



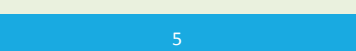
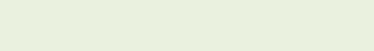












APPENDIX A - Better Care Fund - Integration Executive Dashboard

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	679.1		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 shows an estimate of the final year figure for 2014/15 based on the position at the end of Q2. This should be seen as a rough estimate due to the comprehensive change to statutory reporting to the Health and Social Care Information Centre. 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%	83.0%		G	↑	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 the position at September 2014. Target is for March 2016	
METRIC 3: Delayed transfers of care from hospital per 100,000 population (average per month)	350.48	377.59		R	↓	Current data shows the monthly average for the year to date to September 2014. Target is for March 2016.	
METRIC 4: Total non-elective admissions into hospital (general and acute), 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. Patients satisfied with support to manage long term health conditions	66.8%	64.2%		NA		Current data shows agreed 2013/14 baseline. Target is for March 2016.	
METRIC 6: Injuries due to falls in people aged 65 and over per 100,000 population, per month	140.47	151.42		NA		Current data shows agreed 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 Improving Community Based Prevention through Local Area Coordination Nicole Rickard	The integration of this scheme is yet to start and has been delayed. Amber RAG status to reflect this. This will be discussed at a Step Up/Step Down Programme Board meeting. The process is going well but there is a slight delay with the project, in particular to recruitment. It is predicted that the earliest that the LAC manager will be in post is January 2015 but this may be delayed depending on notice period. This is being monitored by the LAC leadership group.	Carers Service: The outcome of the formal public consultation was noted by Cabinet. Permission for the procurement process for the proposed carer support offer to commence as soon as practicable with a view for all new contracts being in place no later than 1 October 2015. The contract for the countywide extension of the GP Health & Wellbeing Service is being put out to tender on 13th October 2014. A framework agreement for accessing carer respite services for carers is currently being developed and it is intended to have this in place as soon as practicable. Once in place carers' will access support and respite using their carers' personal budgets. Assistive Technology: Charging was introduced on 4th August. There has been some disincentive from some service users to move from a free service and this is being monitored.	
	FINANCE			All projects are on track.		
	METRIC			All projects are on track.		
	SAVINGS			All projects are on track.		

APPENDIX A - Better Care Fund - Integration Executive Dashboard

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 Health & Care Crisis Response Service (ICRS): The overnight nursing assessment extension to the service launched on 1st September. Up to the 13th October, the night service has received 31 referrals of which 20 (65%) were cancer patients. This will be monitored as the service continues and will form part of the evaluation, e.g. is this identifying gaps in service provision for EoL patients, did the intervention prevent a hospital admission, etc. The evaluation is expected around the end of March 15.</p> <p>Rapid Assessment for Older Person's Unit: The Older Person's Unit opened on 1st October at Loughborough Hospital. As at 16th October four patients have used the service (with good feedback). A campaign plan is being implemented. A progress update is on the Integration Executive agenda.</p> <p>Rapid Response Falls Service: Phase 1 includes EMAS paramedics being trained in falls risk assessment with the aim of significantly increasing the number of non-conveyance of patients that have fallen. The training starts on 16th October.</p>
	FINANCE 			All projects are on track.	
	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 	Minimum Safe Data Set	TBC	Delays in decision on which tool should be used. Report being provided to October Integration Executive. Clear project lead needs to be agreed (LLR wide)	<p>Single Point of Access: Increased capacity to the SPA to support GP activity and also EMAS Fall Pathway Admission Avoidance will go live on 1 November. LLR-wide workshop being planned to review strategic SPA needs in December.</p>
	FINANCE 	Integrated Residential Reablement	Jackie Wright	Currently in the process of reviewing the practice guidance, eligibility and service users that have been through the scheme. There is concern that many of the outcomes are poor and are not cost effective.	
	METRIC 	Minimum Safe Data Set	TBC	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	Expenditure on the residential reablement service is likely to be less than budgeted as activity has not reached expected levels. Further work is being done to quantify the actual value of underspend over the coming weeks.	
				All projects are on track.	
				All projects are on track.	
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			<p>Improving Quality in Care Homes: QIT/Safeguarding. New safeguarding threshold tool introduced across LLR. A slow reduction in care home safeguarding investigations being identified.</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	Louisa Whait	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>Joint LD Self Assessment Framework: Issues have been raised around collecting GP data. Papers been submitted to LD Programme Board.</p> <p>Transitions: Issues identified around local offer and joint commissioning arrangements. Being taken forward by LD Programme Board.</p>
	FINANCE 	Management of LD Pooled Budget	Louisa Whait	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 - Provider and CCG Performance Dashboard

Providers			
Supporting Indicators		Exception Indicators	
UHL		Indicator	Comment
Patient Experience		Friends & Family Test Score - A&E	The UHL friends and family test score for A&E was 56 against a target of 69.
Referral to Treatment		18 Week Referral to Treatment Admitted (All Providers) (ELRCCG)	At August 2014 the 18 week target for admitted patients was not achieved although performance improved slightly from June results. WLCCG is reporting 85.1% and EL&RCCG is at 83.2% against a target of 90%
Diagnostic Waiting Time			Performance on track
ED Waiting Times		UHL Emergency Dept. Waiting Time < 4 Hours	As at 21.09.14, 89.29% of patients were seen within 4 hours in A&E against a target of 95%. This is a slight improvement of the July YTD position.
		Emergency Dept. Handovers between UHL ED & Ambulance > 30 mins	At August 2014 16% of handovers between ambulance and A&E took place in over 30 minutes against a zero tolerance
		Emergency Dept. Handovers between UHL ED & Ambulance > 1 Hour	At August 2014 2.7% of handovers between ambulance and A&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 August 2014 4.54% were delayed against a national target of 3.5%. Pilots for changes to pathways are being implemented and a second will commence in October 2014
Cancer Waiting Times			Performance on track
Hospital Quality		Cancelled Operations - non re-admitted in 28 days	At July 2014 96% of patients were treated within 28 days of their cancelled operation against a target of 100%, this is an improvement on the 92.9% reported at May 2014.
		Mixed Sex Accommodation	At August 2014 there were 7 breaches at UHL. This equates to 2 occasions during Q1. These were subject to Root Cause Analysis investigation and UHL have taken actions to educate staff.
EMAS			
Ambulance Response Times		Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening & most time critical (WLCCG)	At August WLCCG is reporting 63.8% against a target of 75%
		Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening & most time critical (ELRCCG)	At August ELRCCG is reporting 57.22% against a target of 75%
		Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening & most time critical, less so than Red 1 (WLCCG)	At August WLCCG is reporting 67% against a target of 75%
		Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening & most time critical, less so than Red 1 (ELRCCG)	At August ELRCCG is reporting 61.47% against a target of 75%
LPT			
Mental Health		Early intervention in Psychosis - % newly diagnosed cases against commissioner contract	Small numbers involved in the denominator for calculation of this indicator can equate to significant swings in performance month on month. 54.6% for the month of August is the result 6 newly diagnosed cases, the YTD position is at 121.8%.
Community & Other		Total number of Home Treatment episodes carried out by Crisis Resolution team year to date	The year to date performance as of August was 667 home treatment episodes carried out, this is 93.4% against a pro-rata target of 725. This is expected to be a seasonal blip and based on last year lower performance is expected in Aug/Sep, performance should be recovered in Oct/Nov
Quality - Safe Care		Never Events	This was a never event concerning the administering of medication. The SI is being investigated by a panel and the report is due at the end of October
		STEIS - SI actions plans implemented within timescales	At August 2014, 84.2% of STEIS - SI action plans were implemented within timescales against a target of 100%.
		Clostridium Difficile (C Diff) Cases	The Clostridium Difficile total number of cases for LPT for August is 2 with the year to date at 4. Both cases were on the same ward but after review, the cases are not linked in either time or place and are treated as separate

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APPENDIX B - Provider and CCG Performance Dashboard

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		Estimated diagnosis rate of people with dementia	At August WLCCG is reporting 51.1% of patients diagnosed with dementia against the national standard of 67%. Currently in the process of recruiting a clinical lead to improve performance.
		Employment of people with long term conditions (difference between England population and people with LTC)	This indicator has deteriorated from July 2013 – Sept 2013 to Jan 2014 – March 2014 for Leicestershire, as the percentage point difference has increased from 10.1% to 14.8%
		Employment of people with mental illness (difference between England population and people with LTC)	This indicator has deteriorated from July 2013 – Sept 2013 to Jan 2014 – March 2014 for Leicestershire, as the percentage point difference has increased from 29% to 40.8%
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 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		Friends & Family Test Burton Score - A&E	The Burton friends and family test score for A&E was 62 against a target of 70.
		Overall experience of NHS Dental Service	Patients rating their experience of dental services as "very good" or "fairly good" has deteriorated from Jan 2013 – Sept 2013 to Jul 2014 – Mar 2014 for WLCCG from 94% to 91.9%, actions to improve service quality are taking place.
		Access to GP Services	Patients rating their experience of access to GP services as "very good" or "fairly good" has deteriorated from Jan 2013 – Sept 2013 to Jul 2014 – Mar 2014 for WLCCG from 77% to 75.4%.
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 August 2014 13.2% of WLCCG patients entered the service against a target of 16%. Additional initiatives are to be brought forward to develop the service further and to help meet the target
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		Estimated diagnosis rate of people with dementia	At August EL&RCCG is reporting 45.5% of patients diagnosed with dementia against the national standard of 67%.
		Employment of people with long term conditions (difference between England population and people with LTC)	This indicator has deteriorated from July 2013 – Sept 2013 to Jan 2014 – March 2014 for Leicestershire, as the percentage point difference has increased from 10.1% to 14.8%
		Employment of people with mental illness (difference between England population and people with LTC)	This indicator has deteriorated from July 2013 – Sept 2013 to Jan 2014 – March 2014 for Leicestershire, as the percentage point difference has increased from 29% to 40.8%
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 (ELRCCG)	Emergency admissions for acute conditions that should not usually require hospital admission is currently above the local target for EL&RCCG. Reduction of emergency admissions is being addressed as part of the QIPP process.
Domain 4 Ensuring that people have a positive experience of care		Overall experience of NHS Dental Service	Patients rating their experience of dental services as "very good" or "fairly good" has deteriorated from Jan 2013 – Sept 2013 to Jul 2014 – Mar 2014 for EL&RCCG from 92% to 86%, actions to improve service quality are taking place.
		Access to GP Services	Patients rating their experience of access to GP services as "very good" or "fairly good" has deteriorated from Jan 2013 – Sept 2013 to Jul 2014 – Mar 2014 for EL&RCCG from 77% to 71.98%.
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 August 2014 13.5% of EL&RCCG patients entered the service against a target of 16%. Additional initiatives are to be brought forward to develop the service further and to help meet the target

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APPENDIX C - Health and Wellbeing Strategic Priorities Dashboard

Better Public Health			
Priority		Exception commentary	Additional information
Reduce Health Inequalities and Increase Life Expectancy		Health Check services being re-procured along with efforts to encourage pharmacies and GPs to improve Health Check take up.	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		Various actions to help people become more aware of cancer risk factors and adopt healthier lifestyles.	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		Various actions and plans in place to help address obesity.	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		Changes to hospital admissions definition, new target and actions aiming to take us to top quartile.	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		22,000 Chlamydia tests undertaken, screening coverage higher than average but increasing this further will be important.	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		A remedial action plan has been agreed between public health commissioners and the local service STOP, which has attributed much of the decline to the increased use and popularity of electronic cigarettes (e-cigs). Currently, the stop smoking service is in its second stage of re-procurement, with six potential providers invited to tender.	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 commentary	Additional information
Active Young People		Performance on track	This section includes the following indicators: 1. % of physically active children - participation in more than 3hrs a week of curriculum sport only 2. % of physically active children - participation in more than 3hrs a week of community sport only
Active Adults		Variety of actions underway to promote physical activity.	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 commentary	Additional information
Child Healthy Weight and Good Diet		Oral health promotion plan being developed including training for front line staff, a range of information materials for families and supervised tooth brushing. Significant increase in funding and activity to tackle obesity related issues.	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		Peer support schemes in targeted areas to increase rates.	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 commentary	Additional information
Earlier Mental Health Detection and Treatment		Focussing on positive mental health through joint mental health strategy.	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		Focussing on positive mental health through joint mental health strategy. Q1 CAMHS wait time for routine referrals slightly improved.	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			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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