Rotherham Integrated Care Partnership

Rotherham ICP Place Board – 4 September 2019

Quarter 1 Performance Report for ICP Place Plan

Lead Executive	Ian Atkinson
Lead Officer	Lydia George

Purpose
For members to note the progress with delivery of the ICP Place Plan as at the end of Quarter 1 2019-20.

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 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. The performance report will also be received at the Health and Wellbeing Board. The performance report has been refreshed for 2019/20,however it should be noted that a further refresh will be necessary once the new ICP Place Plan has been produced and agreed (Rotherham response to the NHS Long Term Plan)

Analysis of key issues and of risks

Further analysis will take place in Q2 to show comparisons to Q1.

Children and Young People

Milestones
- There are 23 milestones in total, of which 2 are red:
  - ➢ Work with all stakeholders to review the RDaSH CAMHS ASD/ADHD diagnosis pathway.
  - ➢ To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.

RAG Rate	Number	%
Red	2	7%
Amber	6	26%
Green	7	31%
Tbc	5	22%
Not due to start	3	14%
	23	**100%**

KPIs
- There are 14 KPIs in total, of which 2 are red:
  - ➢ Increased Early Help Assessments completed by 0-19 practitioners to a min 10 per month
  - ➢ Reduction in the number of exclusions

RAG Rate	Number	%
Red	3	14%
Amber	4	29%
Green	4	29%
Tbc	4	29%
	14	**100%**

Mental Health and Learning Disabilities

Milestones
- There are 15 milestones in total, none are red

RAG Rate	Number	%
Red	0	0%
Amber	4	27%
Green	7	46%
Tbc	4	27%
Not due to start	0	0%
	15	**100%**

KPIs
- There are 15 KPIs in total, and 1 is red:
  - ➢ Proportion of adults with a learning disability in paid employment

RAG Rate	Number	%
Red	1	7%
Amber	1	7%
Green	10	66%
Tbc	3	20%
	15	**100%**

Urgent and Community

Milestones
- There are 15 milestones in total, none are red:

RAG Rate	Number	%
Red	0	0%
Amber	1	7%
Green	9	60%
Tbc	0	0%
Not due to start	5	33%
	15	**100%**

KPIs
- There are 16 KPIs in total, none are red

RAG Rate	Number	%
Red	0	0%
Amber	4	25%
Green	10	63%
Tbc	2	12%
	16	**100%**

Overall Position

- 43% of milestones are on track for Q1 2019/20 compared to 57% in the same period last year.
- 53% of KPIs are on track in Q1 2019/20 compared to 44% in Q1 in the same period last year.

Approval history

ICP Delivery Team – 21/08/2019
ICP Place Board – 04/09/2019

Recommendations

Members are asked to:
- note the performance for Q1 2019/20; and
- note that Q2 report will have all gaps complete which will enable further analysis and comparisons to be made.

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 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH1.1	Work with all stakeholders to review the RDaSH CAMHS ASD/ADHD diagnosis pathway.	Q4 19/20	G	R				This has been rated 'red' due to the unacceptable waiting times for ASD / ADHD diagnosis. There is a whole system action plan in place to reduce waiting times in a sustainable way over the next 2-3 years. An update report will be provided by RDaSH by the end of September 2019
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 19/20	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 19/20	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.	Q4 19/20	A	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	Q3 19/20	G	G				The Mental Health Schools Trailblazer will be implemented in schools from the beginning of September 2019 and fully operational by December 2019. Engagement with schools is positive.

Priority 2 C&YP – Maternity and Better Births

No.	Description	Target	Progress Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
CH2.1	To reduce stillbirths and neonatal deaths	Q4 2021	1.61%	N/A until Sept				Q4 2018/2019 was 1.61%. The Q1 2019/2020 data is unavailable until early September.
CH2.2	For all women to have a Personalised Care Plan (PCP)	Q4 2021	100%	100%				All women are now provided with a personalised Care Plan and work is on-going with a review to ensure the plan meets the needs of the women.
CH2.3	To reduce the number of women smoking in pregnancy	Q3 2022	19.6%	N/A until Sept				Q3 position was 17.6%, which increased to 19.6% in Q4. The Q1 2019/2020 data is unavailable until early September.

Priority 3 C&YP – 0-19 Healthy Child Pathway

No.	Description	Target	Progress Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
CH3.1	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 19/20	A	R				There is a deep dive underway to look at the flow of EHA's from TRFT to RMBC and to further consider with commissioners how EHA's sit alongside the Healthy Child Programme
CH3.2	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 19/20	A	A				Health practitioners accessed the ½ day SoS training. Clarity to be obtained whether SOS to be included for this financial year

Priority 4 C&YP – Acute and Community Integration

No.	Description	Target	Progress Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
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	tbc				NO UPDATE PROVIDED
CH4.2	Establish links between Rapid Response Team & Early Help	Q3 18/19	G	tbc				NO UPDATE PROVIDED
CH4.3	Pilot a direct link between Children's Ward and Children's Service to support timely discharge plans	Q3 18/19	G	tbc				NO UPDATE PROVIDED

Priority 5 C&YP – SEND

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH5.1	Undertake the following in respect of **Joint Commissioning:** • 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 19/20	G	G				• Joint Resourcing Panel in place • SEND Sufficiency Strategy approved • SEND Health Sufficiency Strategy approved and at implementation phase • Review of SEMH Support Centres complete; focused work to commence in September 2019 • Strategic Inclusion Steering Group in place to review traded models • High Needs Budget Recovery Plan submitted to DfE
CH5.2	Create a plan to reduce placements outside Rotherham (including **residential provision** offer, Reduce **OOA provision** arrangements	Q2 19/20	G	G				SEND Sufficiency Strategy approved by RMBC Cabinet SEND Sufficiency proposals agreed with schools; pending approval by Cabinet in Sept 19

Please note, the Signs of Safety Priority is under review with a view to being transferred to the Workforce and OD Enabling Group:

Priority 6 C&YP – Implementation of 'Signs of Safety'

No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH6.1	The RLSCB will be sighted on the roll out to partners and this will include training to all levels of practitioner	Q2 19/20	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 for August 2019 to July 2020. Partners have continued to attend SoS half day partner briefings. The future training plan includes developing a quarterly 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 19/20	G	G				All of current SC and EH practitioners have attended 2 day training. We are reviewing our practice lead cohorts and offering a 2 day advanced training offer. We had 6 in house trainers but some have left so we are planning how we develop our new trainers from our solid practice leads
CH6.3	Phase 2 of roll out of training	Q4 19/20	G	G				The Training plan has been reviewed in August 2019 for the next 12 months. There is a clear plan of engagement across CYPS and the partnership through the 2 day training offer, ongoing half day sessions and some planned conference and looked after training that will be opened up via the RSCP to wider partners who lead practice in these pathways..
CH6.4	Evaluation and next steps	Q4 19/20	BR	A				L and Improvement Subgroup to supporting oversight and evaluation. There has been an Alignment of Multi-agency forms and documentation underway with conference reports developed and EMARF is in final stages of consulation.

No.	Description	Target	Progress Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
CH7.1	Develop an operational transition pathway based on Preparing for Adulthood model and publish the transition pathway on the Council website (local offer).	Q2 19/20	A	A				Milestones from 2018/19 plan (7.2 & 7.4) merged and carried over. A draft pathway was developed, although further work is underway to also ensure the inclusion of universal and targeted help group elements. The high level needs pathway will be published on completion of full activity.
CH7.2	Hold an engagement event to ensure young people, families and schools are aware of the employment and skills strategy	Q3 19/20	N/A	BR				
CH7.3	Producing a video for schools / colleges setting out local job market information, including educational routes and career progression opportunities for the preparing for Adulthood Cohort	Q4 19/20	N/A	BR				
CH7.4	Transition pathways for long-term health conditions to be developed	Q3 19/20	N/A	BR				

Priority 7 C&YP – Transitions

KEY PERFORMANCE INDICATORS

CHILDREN AND YOUNG PEOPLE TRANSFORMATION GROUP

No.	Description	Trajectory	Target 1920	Priority	Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
					Performance					
CH/KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	A 84%	A 89.5%				As at 30 June 2019 excluding ASD/ADHD (in line with the Contract Reporting). The dip in Q4 was caused by short-term staffing issues and Q1 shows the impact of remedial actions.
CH/KPI 2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	A 87%	A 93%				As at 30 June 2019 excluding ASD/ADHD (in line with the Contract Reporting) The dip in Q4 was caused by short-term staffing issues and Q1 shows the impact of remedial actions.
CH/KPI 3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%				As at 30 June 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 4	Percentage of all appropriate urgent referrals assessed within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%				As at 30 June 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 5	A reduction in the rate of stillbirths and neonatal deaths	Reduce	3.76%	CH2 – Maternity	G 1.61	Not available until Sept				Q4 2018/2019 is 1.61%, unfortunately, Q1 2019/2020 data is unavailable until early September.
CH/KPI 6	All pregnant women have a Personalised Care Plan by March 2021	Increase	70%	CH2 – Maternity	G 100%	G 100%				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/KPI 7	A reduction in the percentage of women smoking at time of delivery	Reduce	5% reduction	CH2 – Maternity	R 19.6%	Not available until Sept				Q3 position was 17.6%, which has increased to 19.6% in Q4. The Q1 2019/2020 data is unavailable until early September.
CH/KPI 8	Increased Early Help Assessments completed by 0-19 practitioners to a min 10 per month	Increase	10 per month	CH 3 - 0-19	A 8	R				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
CH/KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 5 - SEND	R 19	R 15				Q1 - 10 registered with SEN Support and 1 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.

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

CH/KPI 10	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 5 - SEND	A 88.9%	A 89.1%				End of Q1 (June 19) there were 236 CYP in an OOA provision out of 2167 CYP who have a EHCP in place (This is 117 Post -16 CYP and 119 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 11	Number of practitioners from across the Multi-agency partnership who have accessed the Rotherham Family Approach and Signs of safety Training (½ days & extended 2 day for safeguarding leads).	Increase	TBA 17/18 baseline = 0	CH 6 - 'Signs of Safety'	G 600	G 128				In this quarter a further 128 practitioners from across the partnership attended half day awareness sessions. This half day session will be incorporated into the safeguarding induction – the core offer of the LSCB across the partnership A 2 day training offer commenced In April and has included wider partnership practitioners.
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 6 - 'Signs of Safety'	A 29.5%	A 19.6%				In July 19.6 % of contacts from partner agencies in went on to a referral i.e. police, schools and health. This is currently amber – 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 has been a revised CP pathway for the 0-19 service agreed by the RSCP and partners, which should start to see a more positive increase in EHA assessments and a reduction in contacts that do not convert. There is also discussion ongoing with SYP force wide around how we manage low level DA referrals, which make up a high proportion of the contacts that are appropriate but do not usually progress to a referral.
CH/KPI 13	Numbers of SEND Tier 1 tribunal applications	Reduce	8 plus 1 in court	CH 7 - Transitions	G 3 cases pending	tbc				
CH/KPI 14	Proportion of young people with SEND needs in paid employment (Working Age Adults)	To base line	TBC	CH 7 Transition	N/A	tbc				New KPI developed for the 2019/20 plan. Baseline is yet to be confirmed.

MILESTONES

MENTAL HEALTH AND LEARNING DISABILITY TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

Priority 1 MH - IAPT

No.	Description	Target 1920	Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
			Progress					
MH1.1	Identify and agree workforce development and training requirements (LTC & Core) – IAPT	Q1- Q4 19/20	G	G				On target, staff recruited
MH1.2	All GP practice review support visits completed – IAPT	Q1-Q4 19/20	A	Tbc				
MH1.3	Delivery of 5 year forward IAPT 18/19 plan – IAPT	Q4 19/20	G	G				Access rates Slightly lower than anticipated, further work needed to promote

Priority 2 MH - Dementia Diagnosis and Support

No.	Description	Target 1920	Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
			Progress					
MH2.1	Develop new dementia pathway for post diagnostic care	Q4 19/20	G	G				Work undertaken. Implementation delayed due to interdependency with diagnostic pathway.
MH2.2	Review dementia diagnosis pathway	Q4 19/20	A	A				An interim measure has been agreed with LMC and in place. A revised model is worked up and discussions around implementation have commenced.

Priority 5 MH - Improve Community Crisis Response (including Core Fidelity, suicide-prevention)

No.	Description	Target 1920	Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
			Progress					
MH5.1	Complete CORE Fidelity review, recommendations and action plan for improvement (including investment requirements)	Q4 19/20	A	G				Review complete, bid submitted to ICS for community crisis money. RDaSH 19/20 contract agreed crisis investment profile
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan (year 2)	Q4 19/20	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 19/20	A	Tbc				

Priority 6 MH – Public Health: Better Mental Health for All Strategy

MH6.1	Evidence of integration of Five Ways messages within provider and commissioned services	Q1-Q4 19/20	A	Tbc				

Priority 7 LD – Oversee Delivery of Transforming Care

No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
LD7.1	RMBC and CCG to agree process for funding learning disability joint placements	Q2 19/20	A	A				The policy text has been agreed. Work is ongoing to agree the detail behind the policy.
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 19/20	G	G				Transforming Care caseload finance information held by RMBC and RCCG Finance. Information is regularly refreshed to reflect the cohort shift.
LD7.3	Commissioning solutions to be in place to meet individual trajectories	Q4 19/20	G	A				Close partnership working across the system has taken place to identify possible placement opportunities for identified transforming care caseload. Despite some positive progress, one placement is behind the anticipated trajectory from NHS England.

Priority 8 LD – Support the Implementation of the My Front Door – Learning Disability Strategy

No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
LD8.1	Delivery of joint Learning Disability transformation strategy	Q4 19/20	A	G				The My Front Door strategy has been adopted as part of the Place Plan for LD and is the delivery vehicle for transformation of the LD service offer.

Priority 9 LD – Support the development of an Autism Strategy

No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
LD9.1	Complete the development of the Autism Strategy (including Action Plan)	Q3 19/20	A	A				The draft Autism strategy has been further refreshed following key stakeholder comments. The content of the latest version has been agreed by the Autism Partnership Board with the intention of further dissemination in Q2.
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	G	Tbc				

KEY PERFORMANCE INDICATORS

LEARNING DISABILITY AND MENTAL HEALTH TRANSFORMATION GROUP

Chair: Ian Atkinson, RCCG

No.	Description	Trajectory	Target 1920	Priority	Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	Comments
					Performance					
MH/KPI 1	Percentage of people referred to IAPT commencing treatment within 6 weeks of referral.	Maintain	75%	MH 1 - IAPT	G 91.8%	G 84.4%				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	G 4.77%	G 4.36%				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 55.6%	G 54%				On track
MH/KPI 4	Dementia diagnosis rates (%)	Maintain	National = 67% Local = ≥80%	MH 2 - Dementia	G 86.4%	G 85.2%				National target is 67%. Local target set to maintain or improve on 80%. June 85.2%
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	G 97%	tbc				
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	A 84%	G 100%				Referrals 108. Within 1 hour 108
MH/KPI 7	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	A	tbc				
MH/KPI 8	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 98.2%				On track
LD/KPI 9	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 100%				On track.
LD/KPI 10	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 100%	G 100%				On track

LD/KPI 11	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	G 100%	G 100%			On track
LD/KPI 12	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – *Local Reporting*	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds tbc	LD 7 - Transforming Care	G 3 = CCG 4=NHSE	G			On track
LD/KPI 13	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A	A			Work is being undertaken to ensure that GP's correctly submit to NHSE to ensure that activity is recorded. Work will also be done with providers to ensure that people with a learning disability access health checks
LD/KPI 14	Proportion of adults with a learning disability in paid employment	Increase	5% increase on 17/18 outturn = 4.3% or 31/726 (NB. 17/18 Revised published figures show 4.1% or 30 individuals in paid employment from a cohort of 726)	LD 8 - LD Strategy	R 3.2% Revised submitted 18/19 outturn or 23 individuals in paid employment from a cohort of 720	R 3.0% or 20 individuals in paid employment from a Q1 cohort of 670 NB The denominator changes during year to capture total number on service during the year, so likely to increase.			Year end 2019/20 ASCOF target set to achieve a narrowing of the gap between 18/19 outturn of 3.2% (23 people) and the 17/18 national average of 6.0% (44 people). As at Qtr 1 a further 24 more people need to be in employment to hit 6% or 12 more to achieve the 5% increase on 2017/18 outturn of 4.3% (31 people). The My Front Door strategy/work stream is reviewing the LD employment pathway and improvements are expected to impact during Qtr 2 onwards.
LDKPI/ 15	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	Tbc			

MILESTONES

URGENT CARE AND COMMUNITY TRANSFORMATION GROUP

Chairs: Chris Preston, TRFT and Anne Marie Lubanski RMBC

Priority 1 UC&C - Integrated Point of Contract

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
1.1	Develop and implement integrated intermediate care and reablement pathways into points of contact	Q4 19/20	NEW	G				An integrated approach to accessing and triaging referrals to the 3 intermediate care and reablement pathways will be defined through the pathway design work stream which has been scoped
1.2	Identify further opportunities for integrated working into points of contact	Q4 19/20	NEW	G				RMBC and TRFT are reviewing and integrating in house contact points and processes as a precursor to improved inter-organisation integrated working

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

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
UC 3.1	Complete review of Integrated Discharge Team	Q3 19/20	NEW	G				Review initiated
UC 3.2	Service re-design for 7 day working with nursing	Q4 19/20	NEW	BR				Not yet due to start

Priority 4 UC&C - I Integrated Working into Localities

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
4.1	Implement social care locality framework in response to Primary Care Networks (PCNs)	Q3 19-20	NEW	G				This work is being progressed through the RMBC Target Operating Model
4.2	Develop integrated intermediate care and reablement pathways as a platform for integrated working into PCNs/localities	Q4 19-20	NEW	G				Integrated working into localities will be progressed through the integrated intermediate care and reablement project in 2019/20 and used as a platform for future development
4.3	Identify and develop further opportunities for integrated working in PCNs/localities informed by the Intermediate Care & Reablement Evaluation	Q4 19/20	NEW	BR				Not due to start

Priority 5 UC&C – Reablement and Intermediate Care

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
UC 5.1	Approval of business case	Q2 19/20	G	A				The Outline Business Case (OBC) has been approved in principle by partner governance groups. Final approval will not be received until July 2019 due to the scheduling of governance meetings.
UC 5.2	Develop service model and service specifications	Q3 19/20	BR	G				High level model articulated in the OBC. Pathway development and service specification work will be initiated in July
UC 5.3	Phase 1 of new service model implemented: investment in home based teams and implementation of the off-site community unit	Q4 19/20	BR	BR				
UC 5.4	Phase 2 New model of care fully implemented	Q3 20/21	BR	BR				
UC 5.5	Embedding of the new model and evaluation	Q4 20/21	BR	BR				

Priority 6 UC&C - Care Home Support

No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
6.1	Identify opportunities to integrate activity and review spend	Q4 19/20	NEW	G				
6.2	Continue to implement enhanced health in care home	Q4 19/20	NEW	G				This is a long term national initiative. A report on 2018/19 is being drafted
6.3	Roll out of registration on DPST/Use of NHS Mail to all Care Homes	Q3 19/20	NEW	G				All care homes are now registered on the DSPT/Use of NHS mail

KEY PERFORMANCE INDICATORS

No.	Description	Trajectory	1920 Target	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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	40%	UC 1 - IPC	G 37.8%	A 39.30%				Council Plan Measure. The description has been updated to replicate changes in the Council Plan. In Q1 DoT trend positive, performance is better than final year end / Q4. Q1 % performance is within the expected outcome range of between 37% to 40%
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 319	G 363				April 168, May 97, Jun 98 = green
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	TBC in Q2	UC 1 – IPC UC 4 – Int Locality	61%	53.5%				Regional data/ benchmarking is being monitored to inform targets moving forward, target to be confirmed for Q2 update. 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	90%	UC 1 – IPC UC4 – Int Loc UC 5 – IC /Reab	G 93.5%	G 91.2%				In DoT trend although downward, in comparison to Q4, the comparable Q1 position shows improvement rate is 2% higher than Q1 in 2018/19 89%. The Q1 performance is above year-end target and trajectory is on track to meet target. The national and regional averages are much lower at approximately 78% and 72% respectively.
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ *BCF/ASCOF 2a (2)/ BCF (per100,000)*	Decrease	517.41 (264 admissions)	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A 572.67 (289 admissions)	G 148.95 (76 admissions)				BCF Indicator, also contributes to Council Plan measure "All Age Admissions". In Q1 DoT trend positive, but Qtr 1 comparison to 2018/19 is higher. The reason for some of the increased numbers of admissions is that the service has been undertaking early in Qtr 1 the reviewing of those people with a current short stay status. This has meant effectively front loading in Q1 rather than a gradual increase over the four quarters and a year-end spike of those people formally on short stays who become permanent during the year.
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	86%	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A 85.6%	TBC Q4				Data collected Oct 2019 – Mar 2020 as part of snapshot period. Performance on this indicator will next be available in March 2020.

UC/ KPI 7	Number of emergency admissions for people over 65 Out of Hours	Reduction	8760 (2190 per qtr)	UC 1 – IPC UC 4 – Int Locality	G 1915	G April / May 1170				April 590, May 580
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 4 – Int Locality	11.2% (Feb figure)	11.9% (May19)				This data used to be available nationally, there is no national target. TRFT local target for 28 days is 13.3%.
UC/ KPI 9	Length of stay in hospital (over 64's)	Reduction	2018/19 baseline: All = 6.7, NE = 7.05	UC 4 – Int Locality	All - 6.62 NE - 6.96	All = 6.6 NE = 7.0				Using TRFT reporting: 2017/18 baseline: All = 6.9, NE = 7.5 *Not including 0 LOS*
UC/KPI 10	Average length of stay - includes acute and community beds combined	Reduction	42	UC 4 – Int Locality						April 80, May 76, Jun 8 Average over Q1 = 54
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	2018/19 baseline All = 53.04% NE = 49.60%	UC 3 - IDisc UC 5 – Int Locality	All = 45.26% NE=42.93 %	All = 55.8% NE = 52.39%				
UC/KPI 12	Average length of stay to below national intermediate care target (general rehabilitation) (beds only)	Reduce	Less than 21	UC 3 - IDisc UC 5 – Int Locality	G Year end = 20.25 average	G 19.2 av				Q1 = 17, 19 , 22 = average of 19.3
UC/KPI 13	Average length of stay to below national intermediate care target (specialist rehabilitation) (beds only)	Reduce	Less than 46	UC 3 - IDisc UC 5 – Int Locality	A Year end = 47.0 average	A 47.3 av				Q1 = 44, 56, 42 = 47.3
UC/ KPI 14	Delayed transfer of care from hospital (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 1.5%	A 3.9%				
UC/ KPI 15	Number of A&E attendances from care home residents (local)	Reduction	3400 (850 per qtr)	UC 6 – Care Homes	G 477	G April / May 115				April 53, May 62
UC/ KPI 16	Number of unscheduled hospital admissions Care Homes	Reduction	1950 (490 per qtr)	UC 6 – Care Homes	G 311	G April / May 258				April 126, May 132