



Rotherham Integrated Care Partnership

Rotherham ICP Place Board – 4 March 2020

Quarter 3 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 Integrated Care Partnership

Purpose

For members to note progress with the delivery of the ICP Place Plan as at the end of Quarter 3 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.

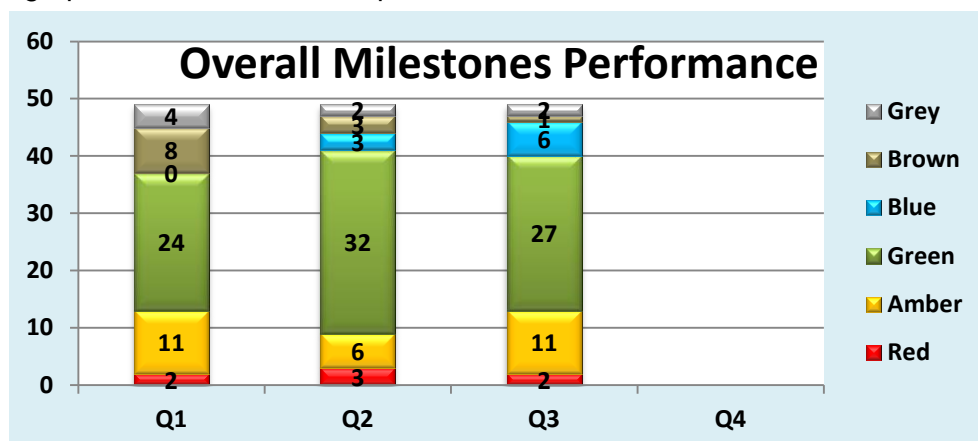
The performance report will be reported 4 times a year and received at ICP Place Board in September, December, March and June.

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

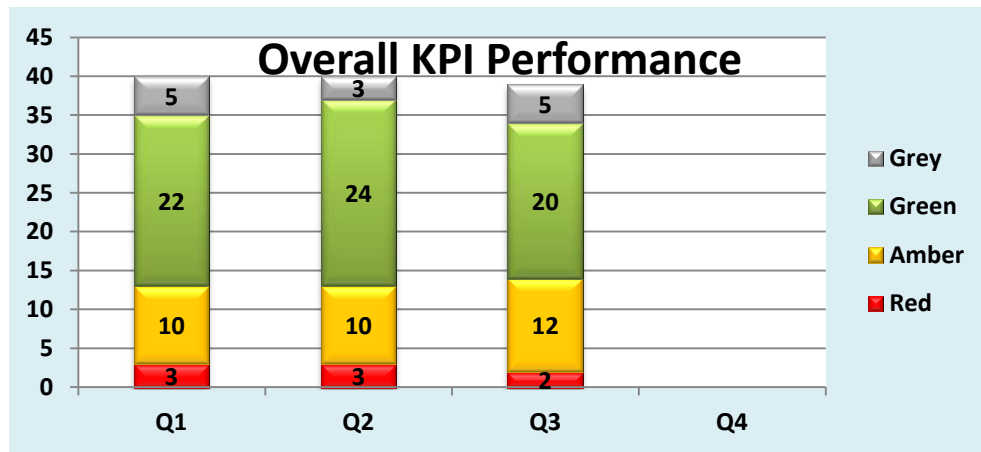
The performance report has been refreshed for 2019/20, however it should be noted that a further refresh will be necessary once the new ICP Place Plan has been produced and agreed (Rotherham response to the NHS Long Term Plan)

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 39 Key Performance Indicators:



Key to RAG rate:

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

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

Approval history

ICP Delivery Team – 26/02/2020

ICP Place Board – 04/03/2020

Recommendations

Members are asked to note the performance for Q3 2019/20, which is very similar to the position in Q2.



Rotherham Integrated Care Partnership

2019/20 Performance Report: Quarter 3

(against the 2018-20 Place Plan)

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

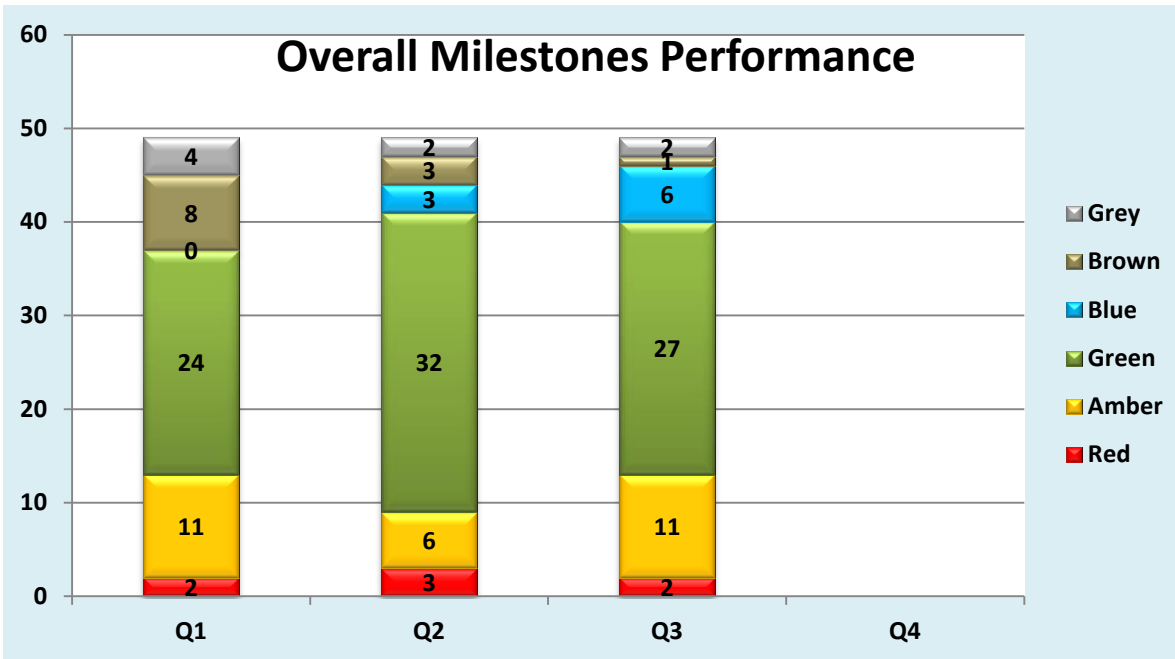
Brown	Milestone	Not due to start
Red	KPI Milestones	Not achieving target (<i>Tolerance = more than 2%</i>) Significant issues
Amber	KPI Milestones	Almost achieving target (<i>Tolerance = within 2%</i>) Started but not on track
Green	KPI Milestones	Achieving Target On track
Blue	Milestones	Complete
Grey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

Key to ratings:

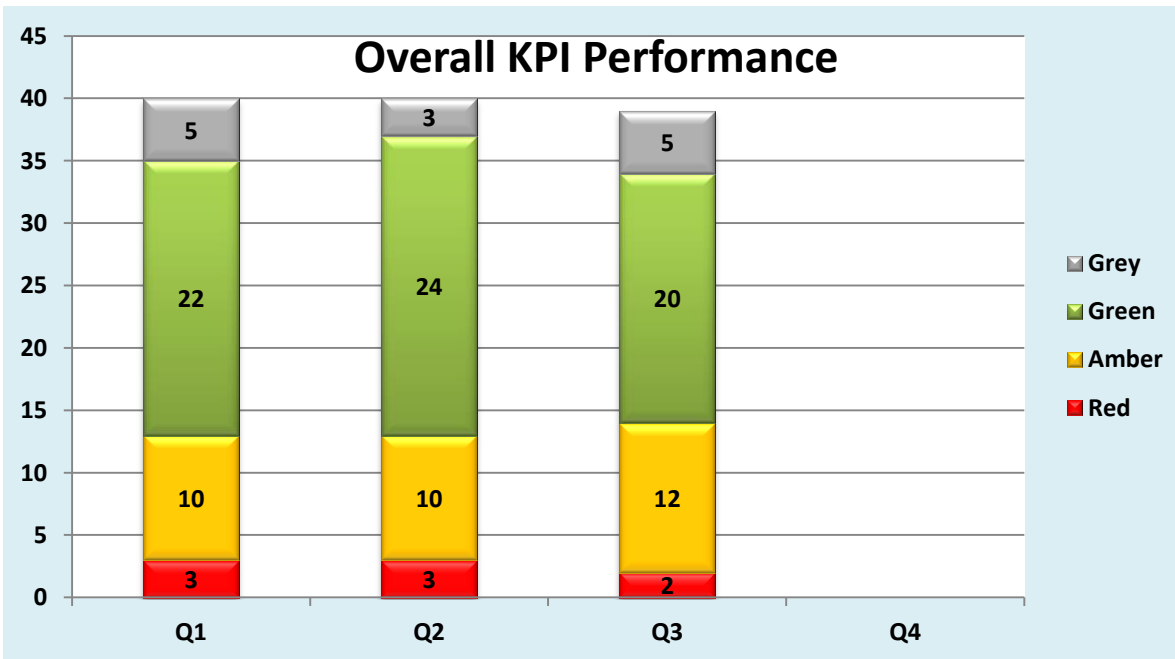
There are five transformational workstreams, led by three Transformational Groups. All workstreams have key priorities as shown below (note that in 2019/20 some priorities are complete and have been removed):

	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 - 3



Of note:
 The combined number of milestones either **on track or complete** has slightly decreased in Q3. Although the number that are complete has increased/
 The number of milestones of light concern has increased in Q3

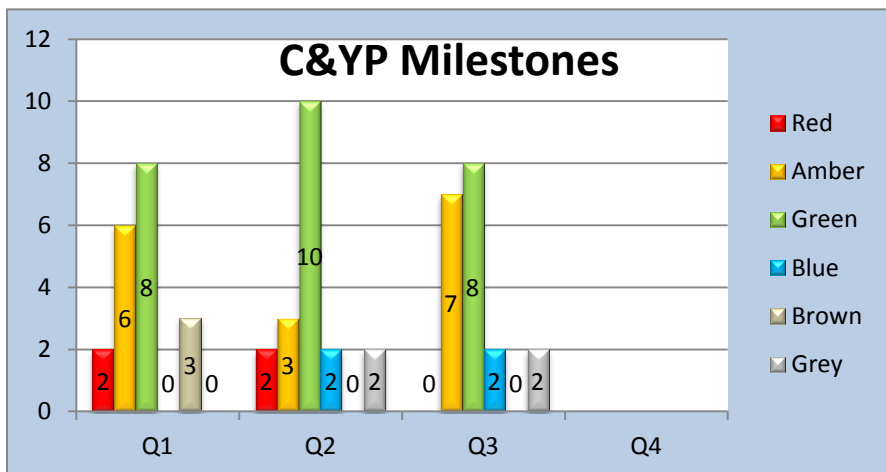


Of note:
 The overall figures show that there has been **little fluctuation** in performance over Quarters 1 – 3 for **any** of the RAG ratings.

Summary of Children and Young People Performance

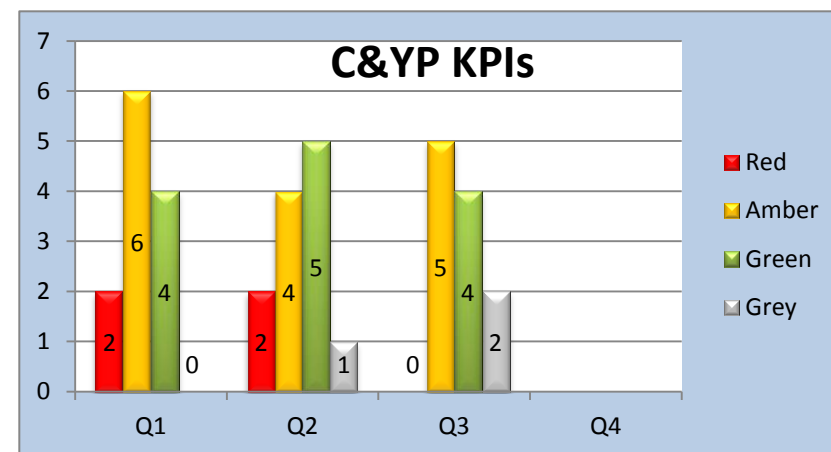
Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	10.5	2	10.5	0	0		
Amber	Slightly off track	6	31.6	3	15.8	7	36.8		
Green	On track	8	42.1	10	52.6	8	42.2		
Blue	Complete	0	0.0	2	10.5	2	10.5		
Brown	Not due to start	3	15.8	0	0.0	0	0		
Grey	Still to be confirmed	0	0.0	2	10.5	2	10.5		
Totals		19	100	19	100	19	100		

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	2	16.7	2	16.7	0	0		
Amber	Slightly off track	6	50.0	4	33.3	5	45.4		
Green	On track	4	33.3	5	41.7	4	36.4		
Grey	Still to be confirmed	0	0.0	1	8.3	2	18.2		
Totals		12	100	12	100	11	100		



Of note:

- The number of milestones in Q3 complete or on track has decreased from 63.1% to 52.7%
- In Q3, the number of red milestones has reduced from 10.5% in Q1 and Q2 to 0 in Q3 (review of RDaSH CAMHS ASD/ADHD diagnosis pathway and addressing barriers to 0-19 IPHN EHAs)
- The number of amber milestones has increased from 15.8% in Q2 to 36.8% in Q3; 2 are milestones that have gone from green to amber (signs of safety training and development of transition pathways for long-term health conditions)



Of note:

- The number of KPIs on track in Q3 has decreased from 41.7% in Q2 to 36.4 in Q3
- The number of red KPIs has reduced from 16.7% in Q2 to 0 in Q3
- There is 1 less KPI as there was agreement for the 'Increased Early Help Assessments completed by 0-19 practitioners to a min 10 per month' KPI has been removed

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	A		A partnership action plan is in place to reduce tackle waiting times for Neurodevelopment Assessments. An additional provider for ASD assessments has been commissioned by RCCG and this service is now live. Partners have been engaged through establishment of the SEMH Strategy Group which has
CH1.2	Integration of the CAMHS Single Point of Access (SPA) and RMBC Early Help access point.	Q4 19/20	A	A	A	A		As part of the CAMHS Trailblazer , the interface between the Mental Health Support Team, Locality Advice and Consultation and Early Help, School inclusion Services has been reviewed.
CH1.3	Improved CAMHS Crisis service out of hours.	Q4 19/20	A	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. In addition a programme manager has been appointed to lead work on CYP crisis provision at
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	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	G		Progressing well. Joint launch event with Doncaster planned for CYP Mental Health Week in February

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%	1.2%	tbc		The Q2 2019/20 rate is 1.2%, a slight reduction on the previous quarterly figure. The Q3 2019/2020 data will be published by NHS England in late March 2020.
CH2.2	For all women to have a Personalised Care Plan (PCP)	Q4 2021	100%	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)	tbc		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. The Q3 2019/2020 data will be published by NHS England in late March 2020.

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	G		The numbers of EHA's completed by the service has increased but, following discussions with commissioners, it has been agreed that having a target is inappropriate – this should needs led.
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	A		70 % of staff attended this training, but we are awaiting new dates so no more staff have been trained.

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	G		The work is now embedded across the children's ward, children's CAU and UECC. In the recent spotlight presentation to the Board it was suggested that the team link with the primary care network to progress work with GPs. There are ongoing discussions regarding of PARROT with the CCG
CH4.2	Establish links between Rapid Response Team & Early Help	Q3 18/19	G	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	G		There is a direct link between the Rapid response Team (PARROT) PARROT nurses attend ward round every morning. Referral to Early Help would be considered on a case by case basis.

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 : <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 19/20	G	G	B	B		<ul style="list-style-type: none"> 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 Consultant appointed to advise on SEMH sufficiency and use of PRUs.
CH5.2	Create a plan to reduce placements outside Rotherham (including residential provision offer, Reduce OOA provision arrangements	Q2 19/20	G	G	B	B		<ul style="list-style-type: none"> SEND Sufficiency Strategy approved by RMBC Cabinet SEND Sufficiency proposals agreed with schools Building programme on track for 2021

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	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 http://rmbcintranet/Directorates/ACH/Pages/Adult-Social-Care-Pathways.aspx 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	G		<ul style="list-style-type: none"> ▪ RiDO has recently been successful in securing ESF funding to build links between employers and schools to share local job market information, career and progression routes. ▪ The ESF initiative will enable RiDO officers to plan events with employers, schools and partners to help raise awareness, increase work experience, supported internship opportunities and the number disability confident employers. ▪ RiDO's Enterprise Adviser Network programme is helping schools to work towards developing careers education and guidance in line with 8 Gatsby Benchmarks.
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	G		<ul style="list-style-type: none"> ▪ 28 students from 2 PRU's attended the LEAF annual job and careers fair 2018 for the first time. ▪ 36 students from 2 PRU's are booked in for LEAF 2019. ▪ 54 students from 3/6 special schools attended LEAF 2018.
CH7.4	Transition pathways for long-term health conditions to be developed	Q3 19/20	N/A	BR	G	A		A plan is being prepared as part of the Preparing for Adulthood Board. This is to be shared in late November. This is outstanding.

Children and Young People

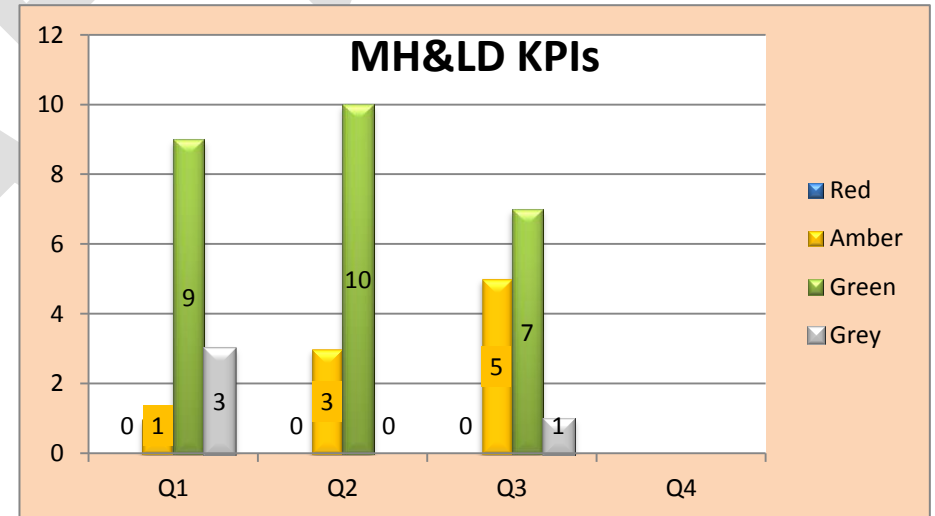
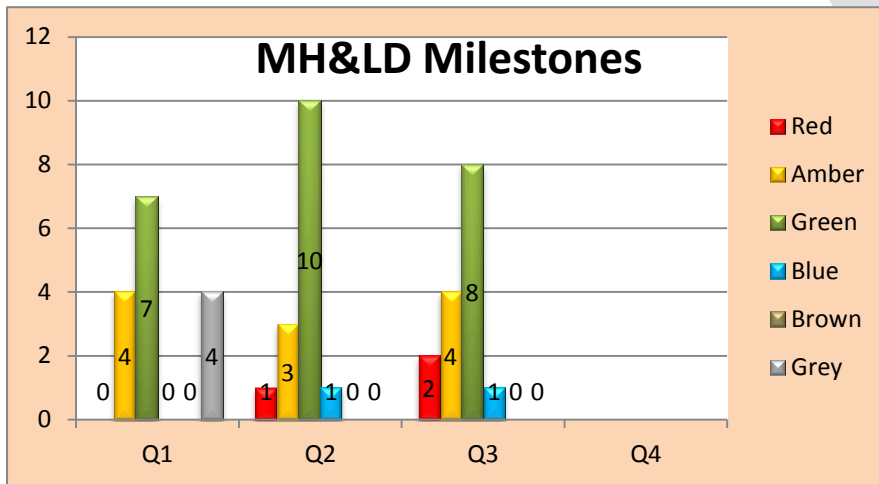
KPIs

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%	G 100%		As at 31 December 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%	G 100%		As at 31 December 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%	A 99.4%		As at 31 December 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%	G 100%		As at 31 December 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%	G 1.2%	tbc		The Q2 2019/20 rate is 1.2%, a slight reduction on the previous quarterly figure. The Q3 2019/2020 data will be published by NHS England in late March 2020.
CH/KPI 6	All pregnant women have a Personalised Care Plan by March 21	Increase	70%	CH2 – Maternity	G 100%	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%	G 16.4% (prov)	tbc		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. The Q3 2019/2020 data will be published by NHS England in late March 2020.
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	DELETE		Agreed at 0 -19 performance meeting with Commissioners to remove target as this is not needed. Work to continue on identifying EHA's and lead roles. Meeting arranged to discuss EHA with Susan Claydon as EHA is wider than 0 -19 service.
CH/KPI 9	Reduction in the number of exclusions	Reduce	Reduction on previous year	CH 5 - SEND	R 19	R 15	R 12	A 11		All 11 registered with SEN Support. This measure is a subset of the Council Plan measure. 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%	A 89.5%		End of Q3 (Dec 19) there were 234 CYP in an OOA provision out of 2220 CYP who have an EHCP in place (This is 111 Post 16 CYP and 123 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	A 3		No update
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	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	2	13.3		
Amber	Slightly off track	4	26.7	3	20.0	4	26.7		
Green	On track	7	46.7	10	66.7	8	53.3		
Blue	Complete	0	0.0	1	6.7	1	6.7		
Brown	Not due to start	0	0.0	0	0.0	0	0		
Grey	Still to be confirmed	4	26.7	0	0.0	0	0		
Totals		15	100	15	100	15	100		

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0	0	0		
Amber	Slightly off track	1	7.7	3	23.1	5	38.5		
Green	On track	9	69.2	10	76.9	7	53.9		
Grey	Still to be confirmed	3	23.1	0	0	1	7.6		
Totals		13	100	13	100	13	100		



Of note:

- In Q3 the number of red milestones has increased to 13.3% from 6.7% in Q2 (Development of Rotherham based Autism and ADHD diagnostic pathway)
- The number of milestones on track or complete has decreased to 60% in Q3, compared to 73.7% in Q2

Of note:

- The number of KPIs on track has decreased from 76.9% in Q2 to 53.9% in Q3

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	G		1 trainee CBT started in October 2019. Unable to recruit a 2 nd so this place rolled over to March 2020 course. Discussions had about additional places from out of area training providers and agreement for 3 trainee PWP to be requested for March 2020 but no progress or update on this and whether this was actioned. No discussion or agreement about LTC work or future workforce development for core services.
MH1.2	All GP practice review support visits completed – IAPT	Q1-Q4 19/20	A	Tbc	R	R		'support visits' to include offer of contract of less formal interactions then full meeting review. Three completed and one booked.
MH1.3	Delivery of 5 year forward IAPT 19/20 plan – IAPT	Q4 19/20	G	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	G		New pathway has been through the RCCG governance process. Further discussions are taking place around implementation.
MH2.2	Review dementia diagnosis pathway	Q4 19/20	A	A	G	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	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	G		The small grants panel met in October and awarded 9 grants to new community groups and continuation funds to a number of groups from the first round. Discussions progressed with colleagues across SY&B ICS to jointly commission a listening service across the region. Service launch date beginning of January 2020. Some trainers from the first cohort of the Self Harm Train the Trainer project commenced delivery of the 4 hour awareness sessions with 38 people trained during this period.
MH5.3	Refresh of the Rotherham suicide prevention and self-harm action plan	Q3 19/20	A	Tbc	G	G		The refreshed Suicide Prevention and Self Harm Action Plan was signed off at the November H&WBB meeting. Professor Nav Kapur and colleagues at Manchester University reviewed the plan and gave positive feedback.

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	A		The refreshed Better Mental Health for All action will be shared at the March meeting Five ways is promoted through the Be Well @ Work scheme. The five themes will be used to highlight connectedness work across the borough as highlighted in the draft Loneliness Action Plan.

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	A		Work is being undertaken with NHSE to confirm dowry eligibility and Funding Transfer Agreements – to conclude by March 2020
LD7.2	Identify Indicative costs for transforming care cohort (including those on the risk register)	Q2 19/20	G	G	B	B		Complete
LD7.3	Commissioning solutions to be in place to meet individual trajectories	Q4 19/20	G	A	G	A		Work as a place is completed. There is ongoing complexity in resettling cases where the preferred choice is out of area. Work is ongoing to ensure

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	G		The My Front Door strategy is being updated

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	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	R		Pathway has been developed. The launch of the diagnostic and post diagnostic support service start date of April 2020 will be missed. The service in Rotherham is to open by May 2020.

Mental Health and Learning Disability

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%	G 92.6%		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% Accumulative total of population with depression -reported to NHSE	MH 1 - IAPT	G 4.77%	G 4.36%	G 4.58%	G 4.41%		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%	G 53.5%		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%	G 83.9%		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%	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%	G 89%	G 95%		
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	A		Fingertips Profiles (PHOF and Suicide Prevention Profiles) Rotherham - September 2019 Update 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%	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%	A		Recent admissions have occurred without a CTR being completed – to monitor pathway
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%	G		On track

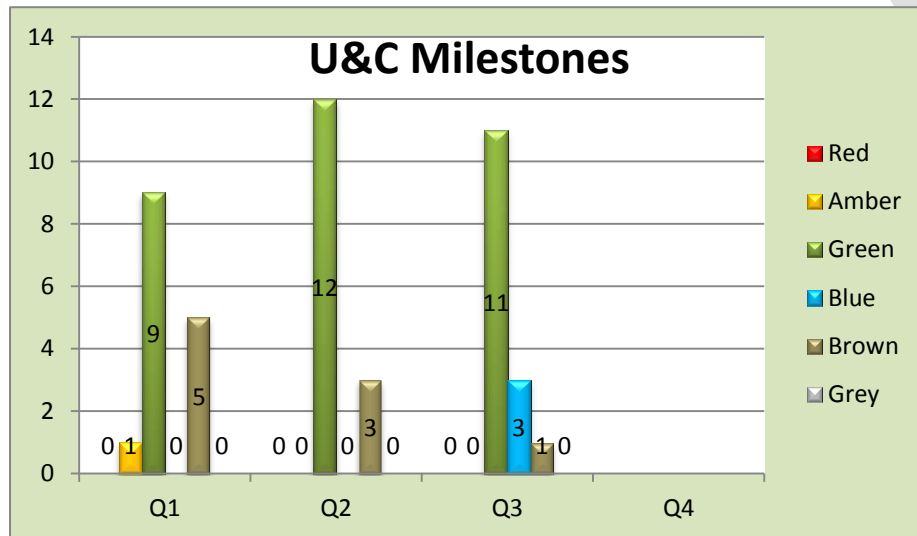
No.	Description	Trajectory	Target 1920	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
LD/KPI 12	Reduce the number of people admitted in line with the South Yorkshire and North Lincolnshire LD TCP trajectory – <i>Local Reporting</i>	Reduce	Target = 3 – CCG funded LD beds /5 – NHSE funded secure LD beds tbc	LD 7 - Transforming Care	G 3 = CCG 4=NHSE	G	G 3 = CCG 4=NHSE	A 4 = CCG 4=NHSE		A recent admission has increased the number of CCG commissioned beds to 4.
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	A		An increase in completed GP health checks is reported. – 82%
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	A		The work with SAANs has confirmed that the average wait for an adult (non LD) diagnosis is 28 weeks - am

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Summary of Urgent and Community Performance

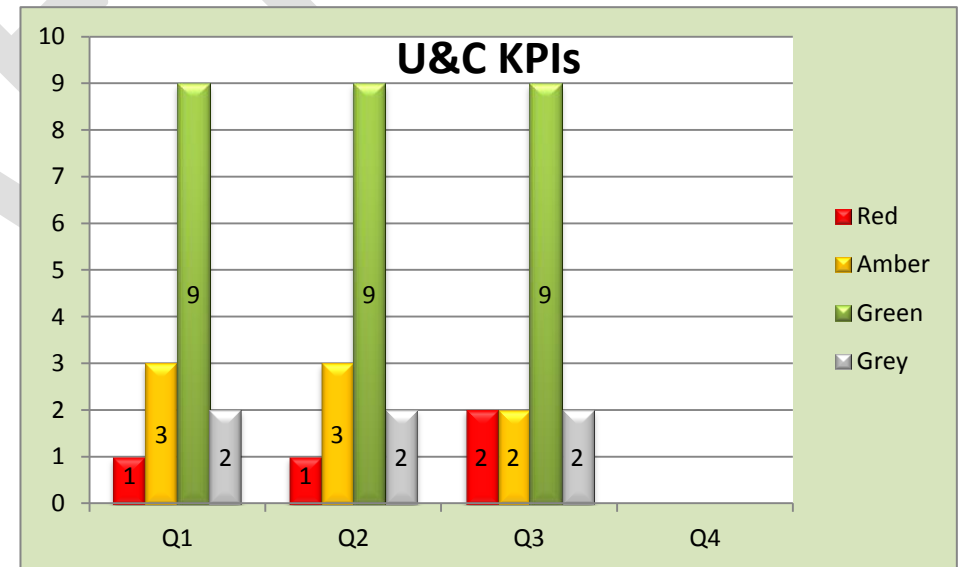
Milestones									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	0	0	0	0.0	0	0		
Amber	Slightly off track	1	6.7	0	0.0	0	0		
Green	On track	9	60.0	12	80.0	11	73.3		
Blue	Complete	0	0.0	0	0.0	3	20		
Brown	Not due to start	5	33.3	3	20.0	1	6.7		
Grey	Still to be confirmed	0	0	0	0.0	0	0		
Totals		15	100	15	100	15	100		

Key Performance Indicators									
RAG	Descriptor	Q1		Q2		Q3		Q4	
		No	%	No	%	No	%	No	%
Red	Of concern	1	6.7	1	6.7	2	13.3		
Amber	Slightly off track	3	20.0	3	20.0	2	13.3		
Green	On track	9	60.0	9	60.0	9	60.0		
Grey	Still to be confirmed	2	13.3	2	13.3	2	13.3		
Totals		15	100	15	100	15	100		



Of note:

- The number of milestones on track or complete in Q3 has increased to 93.3%, compared to 80% in Q2



Of note:

- The number of red KPIs has increased from 6.7% in Q2 to 13.3% in Q3, this is for new permanent admissions to residential nursing care for adults and the number of people provided with information and advice at first point of contact
- It should be noted that the DTOC position has deteriorated
- The number of KPIs on track has remained the same

Urgent and Community

Milestones

Chairs: 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	G		<p>A high level pathway model has been drafted. A community triage hub, co-located with TRFT's Care Co-ordination Centre (CCC) at Woodside, will review multi-disciplinary cases.</p> <p>The CCC has carried out extensive service improvement work in preparation including introducing paperless processing to release capacity to meet increased demand, with templates to ensure patients are directed to the most appropriate level of care.</p> <p>The Rotherham 111 Directory of Services is now aligned to the CCC, where previously it defaulted to the Urgent and Emergency Care Centre</p>
1.2	Identify further opportunities for integrated working into points of contact	Q4 19/20	NEW	G	G	G		<p>The CCC, Integrated Rapid Response and Unplanned Hub are working together to provide an integrated hub. Work has begun to incorporate community therapies.</p> <p>RMBC's Target Operating Model was launched in October 2019 with a new First Point of Contact.</p> <p>Work has begun on the Rotherham Health Record to provide the respective contact points with a shared view of physical and mental health and social care episodes of care. Requirements for a new intermediate care and reablement view have been identified.</p>

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	Closed		Completed
UC 3.2	Service re-design for 7 day working with nursing	Q4 19/20	NEW	BR	G	G		Seven day cover is in place. TRFT are reviewing the nursing element.

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	Closed		A new framework was implemented as part of the Target Operating Model in 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	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	G		Future scoping will be taken forward through the new Urgent and Community Place and Delivery governance groups. To be developed through Q4 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	Closed		The Outline Business Case (OBC) was approved by partner governance groups in June 2019. 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 in July 2019
UC 5.2	Develop service model and service specifications	Q3 19/20	BR	G	G	G		A high level overarching pathway model has been developed including feedback from two cross system stakeholder events. The pathway and specification for the therapy led community unit with nursing at Athorpe Lodge has been approved.
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	G		The 24 bed therapy led community unit with nursing opened at Athorpe Lodge in November 2019. Recruitment to the home based community roles initiated.
UC 5.4	Phase 2 New model of care fully implemented	Q3 20/21	BR	BR	BR	G		Pathway 3A initiated at Athorpe Lodge.
UC 5.5	Embedding of the new model and evaluation	Q4 20/21	BR	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	G	G		Stock-take of current community health provision to support care homes have been completed which identifies duplication/overlap of services. A task group and draft Terms of Reference will be established in Quarter 4 to develop a co-ordinated approach to care home support.
6.2	Continue to implement enhanced health in care home	Q4 19/20	NEW	G	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. This includes enhanced primary care support, MDT approach including co-ordinated health and social care, reablement and rehabilitation, high quality end of life care and dementia care, workforce development and data IT and technology.
6.3	Roll out of registration on DPST/Use of NHS Mail to all Care Homes	Q3 19/20	NEW	G	G	G		All care homes for older people (100%) are now registered on the DSPT/Use of NHS mail, 88% have published the DSPT and 55% have a shared NHS mail box and are now fully compliant. 100% of care homes need to be fully compliant by 31.3.20. Care homes providing community unit and winter pressure beds are now fully using this system to safely transfer patient sensitive data with the Integrated Discharge Team, pharmacies and GP practices.

Urgent and Community

KPIs

No.	Description	Trajectory	Target 2020	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%	A 38.3%	R 37.60%		<p>Council Plan Measure. In Q3 DoT trend worsened by 0.7% to 37.6%; performance is below last year's outturn of 38.8%. The previous Quarter 2 fall of 1% was felt to be partially due to new staff inconsistencies in recording which led to an increase in recording of 'No Further Action' outcomes, which reduce the performance score. In reality 'NFA' is known to be a rare outcome as customers almost always receive some kind of redirection guidance to more appropriate services. The Service is undertaking a quality assurance of the current quarter's recording to see if this has again impacted adversely. However, the scale of the downward trend may also be more of an indicator that the new operating pathways are now initially impacting, as the Customer Contact Centre may be meeting some customers' needs prior to them formally being processed by the Adult Social Care First Contact Team. This is recognised by the Service and a series of fact finding actions and a workshop to address next steps is scheduled for late January.</p> <p>If recovery steps from and identified data recording actions are not sufficient to narrow the gap to achieve target by year end then it may be that a 're-basing' of the cohort data would be required for future target setting. As a result due to the current uncertainty the measure has been rated 'off-target'.</p>
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	G 300		<p>April 168, May 97, Jun 98 = green Jul 83, Aug 85, Sep 88 = 256 = green Oct 92, Nov 107, Dec 101 = 300 = green</p>
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%	60.14%		<p>Regional data/ benchmarking is being monitored to inform targets moving forward, target to be introduced from 2020-21. In Q3 Adult Care implemented new pathways to support a more preventative model of working.</p>

No.	Description	Trajectory	Target 2020	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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%	A 89.8%	G 91.8%		In Q3 DoT shows a rise in performance to 91.8, which is just above the year-end target of 90%; but the Service recognises that this level of performance remains high compared to latest benchmarked averages. Management actions will continue to monitor Qtr 4 activity to identify if any experienced downturn may be due to service transformational changes and the wider cohort profile of adults now accessing the service. As the pathway embeds and the service supports a wider range of needs, there is an accepted risk within the service that performance against this indicator may reduce and be more aligned to the latest national and regional averages of approximately 80% and 74% respectively. However the real term numbers of customers successfully supported should increase.
UC/ KPI 5	New permanent admissions to residential nursing care for adults – 65+ BCF/ASCOF 2a (2)/ BCF (per100,000)	Decrease	Population Mid year estimates refresh revises rate to 510.7 (264 admissions) Q1 81 Q2 61 Q3 61 Q4 61	UC 1 – IPC UC 4 – Int Loc UC 5 – IC /Reab	A revised published outturns = 564.9 equal to 292 admissions)	R 172.47 (Adj Q1 snapshot 88 admissions)	R 135.23 (Adj Q2 snapshot 69 admissions) YTD Figure 307.7 (157 snapshot admissions)	R 133.27 (68 Admissions) YTD Figure 440.98 (225 snapshot admissions)		BCF Indicator, also contributes to Council Plan measure “All Age Admissions”. Admission rates of over 65’s remain slightly higher, than the expected quarterly (+7) and accumulative (+22) milestones, although some evidence of slowing is being seen. This correlates well with the total numbers supported by the Council in residential / nursing care, which is on track to reduce by 33 people to meet the 900 threshold target by year end. However, challenges remain and although we may see improvement to reduce below last year’s total number of admissions of 292 the measure is rated off target to achieve 264. Performance clinic actions continue aimed to improve performance through to year end where possible. These include a joint SMT session on 30/01/20 of Service and Commissioning managers to identify longer term alternatives to residential care from Commissioning and partner developments, as part of on-going monitoring of the action plan. Latest benchmarking data will be used to help the Service model future demand level for residential care, as the current target of 264 is proving challenging and may be indicative of the total that may not be possible to reduce beyond, unless more long term alternatives are available and thus delay the need for residential admissions.
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	TBC Q4		Data collected Oct 2019 – Mar 2020 as part of snapshot period. Performance on this indicator will next be available in March 2020.

No.	Description	Trajectory	Target 2020	Priority	Performance					Comments
					Q4 1819	Q1 1920	Q2 1920	Q3 1920	Q4 1920	
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	G 1742	G 1757		April 590, May 580 Jul 561, Aug 592, Sep 589 Oct 530, Nov 569, Dec 658 = 1757
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)	G 9.6%		On track
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	All = 7.02 NE = 7.43		Using TRFT reporting: 2017/18 baseline: All = 6.9, NE = 7.5 Not including 0 LOS (RG 31.07.19)
UC/KPI 10	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 =	All = 54.95% NE =		Using TRFT reporting, 2017/18 baseline: All = 45%, NE = 41%
UC/KPI 11	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	G 19.2 av	A 31 av	A 25 av		Q1 = 17, 19, 22 = average of 19.3 Q2 = 31,31,31 = average of 31 Q3 = 21,16,38 = average of 25
UC/KPI 12	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	A 47.3 av	G 40.3	G 40.3		Q1 = 44, 74, 28 = 48.6 (amended at Q2) Q2 40,43,38 = average of 40.3 Q3 55,34,32 = average of 40.3
UC/ KPI 13	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%	A 4.4%		Oct 3.3%, Nov 4.6%, Dec 5.2% = quarter average of 4.4% The national standard is a maximum of 3.5% of total occupied bed days taken up by delayed transfers of care, the standard is not currently being met.
UC/ KPI 14	Number of A&E attendances from care home residents (local)	Reduction	3400 (850 per qtr)	UC 6 – Care Homes	G 477	G April / May	G 232	G 223		April 53, May 62 Jul 62, Aug 86, Sep 84 = green Oct 67, Nov 72, Dec 84 = green223
UC/ KPI 15	Number of unscheduled hospital admissions Care Homes	Reduction	1950 (490 per qtr)	UC 6 – Care Homes	G 311	G April / May 258	G 450	G 443		April 126, May 132 Jul 141, Aug 133, Sep 176 = green Oct 145, Nov 132, Dec 166 = 443 = green