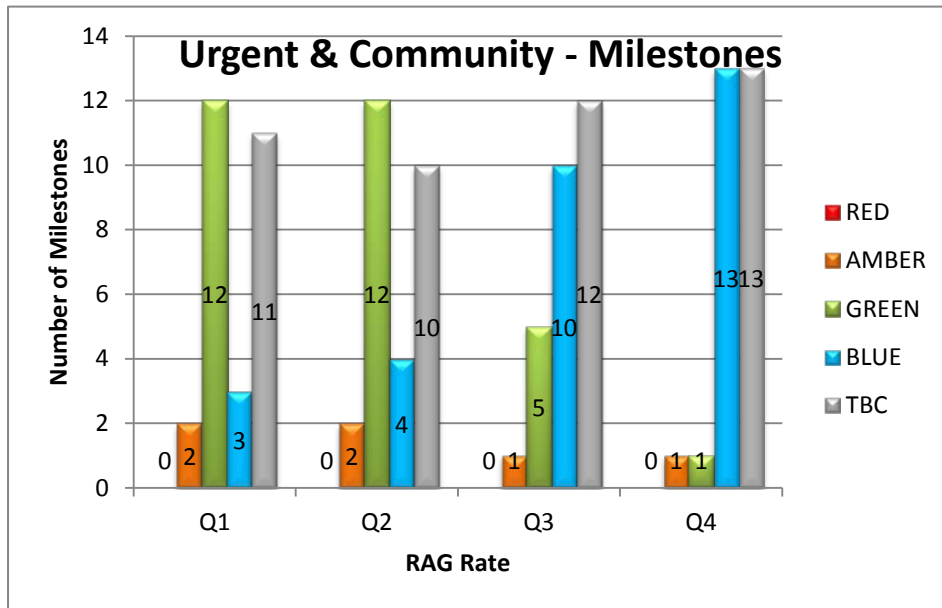
LEARNING DISABILITY AND MENTAL HEALTH TRANSFORMATION GROUP

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 83.8%	G 87.4%	G 75%	G 91.8%	On track.
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%	A 4.35%	G 4.81%	G 4.77%	On track.
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 56.5%	G 59.9%	G 63%	G 55.6%	March compliance is 55.6% 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%	G 84.3%	G 85.8%	G 86.4%	National target is 67%. Local target set to maintain or improve on 80%. February performance was 86.4%
MH/KPI 5	50% of GP practices achieving 62% of Post diagnostic support plan recorded in last 12 months	Increase	50% of practices achieving 62% (in year 1)	MH 2 - Dementia	TBC in Q2	G 43%	A 37%	G 97%	Baseline is 62% based on Rotherham GP practices current average / at Q4 97% 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%	A 90%	G 94.3%	A 84%	Referrals 371. Within 1 hour 253 24/7 service commenced January 2019. During March multiple referrals were received in a short time while staff were still in previous assessments. Two patients were too intoxicated to be assessed. This brought the overall performance down.
MH/KPI 7	Average length of stay (Ferns)	Decrease	28 days	MH 4 - Ferns	R 47	R 50	R 84	R 67	Q4 average LOS = 67 days. January 46 days, February 57 days, March 100 days. The Ferns Pilot ended May 2019. The indicator is no longer relevant.
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	TBC in Q3	A 13.9	A	The metric is reported over a rolling 3 year period due to the small numbers involved. After a small decrease between 2013-15 and 2014-16, the 3-year combined rate increased from 13.9 to 15.9 per 100,000 DSR between 2014-16 and 2015-17
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 97.6%	G 100%	G 97.9%	G 97.6%	March compliance is 97.6% against the 95% target.

LD/KPI 10	Ensure that patients receive a CTR prior to a planned admission to an Assessment and Treatment Unit or mental health inpatients: adults.	Increase	95%	LD 7 - Transforming Care	G 100%	G 97%	G 100%	G 100%	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 97%	G 97%	G 100%	G 100%	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 92%	G 100%	G 100%	G 100%	On track
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 5 =CCG 4 =NHSE	A 5 =CCG 4=NHSE	A 5 = CCG 4=NHSE	G 3 = CCG 4=NHSE	Two people have been discharged. Agreed NHSE targets have been achieved. Plans to discharge.
LD/KPI 14	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A 124	A 111	A 89	A	CCG I&AF, requirement to agree a trajectory as part of 18/19 planning –reported quarterly. Trajectory is: Q1 159, Q2 159, Q3 318, Q4 423. Achieved 89 against target of 318 in Q3, however only 21 practices submitted their figures so we may have achieved the target. Awaiting final outturn figures.
LD/KPI 15	Proportion of adults with a learning disability in paid employment	Increase	5% increase on 17/18 outturn = 9.2% or 46 individuals in paid employment	LD 8 - LD Strategy	TBC	TBC	R 3.7%	R 3.7%	Year end 17/18 position of 4.2% (31 out of 726 eligible long term service users) (*published data 4.1% due to rounding of submitted data) Current Score = 3.7% (25 out of 681 eligible long term service users) Target is to achieve a 5% percentage increase (9.2% based on 17/18 outturn) – an additional 46 individuals would need to be in paid employment. Work is being done with Speak Up and Community Catalysts to support this increase
LD KPI/16	The numbers of people receiving a diagnosis of autism within 18 weeks 55 assessments completed in 2017/18	Increase	5% increase on 2017/18 performance = 58	LD9 – Autism	G 15	G 15	G 15	G 15	No breaches of 18 week waiting time, 15 assessments completed in Q4

Overview of Urgent and Community Performance



The RAG rate of milestones and KPIs by priority are shown in the table below:

Urgent and Community	Priority	Number of milestones	BR	Blue	Green	Amber	Red	TBC
	1	6	2	4	0	0	0	0
	2	3	0	2	0	0	0	1
	3	4	0	2	0	0	0	2
	4	7	4	1	0	0	0	2
	5	4	0	2	0	0	0	2
	6	4	0	2	1	1	0	0
	No. of milestones	28	6	13	1	1	0	7
		% against total	21%	46%	4%	4%	0%	25%
No. of KPIs	16	0	0	11	2	1	2	
	% against total	0%	0%	70%	12%	6%	12%	

In Q4 50% of **milestones** are on track or complete, compared to 54% in Q3 – this is due to Integrated Localities and Intermediate Care / Reablement to be determined
In Q4 no **milestones** are of concern, which is the same as Q3

In Q4 70% of **KPIs** are on track, compared to 75% in Q3
In Q4 6% of **KPIs** are of concern, compared to none in Q3

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	A	B	B	
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	A	B	B	
UC 1.3	Co-locate Care Co-ordination Centre with Integrated Rapid Response	Q3 18/19	G	G	G	B	B	
UC 1.4	Evaluate joint working arrangements between health and RMBC Single Point of Access	Q3 18/19	BR	BR	G	B	B	
UC 1.5	Partners agree integrated service model for Single Point of Access and Care Co-ordination Centre	Q4 18/19	BR	BR	BR	BR	BR	Development of the model has been re-aligned with the Intermediate Care and Re-ablement project. It has been agreed to move this milestone into 2019-20
UC 1.6	New service model in place	Q2 19/20	BR	BR	BR	BR	BR	To be informed by 1.5

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	B	B	B	
UC 2.2	Co-locate the unplanned and Integrated Rapid Response teams	Q3 18/19	G	G	G	B	B	
UC 2.3	Incorporate unplanned specialist community nursing work into the Integrated Rapid Response team	Q1 19/20	G	BR	BR	G	B	The IRR priority has been split into the integrated point of contact and intermediate care and reablement project.

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	B	B	B	Complete
UC 3.2	Appointment of Ward Co-ordinator Roles	Q2 18/19	G	B	B	B	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	G	G	TBC	The IDT activity has benchmarked well with DTOCs falling to one of lowest levels of 1.8% Feb 2019 against a national standard of 3.5%. Community nursing and therapies are now working into the team. The future model / resourcing will be impacted by the Intermediate Care and Reablement project. It is recommended that this milestone is changed to Service Evaluation June 2019 with model and structure aligned to IC&R milestones
UC 3.4	Implement new model	Q2 19/20	BR	BR	BR	BR	TBC	To be agreed according to 3.3

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	G	B	B	Completed in January 2019
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	G	TBC	TBC	The Localities work stream will be re-aligned to maximise opportunities from Primary Care Networks and the Intermediate Care and Reablement model.
UC 4.3	Hold launch workshops (to agree work plans and targets and working principles)	Q3 18/19	G	G	G	TBC	TBC	Resource secured and the physical review of 50 double-handling cases is now underway following a 30 case desk top review suggesting that 40% do not require double handling. Results expected to free up resource to assign elsewhere in the system. Following the inaugural meet and greet organised at Maltby Service Centre, representatives from social care, health and VAR have formed an action group that are meeting regularly. Currently led by a Community Consultant, the PCN Clinical lead for the area has also indicated a desire to be involved.
UC 4.4	Partnership leadership teams agreed by partners	Q3 18/19	BR	BR	BR	BR	BR	As above
UC 4.5	Team configuration agreed by partners	Q4 18/19	BR	BR	BR	BR	BR	As above
UC 4.6	Implementation plan for full roll out agreed by partners	Q4 18/19	BR	BR	BR	BR	BR	As above
UC 4.7	Agree Long Term Conditions LES to ensure that it links with the localities	Q1 19/20	BR	BR	BR	BR	BR	As above

Priority 5 UC&C – 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	G	G	B	Initial original costings completed in Q2. More detailed costings have been developed as part of the outline business case, subject to approval.
UC 5.2	Programme lead to develop a comprehensive milestone and action plan for delivery of this priority	Q2 18/19	New	A	G	TBC	B	
UC 5.3	Develop draft service model and service specifications for reablement, intermediate Care and Home First	Q4 18/19	New	BR	BR	BR	TBC	The Place Outline Business Case is progressing through partner organisations governance frameworks. Detailed planning has begun including stakeholder communication and engagement plans.
UC 5.4	Phase 1 of new service model implemented	Q4 18/19	BR	BR	BR	BR	TBC	

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	B	B	B	Implementation complete
UC 6.2	Implement and evaluate care home pilots: Trusted Assessor, Telehealth and End of Life	Q1-Q3 18/19	G	G	G	A	A	The Trusted Assessor pilot was extended for winter 2018-19. A review has been completed The End of Life project has been extended as a result of a successful evaluation An update on Telehealth is required
UC 6.3	Review training requirements for Care Home staff to enable effective delivery of service	Q4 18/19	G	G	G	G	G	The Care Home task and finish group are auditing training across services. This milestone will be taken forward through the T&F action plan
UC 6.4	Continue to ensure the Care Home LES is fit for purpose	Q4 18/19	G	G	G	G	B	The Care Home LES continues to be reviewed to ensure it is fit for purpose. Monitoring will be taken forward as part of BAU.

KEY PERFORMANCE INDICATORS

No.	Description	Trajectory	1819 Target	Priority)	Performance				Comments
					Q1 1819	Q2 1819	Q3 1819	Q4 1819	
UC/ KPI 1	SPA - Number of people provided with information and advice at first point of contact (to prevent service need) SPA LOCAL PI (based on ASCOF 2B3)	Increase	2750	UC 1 - IPC	G 926 (37.9% of contacts)	G 839 (38.8% of all contacts)	G 838 (40.3% of all contacts)	G 889 (37.8% of all contacts)	Council Plan Measure. There has been an increase in the numbers of individuals not known to the service and provided with information and advice in Q4. However, this data when represented as a proportion of the total contacts demonstrates a decline on the previous quarter percentage score. In quarter 4 performance has now been updated to include the proportion of contacts signposted/provided info and advice to more clearly show the direction of travel against total contact volumes.
UC / KPI 2	CCC – Number of GP urgent admissions to AMU (including those referred through CCC)	Reduction	3150 threshold	UC 1 – IPC UC 5 – IC /Reab	G 516	G 461	G 424	G 319	On track.
UC/ KPI 3	Of the new clients who have had a formal social care assessment completed this year, what percentage went on to receive long term social care support? LOCAL PI (based on ASCOF)	Reduction	2018/19 will be the baseline year	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	55% RAG TBC	60.9% RAG TBC	60% RAG TBC	61% RAG TBC	Regional data/ benchmarking is being monitored to inform targets moving forward, 18/19 will be a baseline year. Adult Care are strengthening and embedding a strength based approach to social care which will improve performance over time
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 - ASCOF 2d 2B7	Increase	83%	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	G 89%	G 91%	G 90.4%	G 93.5%	Data is provisional pending submission and verification of statutory returns to NHS Digital. This indicator demonstrates continuous improvement from 2016-17 score of 81.9%. Investigation of the cohort is planned to assess measures optimum range along with benchmarking data when available.
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ BCF/ASCOF 2a (2)/ BCF (per100,000)	Decrease	140.69	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	G 124.83 (63 adm)	G 262.6 (132 adm)	G 386.4 (195 adm)	R 574.25 (293 adm)	BCF Indicator, also contributes to Council Plan measure “All Age Admissions”. Data is provisional pending submission / verification of statutory returns to NHS Digital. The 2018-19 out turn although narrowly missed target of 287 admissions does represent a continued improvement in direction of travel with 17 fewer admissions than 2017-18.
UC/ KPI 6	Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services – BCF/ ASCOF 2B (1)	Increase	89%	UC 1 – IPC UC 2 – IRR UC 4 – Int Loc UC 5 – IC /Reab	N/K until Q4	N/K until Q4	N/K until Q4	A 85.6%	An improved performance has been achieved during 2018/19 with the proportion of people remaining at home after 91 days rising to 85.6% from last year's 82.8% outturn. This one year upturn whilst falling short of the stretch target of 89% has stemmed the recent 2 year declining direction of travel and represents the mid performance point across the last five year performance period

UC/ KPI 7	Number of emergency admissions for people over 65 Out of Hours	Reduction	8760 (2190 per qtr)	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	G 1724	G 1712	G 1656	G 1915	Target = 2190 per quarter. Q1 – 564+598+562 = 1724. Q2 – 571+521+620 = 1712 Q3 = 546+529+646 = 1656 Q4 = 699+581+635 = 1915
UC/ KPI 8	Number of emergency re-admissions within 28 days of hospital discharge (all age - same day readmissions excluded)	Reduction	13.3%	UC 1 – IPC UC 2 - IRR UC 4 – Int Locality	11.4%	11.6%	10% (November figure)	11.2% (February figure)	This data used to be available nationally, there is no national target. TRFT local target for 28 days is 13.3%, figure shown for September. **awaiting March figure**
UC/ KPI 9	Length of stay in hospital (over 64's)	Reduction	2017/18 baseline: All = 6.9, NE = 7.5	UC 2 - IRR UC 4 – Int Locality	All = 6.92 NE = 7.33	All = 6.61 NE = 7.05	All = 6.45 NE = 6.89	All - 6.62 NE - 6.96	Using TRFT reporting: 2017/18 baseline: All = 6.9, NE = 7.5
UC/KPI 10	Reducing long lengths of stay (super stranded patients – over 21 days)	Reduction	39 = 10% reduction on 17/18 (43)	UC 2 - IRR UC 4 – Int Locality	G 43.3	G 40.0	TBC	TBC	As per national guidance and as in the Winter Plan. Baseline = Beds occupied with long stay patients 2017/18. Note – work needed to confirm the national data.
UC/KPI 11	Number of patients discharged to their usual place of residence (over 64's) – does not include 0 and 1 day stays	Increase	2017/18 baseline All = 45% NE = 41%	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	All = 45% NE = 42%	All = 44.93% NE = 42%	All = 46.69 NE =43.86	All = 45.26% NE=42. 93%	Using TRFT reporting, 2017/18 baseline: All = 45%, NE = 41%
UC/KPI 12	Average length of stay to below national intermediate care target (general rehabilitation) (beds only)	Reduce	Less than 21	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	G 19	G 18.3	G 20	G Year end = 20.25 average	Q1 = 18, 22, 17 = average of 19 Q2 = 18, 19, 19 = average of 18.3 Q3 = 20, 20, 20 = average of 20 Q4 = 28, 21, 21 = 23.3 YTD = 243 = average of 20.25 over year
UC/KPI 13	Average length of stay to below national intermediate care target (specialist rehabilitation) (beds only)	Reduce	Less than 42	UC 2 - IRR UC 3 - IDisc UC 5 – Int Locality	A 53	A 44.3	A 44.6	A Year end = 47.0 average	Q1 = 43, 56, 60 = average of 53 Q2 = 52, 46, 35 = average of 44.3 Q3 = 42, 48, 44 = average of 44.6 Q4 = 50, 44, 45 = 46.3 YTD = 565 = average of 47.0 over year
UC/ KPI 14	Delayed transfer of care from hospital (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 2.1%	G 2.5%	G 2.3%	G 1.5%	Following the on-going implementation of an action plan across partners, performance has significantly improved.
UC/ KPI 15	Number of A&E attendances from care home residents (local)	Reduction	3400 (850 per qtr)	UC 6 – Care Homes	G 400	G 399	G 389	G 477	Q1 RAG rate based on April 145, May 133, June 122 = 400. Qtr average = 375 Q2 RAG rate based on July 144, August 117, September 138 = 399 Q3 = 132+108+149 = 389 Q4 – 166+141+170 = 477
UC/ KPI 16	Number of unscheduled hospital admissions Care Homes	Reduction	1950 (490 per qtr)	UC 6 – Care Homes	G 289	G 301	G 283	G 311	On track Q1 – 100+101+88 = 289 Q2 – 105 + 91 + 105 = 301 Q3 = 107+59+117 = 283 Q4 – 127+90+94 = 311

*KPI 6 is collected annually and will be available Q4