



# Rotherham Integrated Care Partnership

Rotherham ICP Place Board – 4 December 2019

## Quarter 2 Performance Report for ICP Place Plan

<b>Lead Executive</b>	<b>Ian Atkinson</b> Deputy Chief Officer, NHS Rotherham CCG
<b>Lead Officer</b>	<b>Lydia George</b> Strategy and Delivery Lead, NHS Rotherham CCG/Rotherham Integrated Care Partnership

### Purpose

For members to note progress with the delivery of the ICP Place Plan as at the end of Quarter 2 2019/20.

### Background

A performance report for the ICP Place Plan has been developed so that ICP Place Board members can assess progress against the key priorities and on 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.

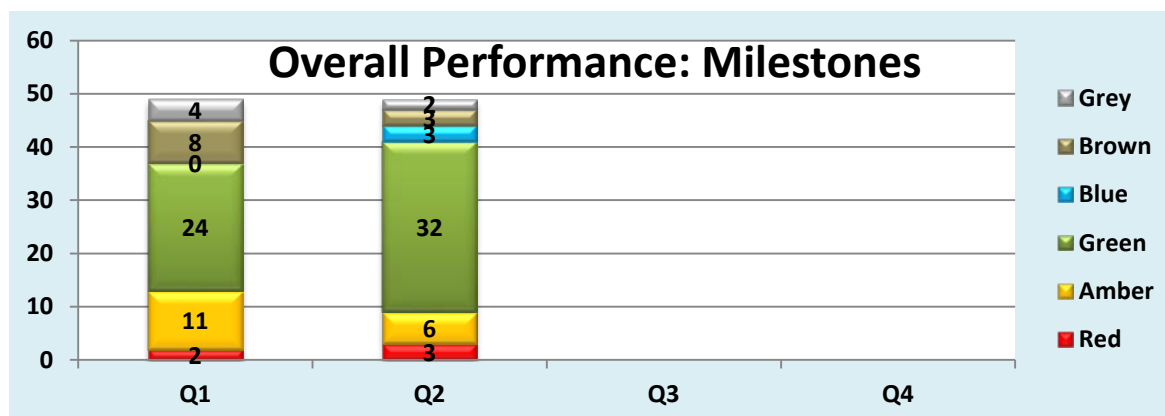
The performance report will be reported 4 times a year and received at ICP Place Board in September, December, March and June.

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

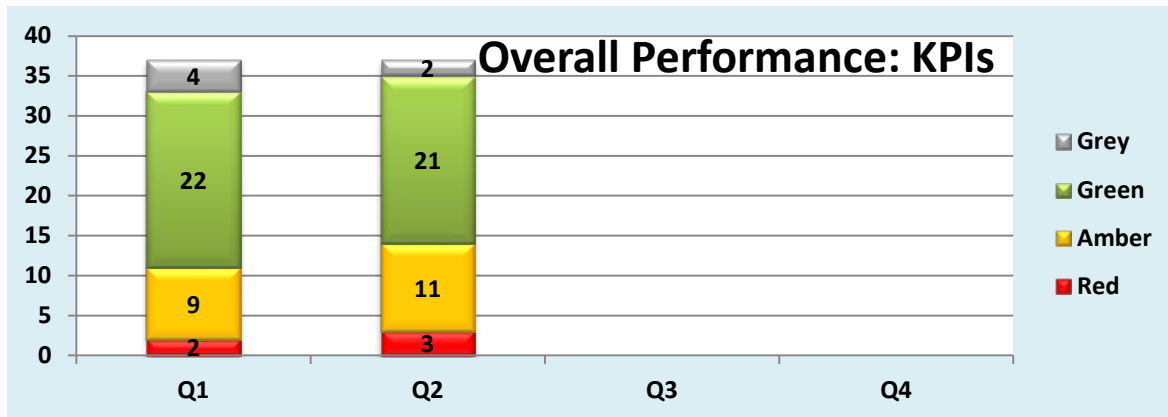
The performance report has been refreshed for 2019/20, however it should be noted that a further refresh will be necessary once the new ICP Place Plan has been produced and agreed (Rotherham response to the NHS Long Term Plan)

### Analysis of key issues and of risks

The graph below shows overall performance for the 49 milestones:



The graph below shows overall performance for the 37 Key Performance Indicators:



Key to RAG rate:

<b>Brown</b>	Milestone	Not due to start
<b>Red</b>	KPI / Milestones	Not achieving target/Significant issues
<b>Amber</b>	KPI / Milestones	Almost achieving target/Started but not on track
<b>Green</b>	KPI / Milestones	Achieving Target/On track
<b>Blue</b>	Milestones	Complete
<b>Grey</b>	KPI / Milestones	To be confirmed

Further information and analysis can be seen in the attached Performance Report.

#### Approval history

ICP Delivery Team – 20/11/2019  
 ICP Place Board – 04/12/2019

#### Recommendations

Members are asked to note the performance for Q2 2019/20, comparisons to Q1 and that overall the position has improved since Q1.



# Rotherham Integrated Care Partnership

## 2019/20 Performance Report: Quarter 2

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 2019	4 September 2019
Q2	20 November 2019	4 December 2019
Q3	19 February 2020	4 March 2020
Q4	20 May 2020	3 June 2020

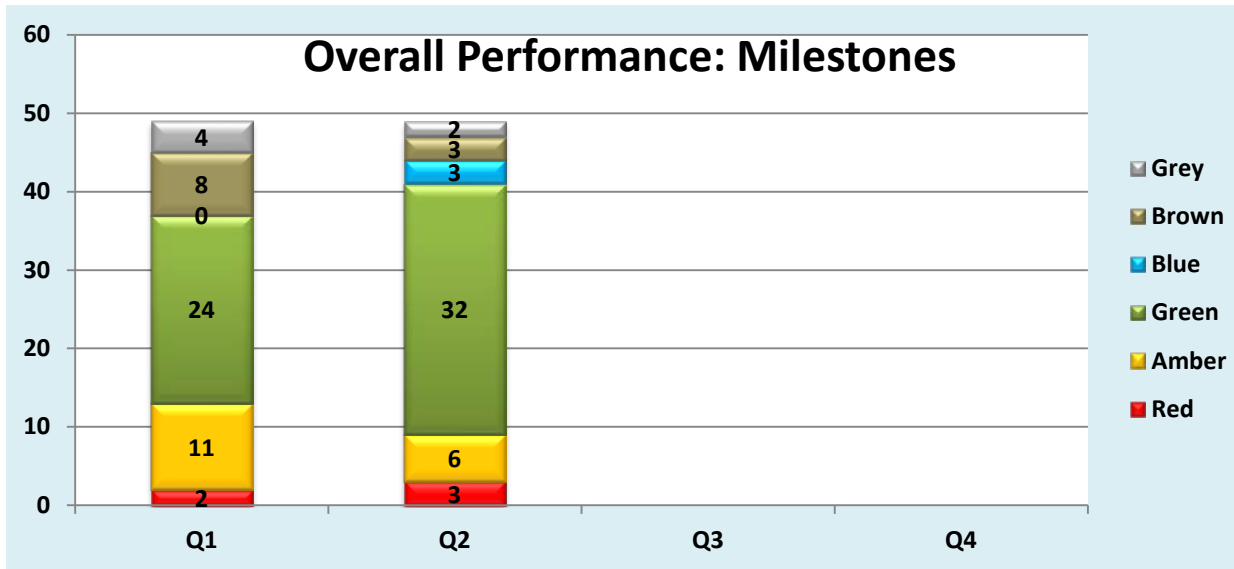
Key to ratings:

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

There are five transformational workstreams, led by three Transformational Groups. All workstreams have key priorities as shown below (note that in 2019/20 some priorities are complete and have been removed):

	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 3	Development of an integrated health and social care team to support the discharge of people out of hospital
C&YP 3	Oversee delivery of the 0-19 healthy child pathway services	LD&MH 5	Improve community crisis response and intervention for mental health.	UC&C 4	Implementation of integrated locality working across Rotherham
C&YP 4	Children's Acute and Community Integration	LD&MH 6	Implement Public Health 'Better Mental Health for All' Strategy	UC&C 5	Development of the re-ablement and intermediate care offer
C&YP 5	Special Educational Needs and Disability (SEND) – Journey to Excellence	LD&MH 7	Oversee delivery of Learning Disability Transforming Care	UC&C 6	Development of a coordinated approach to care home support.
C&YP 7	Transitions	LD&MH 8	Support the implementation of the 'my front door' Learning Disability Strategy		
		LD&MH 9	Support the development of the Autism Strategy		

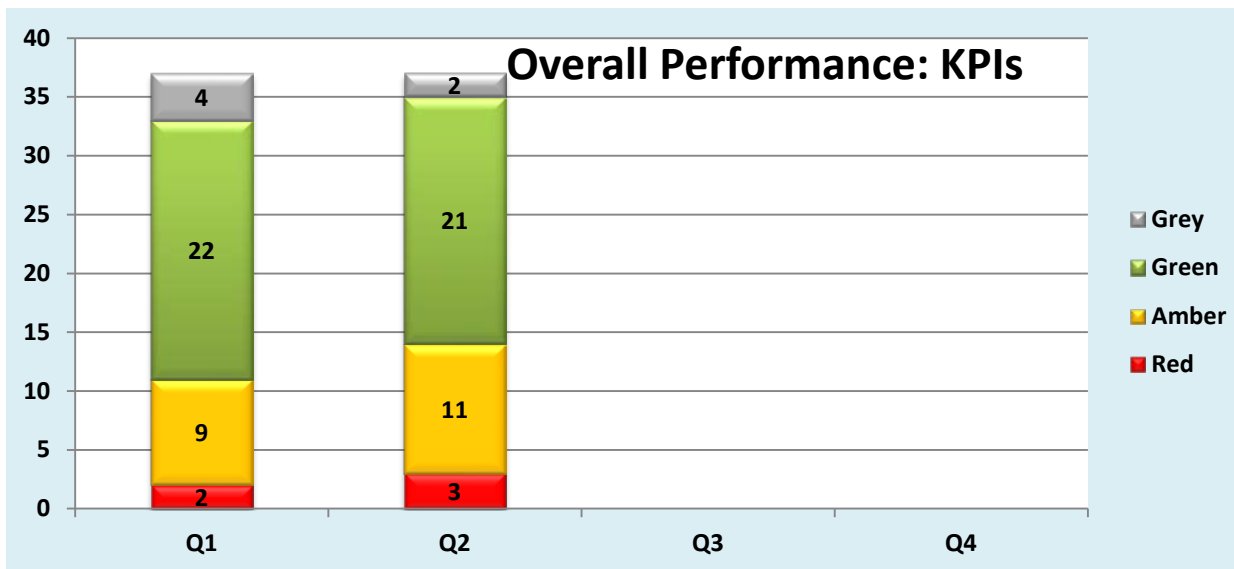
# Summary of Performance Quarter 1 - 2



**Of note:**  
 The combined number of milestones either **on track or complete** has significantly **increased** in Q2.

The number of milestones either **TBC or Not Started** has **decreased** in Q2.

There is one **additional** milestone of **concern** in Q2

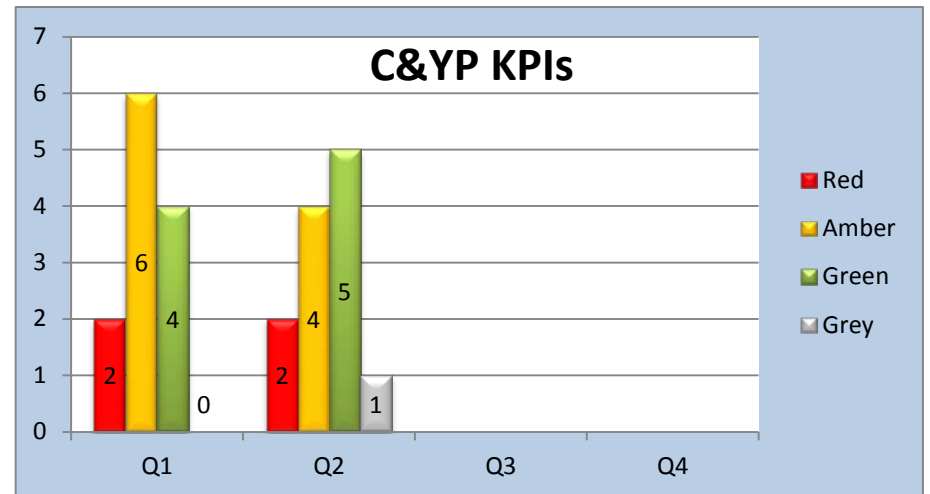
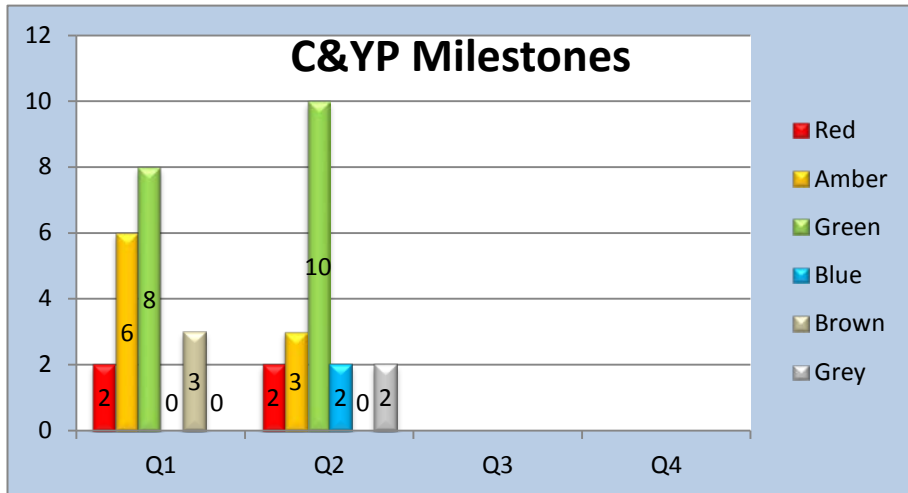


**Of note:**  
 The overall figures show that there has been **little fluctuation** in performance over Quarters 1 – 2 for **any** of the RAG ratings.

# Summary of Children and Young People Performance

Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	10.5	2	10.5				
Amber	Slightly off track	6	31.6	3	15.8				
Green	On track	8	42.1	10	52.6				
Blue	Complete	0	0.0	2	10.5				
Brown	Not due to start	3	15.8	0	0.0				
Grey	Still to be confirmed	0	0.0	2	10.5				
<b>Totals</b>		<b>19</b>	<b>100</b>	<b>19</b>	<b>100</b>				

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	16.7	2	16.7				
Amber	Slightly off track	6	50.0	4	33.3				
Green	On track	4	33.3	5	41.7				
Grey	Still to be confirmed	0	0.0	1	8.3				
<b>Totals</b>		<b>12</b>	<b>100</b>	<b>12</b>	<b>100</b>				



### Of note:

- The number of milestones in Q2 complete or on track increased from 42.1%, to 63.1%
- In Q2, the number of red milestones remained the same as in Q1 at 10.5%

### Of note:

- The number of KPIs on track in Q2 has improved to 41.7% from 33.3% in Q1
- Although based on provisional data there has been an improvement in the reduction in the percentage of women smoking at time of delivery
- Also CAMHS referrals assessed within 6 weeks is back on track
- In Q2 the number of red KPIs remained the same as in Q1 at 16.7%

# Children and Young People

## Milestones

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

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

As at November 2019, no training has been delivered in the last quarter due to changes in staffing so the position remains the same, however, wider partnership advanced training is due to be delivered in the next three months.

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	R			This has been rated 'red' due to the unacceptable waiting times for ASD / ADHD diagnosis. However progress is being made to deliver the whole system action plan in place to reduce waiting times.
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 19/20	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 19/20	A	A	A			This is a long term area of work. RDaSH are working with TRFT as part of a national pilot for Urgent and Emergency Care Access Standard. RDaSH are focusing on young people who present at Rotherham general
CH1.4	Clarification of the pathways between the CAMHS service and Youth Offending Team (YOT) and 'Liaison & Diversion' service.	Q4 19/20	A	A	A			This action has been incorporated into the SEMH Strategy/Action Plan to progress
CH1.5	Scoping out of a Schools 'CAMHS' service in line with the government 'Green Paper' recommendations	Q3 19/20	G	G	G			Mobilisation Of the CAMHS Trailblazer is on-going. A soft launch is planned for December ahead of the staff completing training.

Priority 2 C&YP – Maternity and Better Births								
No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH2.1	To reduce stillbirths and neonatal deaths	Q4 2021	1.61%	1.61%	N/A until Dec 2019			The Q2 2019/2020 data will be published by NHS England in late December 2019.
CH2.2	For all women to have a Personalised Care Plan (PCP)	Q4 2021	100%	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%	20.2%	16.4% (prov)			The percentage of women in Rotherham smoking at time of delivery decreased from 20.2% to 16.4% between Quarter 1 and Quarter 2 2019/20 (lower is better) and is below the target of 18%. Therefore, overall status is green and direction of travel is improving. This is the lowest rate of smoking at time of delivery achieved to date.

Priority 3 C&YP – 0-19 Healthy Child Pathway								
No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH3.1	To address the barriers to 0-19 IPHN EHAs and increase the numbers submitted by the service.	Q4 19/20	A	R	R			There has been an increase in number of EHA assessments completed in the last Quarter. Q2 – 18 for 0 -19 service
CH3.2	All 0-19 Practitioners will have completed Signs of Safety training by the end of 2018/19.	Q4 19/20	A	A	G			SOS to be included for this financial year : 70 % of staff attended this training, awaiting new dates.

Priority 4 C&YP – Acute and Community Integration								
No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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			The work is now embedded across the children’s ward, children’s CAU and UECC. This work is going to move forward to G.P’s. Further discussions need to be had with the CCG regarding funding.
CH4.2	Establish links between Rapid Response Team & Early Help	Q3 18/19	G	G	G			The CCN /PARROT team have links with early help. The teams are both based at Kimberworth and are aware of the process for referral.
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			There is a direct link between the Rapid response Team (PARROT)

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 <b>Joint Commissioning</b> : <ul style="list-style-type: none"> <li>Implement the <b>joint financial protocol</b> and service specifications</li> <li>Implement the <b>Special School Funding Model</b></li> <li>Review of <b>SEMH Support Centres (PRUs)</b></li> <li>Review of <b>Traded Models</b></li> <li>Review of service provision within the <b>High Needs Budget</b></li> </ul>	Q4 19/20	G	G	B			<ul style="list-style-type: none"> <li>Joint Resourcing Panel in place</li> <li>SEND Sufficiency Strategy approved</li> <li>SEND Health Sufficiency Strategy approved and at implementation phase</li> <li>Review of SEMH Support Centres complete; focused work to commence in September 2019</li> <li>Strategic Inclusion Steering Group in place to review traded models</li> <li>High Needs Budget Recovery Plan submitted to DfE</li> </ul>
CH5.2	Create a plan to reduce placements outside Rotherham (including <b>residential provision</b> offer, Reduce <b>OOA provision</b> arrangements	Q2 19/20	G	G	B			SEND Sufficiency Strategy approved by RMBC Cabinet SEND Sufficiency proposals agreed with schools

Priority 7 C&YP – Transitions								
No.	Description	Target	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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	A			The transitional pathway has been developed and will be published as part of the Adult Care Pathway transformation. This has been published internally: see <a href="http://rmbcintranet/Directorates/ACH/Pages/Adult-Social-Care-Pathways.aspx">http://rmbcintranet/Directorates/ACH/Pages/Adult-Social-Care-Pathways.aspx</a> A date for public publication will be confirmed with comms.
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	G			The E&S strategy is featured on the RiDO website and will be promoted to residents and young people at the LEAF Job and Careers Fair on Monday 11 <sup>th</sup> . A scoping meeting to discuss a careers' fair and event aimed at young people with SEND will be discussed with special school representatives on 28 <sup>th</sup> Nov. The E&S strategy will be promoted at these events and Rotherham Show in Sept 20.
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	G			A local labour market video is planned as part of the ESF Business Education Alliance project. However delays to funding by DWP have resulted in delays beyond our control. We will be looking at planning for this Dec/Jan.
CH7.4	Transition pathways for long-term health conditions to be developed	Q3 19/20	N/A	BR	G			A plan is being prepared as part of the Preparing for Adulthood Board. This is to be shared in late November.



# Children and Young People

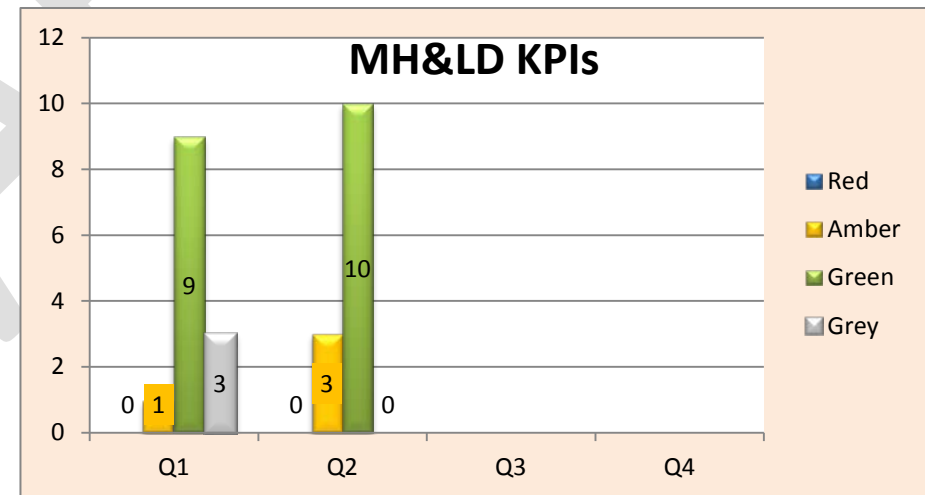
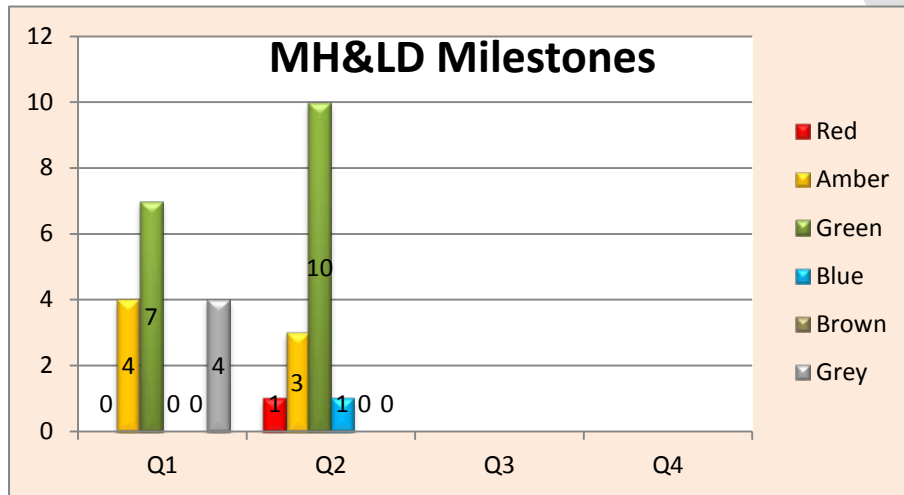
## KPIs

No.	Description	Trajectory	Target 1920	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
CH/KPI 1	Percentage of referrals assessed within 6 weeks	Increase	95%	CH1 - CAMHS	A 84%	A 89.5%	G 100%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting).
CH/KPI 2	Percentage of referrals receiving treatment within 18 weeks	Increase	95%	CH1 - CAMHS	A 87%	A 93%	A 97.4%			As at 30 September 2019 excluding ASD/ADHD (in line with the Contract Reporting)
CH/KPI 3	Percentage of referrals triaged for urgency within 24 hours of receipt of referral	Increase	100%	CH1 - CAMHS	G 100%	G 100%	G 100%			As at 30 September 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%	G 100%			As at 30 September 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	G 1.61%	Not available until Dec 19			The Q1 2019/20 rate is 1.6%, a slight reduction on the previous quarterly figure. The Q2 2019/2020 data will be published by NHS England in late December 2019.
CH/KPI 6	All pregnant women have a Personalised Care Plan by March 21	Increase	70%	CH2 – Maternity	G 100%	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%	A 17.8%	16.4% (prov)			The percentage of women in Rotherham smoking at time of delivery decreased from 20.2% to 16.4% between Quarter 1 and Quarter 2 2019/20 (lower is better) and is below the target of 18%. Therefore, overall status is green and direction of travel is improving.
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 13	R 19			Another increase between quarter one and quarter two, although this is still behind the target of completing 10 per month.
CH/KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 5 - SEND	R 19	R 15	R 12			Q2 – 9 registered with SEN Support and 3 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 10	Increased number of Children in Local Provision (reduced OOA)	Increase	17/18 – 93.5%	CH 5 - SEND	A 88.9%	A 89.1%	A 85.2%			End of Q2 (Sept 19) there were 225 CYP in an OOA provision out of 2235 CYP who have a EHCP in place (This is 122 Post -16 CYP and 103 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 13	Numbers of SEND Tier 1 tribunal applications	Reduce	8 plus 1 in court	CH 7 - Transitions	G 3	A 3	A 3			
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	A	A			This baselining is still ongoing. It is planned to use the national defined ASCOF measure – we are already monitoring this on a monthly basis, there is benchmarking available and the service have started improvement work as part of My Front door and the adult care pathway

# Summary of Mental Health and Learning Disabilities Performance

Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	1	6.7				
Amber	Slightly off track	4	26.7	3	20.0				
Green	On track	7	46.7	10	66.7				
Blue	Complete	0	0.0	1	6.7				
Brown	Not due to start	0	0.0	0	0.0				
Grey	Still to be confirmed	4	26.7	0	0.0				
<b>Totals</b>		<b>15</b>	<b>100</b>	<b>15</b>	<b>100</b>				

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0				
Amber	Slightly off track	1	7.7	3	23.1				
Green	On track	9	69.2	10	76.9				
Grey	Still to be confirmed	3	23.1	0	0				
<b>Totals</b>		<b>13</b>	<b>100</b>	<b>13</b>	<b>100</b>				



**Of note:**

- In Q1 the number of red milestones has increase to 6.7% from 0 in Q1
- The number of milestones on track or complete has increased to 73.7% from 46.7% in Q1
- All milestones are confirmed in Q2, compared to 26.7% that were not in Q1

**Of note:**

- The number of KPIs on track has increased to 76.9% in Q2, compared to 69.2% in Q1

# Mental Health and Learning Disability

## Milestones

Chair: Ian Atkinson, RCCG

Priority 1 MH - IAPT								
No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
MH1.1	Identify and agree workforce development and training requirements (LTC & Core) – IAPT	Q1- Q4 19/20	G	G	G			On target, staff recruited
MH1.2	All GP practice review support visits completed – IAPT	Q1-Q4 19/20	A	Tbc	R			To date only 2 GP visits have taken place in 2019/20. Further work planned in Winter 1920.
MH1.3	Delivery of 5 year forward IAPT 18/19 plan – IAPT	Q4 19/20	G	G	G			

Priority 2 MH - Dementia Diagnosis and Support								
No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
MH2.1	Develop new dementia pathway for post diagnostic care	Q4 19/20	G	G	G			New pathway developed with Partners. Report being prepared to go through CCG governance processes.
MH2.2	Review dementia diagnosis pathway	Q4 19/20	A	A	G			As above

Priority 5 MH - Improve Community Crisis Response (including Core Fidelity, suicide-prevention)								
No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
MH5.1	Complete CORE Fidelity review, recommendations and action plan for improvement (inc investment requirements)	Q4 19/20	A	G	G			Model for ICS crisis investment agreed with RDaSH and TRFT
MH5.2	SY&B ICS NHS England Suicide-prevention – delivery of Rotherham element of the plan (year 2)	Q4 19/20	G	G	G			<p>The second round of small grants has been advertised and the panel met in October to award the grants.</p> <p>11 practitioners from across the partnership were trained in September as part of the Train the Trainer Self Harm project (Y1 identified activity). Progress is underway to commission another course as part of the year 2 activity.</p> <p>Discussions are being held with SY &amp; B colleagues re the joint commissioning across the area of a suicide listening service.</p>
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 19/20	A	Tbc	G			The refreshed action plan has been out for consultation and will be signed off by the H&WB at the November meeting.

Priority 6 MH – Public Health: Better Mental Health for All Strategy								
No.	Description	Target 1920	Progress					Comments
			Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
MH6.1	Evidence of integration of Five Ways messages within provider and commissioned services	Q1-Q4 19/20	A	Tbc	A			Better Mental health for All Action is currently being refreshed and will look at all opportunities to promote this H&WB campaign. Five Ways was promoted at the Rotherham Show with the general public being asked to share how they looked after their health and wellbeing in relation to one or more of the five principles.

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	A			This work is now incorporated into: 1)the section 117 aftercare work, 2)CHC funding working – to commence
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 19/20	G	G	B			Complete
LD7.3	Commissioning solutions to be in place to meet individual trajectories	Q4 19/20	G	A	G			Close partnership working across the system has taken place to identify possible placement opportunities for identified transforming care caseload. To continue into 2019/20

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	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	A			The pathway is in development and on track. However, in dialogue with RDaSH, it is clear the risks in relation to recruitment are still evident and this reflects the change from green to amber. Mitigation: regular meetings occur to ensure that the risks are reviewed and appropriate action is taken to reduce this risk
LD9.2	Development of Rotherham based Autism and ADHD diagnostic pathway	Q4 18/19	G	Tbc	G			Initial clinically led dialogue undertaken to scope opportunities for development of pathway. Looking at options. This is on track.

# Mental Health and Learning Disabilities

## KPIs

No.	Description	Trajectory	Target 2020	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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%	G 97.8%			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	Increase	19% <small>Accumulative total of population with depression -reported to NHSE</small>	MH 1 - IAPT	G 4.77%	G 4.36%	G 4.58%			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%	G 53.6%			On track
MH/KPI 4	Dementia diagnosis rates (%)	Maintain	National = 67% Local = ≥80%	MH 2 - Dementia	G 86.4%	G 85.2%	G 84.4%			National target is 67%. Local target set to maintain or improve on 80%.
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	G 60%			
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%	G 89%			
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	A			<b>Fingertips Profiles (PHOF and Suicide Prevention Profiles) Rotherham - September 2019 Update</b> The latest update to 2016-18 shows a decrease to 13.1 deaths per 100,000 reducing the gap with England which remained at 9.6 per 100,000.
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%	G 100%			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%	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%	G 100%			On track

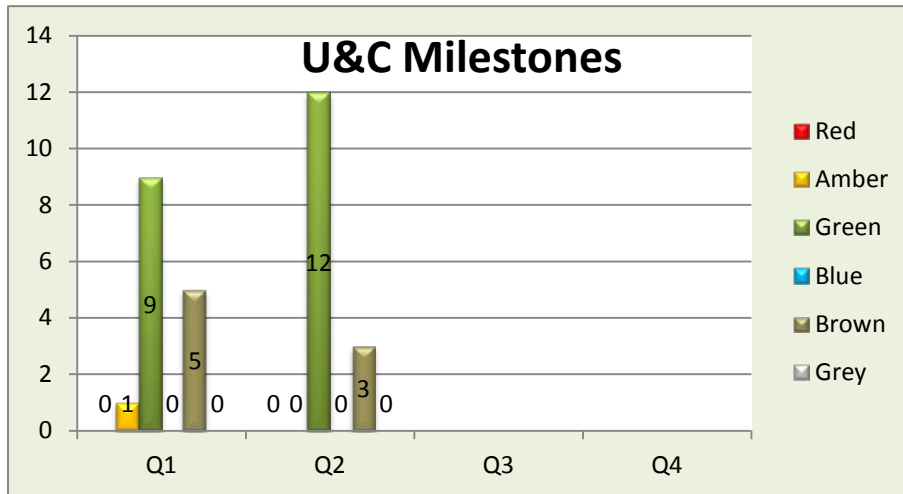
No.	Description	Trajectory	Target 1920	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
LD/KPI 12	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – <i>Local Reporting</i>	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds tbc	LD 7 - Transforming Care	G 3 = CCG 4=NHSE	G	G 3 = CCG 4=NHSE			An admission was required in April 2019. The person is scheduled to be discharged in July 2019. This will return Rotherham to Green
LD/KPI 13	Proportion of eligible adults with a learning disability having a GP health check	Increase	1058	LD 8 - LD Strategy	A	A	A			An increase in completed GP health checks is reported. Waiting confirmed number.
LDKPI/ 15	The numbers of people receiving a diagnosis of autism within 18 weeks ( <i>55 assessments completed in 2017/18</i> )	Increase	5% increase on 2017/18 performance = 58	LD9 – Autism	G 15	Tbc	A			As part of the neurological pathway work the CCG has identified that the current provider has a developed a waiting list. Work is being undertaken to clarify the length of time people are waiting to receive a diagnosis. Moved to amber while this work is completed. This is work is due by the end of Q3.

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# Summary of Urgent and Community Performance

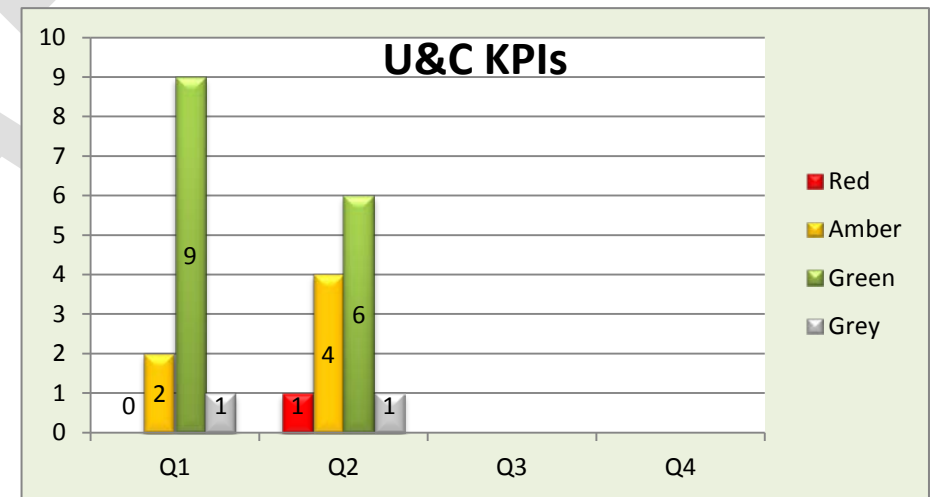
Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0.0				
Amber	Slightly off track	1	6.7	0	0.0				
Green	On track	9	60.0	12	80.0				
Blue	Complete	0	0.0	0	0.0				
Brown	Not due to start	5	33.3	3	20.0				
Grey	Still to be confirmed	0	0	0	0.0				
<b>Totals</b>		<b>15</b>	<b>100</b>	<b>15</b>	<b>100</b>				

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	1	8.3				
Amber	Slightly off track	2	16.7	4	33.3				
Green	On track	9	75.0	6	50.0				
Grey	Still to be confirmed	1	8.3	1	8.3				
<b>Totals</b>		<b>12</b>	<b>100</b>	<b>12</b>	<b>100</b>				



**Of note:**

- The number of milestones in Q2 has increased to 80%, compared to 60% in Q1



**Of note:**

- The number of red KPIs has increased in Q2 to 8.3%, compare to 0 in Q1, this is for new permanent admissions to residential nursing care for adults
- The number of KPIs on track has decreased in Q2 to 50%, compared to 75% in Q1

# Urgent and Community

## Milestones

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	G			A pathway design and implementation group has been established including representation from the core points of contact. An integrated multi-disciplinary health and social care triage hub with nursing, therapies and reablement is a core element of the new model. Draft pathways will be tested with stakeholder groups in November.
1.2	Identify further opportunities for integrated working into points of contact	Q4 19/20	NEW	G	G			The Care Co-ordination Centre are working more closely with the Unplanned Hub and Community Therapies now they are co-located. This will be further developed through the Intermediate Care and Reablement Project.  The RMBC SPA is being re-developed as part of the Target Operating Model to be implemented in October. Links across health and social care are being explored in relation to this.

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	G			On track to deliver in Q3
UC 3.2	Service re-design for 7 day working with nursing	Q4 19/20	NEW	BR	G			All vacancies have now been recruited to. Once the post holders are in place the team will be able to provide 7 day cover.



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	G			This work is being progressed through the RMBC Target Operating Model which is due to launch on 21 October 2019
4.2	Develop integrated intermediate care and reablement pathways as a platform for integrated working into PCNs/localities	Q4 19-20	NEW	G	G			Integrated working into localities is being progressed through the integrated intermediate care and reablement project in 2019/20. The learning and successful outcomes will be 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	G			Initial scoping has been undertaken at an Urgent & Community Transformation group workshop to agree the approach and identify potential opportunities for further integrated working. This will continue to be developed through 2019/20 and in to 2020/21

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	G			The Outline Business Case (OBC) has now been approved by partner governance groups. In addition the TRFT Board of Directors approved a business case for a therapy led off-site 24 bed community unit with nursing for one year to mitigate risks within the Trust. This will be delivered as part of the project in order to maximise opportunities and manage interdependencies.
UC 5.2	Develop service model and service specifications	Q3 19/20	BR	G	G			A high level model has been articulated in the OBC. A specification has been developed for the therapy led off-site community unit with nursing. Pathway work will be completed in quarter 3 and tested during the period of double running over the winter. Therefore specifications will not be finalised until quarter 4, in time for the launch in April.
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	G			Mobilisation is underway. Task and Finish groups have been established to progress pathway design, workforce and IT and information governance elements, underpinned by communication and engagement and financial and contracting enablers.
UC 5.4	Phase 2 New model of care fully implemented	Q3 20/21	BR	BR	BR			
UC 5.5	Embedding of the new model and evaluation	Q4 20/21	BR	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	BR			A task group will be established in Quarter 4 to drive the next stage forward.
6.2	Continue to implement enhanced health in care home	Q4 19/20	NEW	G	G			A report went to Quality Board in September which included key achievements over last 12 months and progress against the EHCH domains. This is a long term national initiative and a key element of the NHS Long Term Plan.
6.3	Roll out of registration on DPST/Use of NHS Mail to all Care Homes	Q3 19/20	NEW	G	G			All care homes are now registered on the DSPT/Use of NHS mail. Care homes providing community unit and winter pressure beds have an NHS mail assigned to the care home to safely transfer patient sensitive data with the Integrated Discharge Team, pharmacies and GP practices.

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# Urgent and Community

## KPIs

No.	Description	Trajectory	Target 1920	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) <i>SPA LOCAL PI (based on ASCOF 2B3)</i>	Increase	40%	UC 1 - IPC	G 37.8%	A 39.30%	A 38.3%			Council Plan Measure. The description has been updated to replicate changes in the Council Plan. In Q2 DoT trend worsened by 1% to 38.3%; performance is slightly below last year's outturn of 38.8. A review of records and actions has shown a proportion of this is due to incorrect recording by new staff members. Learning has been to positively support performance recovery through to year end. It is worth noting that the continuation of this KPI will need to be reviewed at year-end. This is due to the ongoing redevelopment and promotion of online self-service IAG resources. These improvements should positively stop inappropriate calls and increase contact centre capacity but will therefore reduce IAG contact outcomes and result in a positive reduction.
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	G 256			April 168, May 97, Jun 98 = green Jul 83, Aug 85, Sep 88 = 256 = 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%	59.3%			Regional data/ benchmarking is being monitored to inform targets moving forward, target to be introduced from 2020-21. Adult Care are working on new pathways to support a more preventative model of working.
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 2B7</i>	Increase	90%	UC 1 – IPC UC4 – Int Loc UC 5 – IC /Reab	G 93.5%	G 91.2%	A 89.8%			Performance has reduced to 89.8% in Quarter 2 compared to 91.2% in Quarter 1, (against a target of 90%), but remains significantly higher than national averages. Management actions are monitoring the Qtr 2 activity to identify reasons for month on month downturn but this may be due to recent service pathway transformational changes and the wider cohort profile of adults now accessing the service. As the new pathway embeds and the service begins to support a wider range of needs, there is an accepted known risk within the service that performance against this indicator may reduce further and be more aligned to the national and regional averages of approximately 78% and 72% respectively. However, in real terms, the number of customers successfully supported should increase as more are accessing this early intervention and preventative service. Targets therefore may need reviewing periodically to ensure they remain realistic.

No.	Description	Trajectory	Target 2020	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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)	R 272.76 (141 admissions)			BCF Indicator, also contributes to Council Plan measure “All Age Admissions”. Admission rates remain higher than expected in Quarter 2 and the measure is now rated off target. A performance clinic was held in September 2019 and a number of actions have been identified to improve performance through to year end where possible. It was acknowledged that Rotherham’s recent year on year improvement reduction on permanent admissions, may now be approaching its natural ‘floor’ and flattening out making further reductions harder to achieve unless alternative long term solutions can be made available.
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	Increase	86%	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A 85.6%	TBC Q4	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/	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	G 1742			April 590, May 580 Jul 561, Aug 592, Sep 589
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)	G 10.1% (Sept 19)			General readmission rate has stabilised over the last few months but remains higher than previous years.
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	All = 7.18 NE = 7.52			
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%	All = 54.55% NE = 51.38%			
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	A 31 av			Q1 = 17, 19, 22 = average of 19.3 Q2 = 31,31,31 = average of 31
UC/KPI 13	Average length of stay to below national intermediate care target (specialist rehabilitation) (beds only)	Reduce	Less than 42	UC 3 - IDisc UC 5 – Int Locality	A Year end = 47.0 average	A 47.3 av	A YTD 44.5			Q1 = 44, 74, 28 = 48.6 (amended at Q2) Q2 40,43,38 = average of 40.3
UC/ KPI 14	Delayed transfer of care from hospital (TRFT) (I&AF 127e).	Reduction	3.5%	UC 3 – IDis	G 1.5%	A 3.9%	G 3.44%			July 3.8%, Aug 2.9%, Sep 3.6% = average of 3.44% The national standard is a maximum of 3.5% of total occupied bed days taken up by delayed transfers of care. TRFT are currently within that standard.
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	G 232			April 53, May 62 Jul 62, Aug 86, Sep 84 = green
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	G 450			April 126, May 132 Jul 141, Aug 133, Sep 176 = green