

APPENDIX A - Better Care Fund - Integration Executive Dashboard

Better Care Fund			
RAG Status Guidelines			
Dimension	RAG Status	Guidelines	Notes
Savings	GREEN	Savings on track or ahead of schedule	Add any appropriate headline commentary - e.g. important milestones met etc
	AMBER	Savings are off track by up to -10%	Exception commentary must be provided
	RED	Savings are off track by more than -10%	Exception commentary must be provided
	N/A	Savings have not yet been defined for this scheme	Exception commentary must be provided
Action plan milestones	E	This scheme has been identified as an enabler	Add any appropriate headline commentary - e.g. important milestones met etc
	GREEN	Action plan development and/or milestones are on target	Add any appropriate headline commentary - e.g. important milestones met etc
	AMBER	There are minor delays in the action plan milestones of up to 30 days	Exception commentary must be provided
	RED	There are action plan milestones delayed more than 30 days / BP delayed	Exception commentary must be provided
Finance	N/A	Scheme not yet due to start	Please provide a start date
	GREEN	Costs are on target	Add any appropriate headline commentary - e.g. important milestones met etc
	AMBER	There is likely to be an overspend / underspend of up to 10% of the agreed budget	Exception commentary must be provided
	RED	It is highly likely there will be an overspend / underspend greater than 10% of the agreed budget	Exception commentary must be provided
Impact on metrics	N/A	Budget not set for current financial year	Add any appropriate headline commentary - e.g. important milestones met etc
	GREEN	Assessed impact on primary metric(s) is on track	Add any appropriate headline commentary - e.g. important milestones met etc
	AMBER	It is likely there will be a negative impact on the primary metric(s) of up to 10%	Exception commentary must be provided
	RED	It is highly likely there will be a negative impact on the primary metric(s) greater than 10%	Exception commentary must be provided
	N/A	Contribution to metrics not yet developed	Exception commentary must be provided
	E	This scheme has been identified as an enabler	Add any appropriate headline commentary - e.g. important milestones met etc

Better Care Fund BCF Metrics

Metric	Target	Current data	Trend	Data RAG	DOT	Commentary
METRIC 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year	670.39	756.2		NA	↔	Definitions for the measures in the Adult Social Care Outcomes Framework (ASCOF) have been revised due to the wholesale change to source data tables from 2014/15. These changes require substantial work to reporting which will be undertaken through the autumn/ winter. In the interim an alternative measure of permanent admissions will be developed and reported. Current data show 2013/14 figure. Target is for March 2016.
METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.01%	78.60%		NA	↔	This ASCOF measure relates to hospital discharges between October and December 2014 followed by accommodation location between January and March 2015. A rolling 6-month performance will be reported here starting with the period Apr-Sep 2014. Current data show 2013/14 figure. Target is for March 2016.
METRIC 3: Delayed transfers of care from hospital per 100,000 population (average per month)	350.48	370.02		R	↑	Current data shows the monthly average for the year to date to June 2014. Target is for March 2016.
METRIC 4: Total emergency admissions into hospital, per 100,000 population, per month	644.57	672.31		NA	↔	Current data shows agreed baseline. Target shown is pay for performance target of 644.57 for December 2015. March 2016 target is 684.78
METRIC 5: Patient / service user experience	~	~		NA	↔	In development. Recommendations in separate paper.
METRIC 6: Injuries due to falls in people aged 65 and over per 100,000 population, per month	156.4	168.2		NA	↔	Data not yet available. Current data reflects the agreed 2010-11 baseline. Target is for March 2016

A Unified Prevention Offer for Communities Exception information

JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
Managing the shift to early intervention and prevention	ACTION PLAN	Assistive technology	Anne Walsh	The integration of this scheme is yet to start and has been delayed. Amber RAG status to reflect this. This is being discussed at the Step Up/Step Down Programme Board September meeting.	Carers Service: Carers consultation now closed. A report is being prepared for 19th Sept to provide Cabinet with a final update & permission to move ahead with the preferred option for carer support services in Leicestershire.
	FINANCE	Assistive technology (replacement equipment) (non-recurrent funding)	Anne Walsh	The cost of transitioning service users over to the new provider has reduced compared to original estimates at the contract tendering stage. The revised transitioning costs are estimated to be £950k, a reduction of £494k. The transition costs will be phased over 2014/15 (£580k) and 2015/16 (£370k).	Carers Assessment: Recent information published relating to the Care Act may result in further BCF resources (up to £1.3m) being allocated to support implementation. Currently £275k has been identified for carers assessments.
		Local Area Co-ordination	Nicole Rickard/ Sue Wilson	The BCF funding requirement for LAC is anticipated to be £77k for 2014/15 as the scheme is unlikely to be fully staffed (as per outline business case) until January 15.	Specialist support to people with Dementia and their carers: Current services have been remodelled across the dementia pathway. The new service, which is in line with 5 year strategy development, will be in place for Oct 14.
	METRIC			All projects are on track.	Assistive Technology: Project closure report presented to AT Board. Due to the risk sensitivity around the transition period, agreed not to formally close project. Position to be reviewed in October. Charging was introduced from 4th August
SAVINGS			All projects are on track.		

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Integrated Urgent Response		Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
HWBS 10: Planning for an ageing population	ACTION PLAN			All projects are on track.	<p>Integrated Crisis Response Service: Night nursing element of service launched on 1st September. Evaluation of full service being prepared.</p> <p>Frail Older People Service: Full business case being completed. Aim to launch service at Loughborough Hospital in October 14</p> <p>7 day working in primary care: WLCCG - plan to roll-out 4 pilots from Sept 14. ELRCCG - proposals for pilots agreed at Integration Executive. Pilot to commence in October 14</p> <p>Avoiding Admissions due to Falls: Interim project management arrangements for the integrated approach to falls is now in place and work continues to develop the business case.</p> <p>Help to Live at Home: Paper submitted to Integration Executive showing interim measures being undertaken to address immediate pressures within the market. Business case being developed and will be reported to November IE.</p>
	FINANCE	Integrated Crisis Response Service	Anne Walsh/ Yasmin Sidyot/ Caron Williams	Revised cost of the night nursing service following more detailed modelling.	
	METRIC			All projects are on track.	
	SAVINGS			All projects are on track.	

Improved Hospital Discharge and Reablement		Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
HWBS 11. Maximising independence	ACTION PLAN	Patient Transfer Minimum Data Set	Caron Williams	Delays in decision on which tool should be used. Agree at July IE to arrange between the Chief Nurse at UHL & the project group which initially devised the data set to identify a way forward.	<p>Bridging Service: Plans to allocate the 'Bridging Service' funding are on hold pending a report to be presented to the Urgent Care Working Group. In light of recent increases to the Await Care List, a multi-disciplinary review team will be set up to look at improving hospital discharge processes.</p>
	FINANCE	Integrated Residential Reablement	Jackie Wright/ Caron Williams or Yasmin Sidyot	There is a task and finish group set up through the Urgent Care Working Group that is developing the 3 discharge pathways – defining the pathways will enable the development of the local reablement model. The group is an LLR task and finish group with representation from 3 CCGs and 3 LAs.	
	METRIC	Patient Transfer Minimum Data Set	Caron Williams	The level of underspend will be determined by the delay to the project. At this stage it is anticipated that any underspend will roll into 2015/16.	
	SAVINGS	Integrated Residential Reablement	Jackie Wright/ Caron Williams or Yasmin Sidyot	Delays in implementing the reablement model will result in an underspend of c£30k per month.	

Integrated, proactive care for those with long-term conditions		Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
HWBS 12. Management of long-term conditions	ACTION PLAN	Continuing Healthcare		Operational workstream is led within the CCGs hosted contract team. Update to be provided to Integrated Exec July meeting.	<p>IT Enablers: Being led by LLR IM&T workstream. To implement NHS number into IAS by November 14 .</p>
	FINANCE			All projects are on track.	
	METRIC			All projects are on track.	
	SAVINGS			All projects are on track.	

Further Integration schemes		Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
	ACTION PLAN	Transitions		Working with CYPS in relation to implementation of Children and Families Act.	<p>Winterbourne View Concordat: Commissioners have adopted Driving Up Quality Code</p> <p>Transitions: Issues identified around local offer and joint commissioning arrangements. Being taken forward by LD Programme Board.</p> <p>Housing Offer to Health: Lightbulb project: Successfully got through the expressions of interest stage for transformation funding from DCLG for 2015/16</p> <p>Housing offer to Health: Hospital Discharge Housing Enabler: Job descriptions for Housing officers to work with LPT are in draft format. KPI's outlined to measure scheme effectiveness. These are being agreed.</p>
	FINANCE	Management of LD Pooled Budget		Risk of overspend to LD pooled budget. Early forecasts estimate this to be c£1m, split 50:50 between the County Councils and CCGs. Further detailed analysis to be undertaken.	
	METRIC			All projects are on track.	
	SAVINGS			All projects are on track.	

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APPENDIX B - Health and Wellbeing Strategic Priorities Dashboard

Better Public Health				
Priority		Exception Information		Additional information
		Indicator	Exception commentary	
Reduce Health Inequalities and Increase Life Expectancy			Performance on track	This section includes the following indicators: 1. Slope index of inequality in life expectancy at birth (Males) (Leics) (PHOF 0.2iii) 2. Slope index of inequality in life expectancy at birth (Females) (Leics) (PHOF 0.2iii) 3. Life expectancy at birth (Males) (Leics) (PHOF 0.1ii) 4. Life expectancy at birth (Females) (Leics) (PHOF 0.1ii) 5. Take up of the NHS Health Check Programme – by those eligible (2.22IV)
Reduce Premature Mortality from Respiratory and Cardiovascular Disease			Performance on track	This section includes the following indicators: 1. Under 75 mortality rate from all cardiovascular diseases (Persons per 100,000) (Leics) (PHOF 4.04i) 2. Under 75 mortality rate from respiratory disease (Persons per 100,000) (Leics) (PHOF 4.07i)
Reduce Cancer Mortality			Performance on track	This section includes the following indicators: 1. Under 75 mortality rate from cancer (Persons per 100,000) (Leics) (PHOF 4.05i) 2. % of eligible women screened - breast cancer (Leics) (PHOF 2.20i) 3. % of eligible women screened - cervical cancer (Leics) (PHOF 2.20ii)
Healthy Weight Adults			Performance on track	This section includes the following indicators: 1. % of adults classified as overweight or obese (Leics) (PHOF 2.12)
Reduce the Harm of Substance Misuse - Drugs and Alcohol			Performance on track	This section includes the following indicators: 1. % successful completion of drug treatment - opiate users (PHOF 2.15i) 2. % successful completion of drug treatment - non-opiate users (PHOF 2.15ii) 3. Admissions to hospital for alcohol related causes (rate per 100,000) (Leics) (PHOF 2.18)
Improved Sexual Health			Performance on track	This section includes the following indicators: 1. Chlamydia diagnoses (rate per 100,000 15-24 year olds) (Leics) (PHOF 3.02ii) 2. People presenting with HIV at a late stage of infection - % of presentations (Leics) (PHOF 3.04) 3. Under 18 conceptions (rate per 1,000) (Leics) (PHOF 2.04)
Tobacco Control and Smoking Cessation		Number of self-reported 4 week smoking quitters (Leics)	Update to be provided at meeting	This section includes the following indicators: 1. Prevalence of smoking among persons aged 18 years and over (Leics) (PHOF 2.14) 2. Number of self-reported 4 week smoking quitters (Leics) 3. % of women smoking at time of delivery (Leics) (PHOF 2.03)

Better Physical Health				
Priority		Exception Information		Additional information
		Indicator	Exception commentary	
Active Young People			Performance on track	Further work to establish appropriate indicators
Active Adults			Performance on track	This section includes the following indicators: 1. % of physically inactive adults (Leics) (PHOF 2.13ii) 2. % of adults participating in one or more sports a week for 30 minutes or more (Leics) 3. % of physically active adults (PHOF 2.13i)

Improving Children and Young Peoples Health				
Priority		Exception Information		Additional information
		Indicator	Exception commentary	
Child Healthy Weight and Good Diet		% children aged 5 years with one or more decayed, missing or filled teeth (PHOF 4.02)	Further work being done on improvement	This section includes the following indicators: 1. % of children with excess weight - 4-5 year olds (Leics) (PHOF 2.06i) 2. % of children with excess weight - 10-11 year olds (Leics) (PHOF 2.06ii) 3. % children aged 5 years with one or more decayed, missing or filled teeth (PHOF 4.02)
Breastfeeding and Maternity Support			Performance on track	This section includes the following indicators: 1. % of mothers initiating breastfeeding (PHOF 2.02i) 2. % of mothers breastfeeding at 6-8 weeks (PHOF 2.02ii)

Better Mental Health				
Priority		Exception Information		Additional information
		Indicator	Exception commentary	
Earlier Mental Health Detection and Treatment			Performance on track	This section includes the following indicators: 1. % of people with a low satisfaction score - self-reported well-being (Leics) (PHOF 2.23i) 2. % of people with a low happiness score - self-reported well-being (Leics) (PHOF 2.23iii) 3. % of people with a high anxiety score - self-reported well-being (Leics) (PHOF 2.23iv) 4. Excess under 75 mortality rate in adults with serious mental illness (Leics) (PHOF 4.09) 5. Suicide rate (Persons per 100,000) (Leics) (PHOF 4.10)
Earlier Detection/ Treatment of mental health problems in children			Performance on track	This section includes the following indicators: 1. Emotional health of looked after children - mean SDQ scores (phof 2.08) 2. Average waiting time for routine referrals to Child & Adolescent Mental Health Services (CAMHS) - weeks
Effective Support for People with poor mental health			Performance on track	This section includes the following indicators: 1. Average length of stay in acute hospitals 2. Number of bed days commissioned from out of county hospitals 3. Delayed transfers of care (mental health service users) 4. % of adults in contact with secondary mental health services living in settled accommodation (ASCOF 1H)

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APPENDIX C - Provider and CCG Performance Dashboard

Providers			
Supporting Indicators		Exception Indicators	
UHL		Indicator	Comment
Patient Experience			Performance on track
Referral to Treatment		18 Week Referral to Treatment Admitted (All Providers) (WLCCG) 18 Week Referral to Treatment Admitted (All Providers) (ELRCCG)	At May 2014 the 18 week target for admitted patients was not achieved. WLCCG is reporting 84.8% and EL&RCCG is at 82.4% against a target of 90%
Diagnostic Waiting Time			Performance on track
ED Waiting Times		UHL Emergency Dept. Waiting Time < 4 Hours Emergency Dept. Handovers between UHL ED & Ambulance > 30 mins Emergency Dept. Handovers between UHL ED & Ambulance > 1 Hour	As at 20.07.14, 87.95% of patients were seen within 4 hours in A&E against a target of 95% At June 2014 17.2% of handovers between ambulance and A and E took place in over 30 minutes against a zero tolerance At June 2014 3.7% of handovers between ambulance and A and E took place in over 1 hour against a zero tolerance
Delayed Transfer of Care		UHL Delayed Transfers of Care - no. of patients as a % of occupied bed days	As at 03/07/14, 4.45% were delayed against a national target of 3.5%, this position has remained static since reported last quarter.
Cancer Waiting Times		Cancer 2 week wait (WLCCG) Cancer 2 week wait (EL&RCCG) Cancer 2 week wait breast symptoms (EL&RCCG) Cancer 31 day (WLCCG) Cancer 31 day (EL&RCCG) Cancer 31 day surgery (WLCCG)	At May 2014 there have been breaches of a number of cancer wait standards, reviews are being undertaken. 91.2% of patients were seen within 2 weeks against a target of 93% 92% of patients were seen within 2 weeks against a target of 93% 88.5% of patients were seen within 2 weeks against a target of 93% 95.3% of patients were seen within 31 days against a target of 96% 92.7% of patients were seen within 31 days against a target of 96% 91.1% of surgeries took place within 31 days against a target of 96%
Hospital Quality		Cancelled Operations Mixed Sex Accommodation	At May 2014 92.9% of patients were treated within 28 days of their cancelled operation against a target of 100%, this has deteriorated since reported last quarter. At June 2014 there were 3 breaches for ELRCCG at UHL. The provider is taking actions to mitigate the risk.
EMAS			
Ambulance Response Times		Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening & most time critical (WLCCG) Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening & most time critical (ELRCCG) Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening & most time critical, less so than Red 1 (WLCCG) Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening & most time critical, less so than Red 1 (ELRCCG)	At June WLCCG is reporting 66.79% against a target of 75% At June ELRCCG is reporting 57.69% against a target of 75% At June WLCCG is reporting 68.49% against a target of 75% At June ELRCCG is reporting 63.76% against a target of 75%
LPT			
Mental Health		Occupancy Rate - Mental Health	Mental Health bed occupancy, at June 2014, was 91.3% against a target of <85%. Performance against this indicator has declined.
Community & Other		Occupancy Rate - Community	Community Wards bed occupancy, at June 2014, was 80.4% against a target of >93%.
Quality - Safe Care			Performance on track

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CCG Indicators			
Supporting Indicators		Exception Indicators	
West Leicestershire CCG		Indicator	Comment
Domain 1 Preventing people from dying prematurely			Performance on track
Domain 2 Enhancing quality of life for people with Long Term Conditions		Unplanned Hospitalisation for chronic ambulatory care sensitive conditions (adults) per 100,000 population (WLCCG)	WLCCG are currently above the local target reporting 724.51 (FOT 14/15) against a target of less than 704.18.
Domain 3 Helping people to recover from episodes of ill health or following injury		Emergency Admissions for acute conditions that should not usually require hospital admission (WLCCG)	Emergency admissions for acute conditions that should not usually require hospital admission is currently above the the local target for WLCCG, Reduction of emergency admissions is being addressed as part of the QIPP process.
Domain 4 Ensuring that people have a positive experience of care			Performance on track
Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm		Incidence of health associated infection MRSA (WLCCG)	At June 2014 there was 1 MRSA incidence reported for WLCCG
Dying at home			Performance on track
Psychological Therapies		Psychological Therapies - % of people who enter the service	At June 2014 12.4% of WLCCG patients entered the service against a target of 16%. The target is expected to be achieved at the end of Q2
East Leicestershire & Rutland CCG			
Domain 1 Preventing people from dying prematurely			Performance on track
Domain 2 Enhancing quality of life for people with Long Term Conditions			Performance on track
Domain 3 Helping people to recover from episodes of ill health or following injury			Performance on track
Domain 4 Ensuring that people have a positive experience of care			Performance on track
Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm			Performance on track
Dying at home			Performance on track
Psychological Therapies		Psychological Therapies - % of people who enter the service	At June 2014 12.8% of ELRCCG patients entered the service against a target of 16%. The target is expected to be achieved at the end of Q2

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