




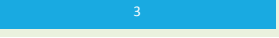
# APPENDIX A - Better Care Fund - Integration Executive Dashboard

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
	E	This scheme has been identified as an enabler	Add any appropriate headline commentary - e.g. important milestones met etc
Action plan milestones	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
	N/A	Scheme not yet due to start	Please provide a start date
Finance	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
	N/A	Budget not set for current financial year	Add any appropriate headline commentary - e.g. important milestones met etc
Impact on metrics	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	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	669.1		G	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 winter. In the interim an alternative measure of permanent admissions has been developed and reported. Current data shows an estimate of the final year figure for 2014/15 based on the position at the end of December. 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	82.0%	79.9%		A	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 is reported with the data shown relating to hospital discharges between July and September 2014. Current data shows the position at December. Target is for March 2016	
METRIC 3: Delayed transfers of care from hospital per 100,000 population (average per month)	350.48	406.60		R	Current data shows the monthly average for the year to date to December 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%	62%		A	Current data shows January - September 2014 results published in January 15. Target is for March 2016.	
METRIC 6: Emergency admissions for 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.	




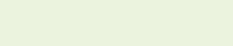
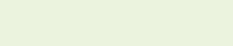



A Unified Prevention Offer for Communities			Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information	
Managing the shift to early intervention and prevention	ACTION PLAN		Improving Community Based Prevention through Local Area Coordination	Nicole Rickard	There is a slight delay with the project, in particular to recruitment. The LAC manager will start in post on 16th February.	<p><b>Carers Service:</b> 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.</p> <p><b>Assistive Technology:</b> Transitions to the new contract remain on track. New referrals to the service, since the introduction of charging, continues to show an increase.</p> <p><b>Integrated Housing Solutions:</b> The DCLG transformational challenge bid was successful and the Lightbulb project was awarded the full £1m. Planning for the project continues. Recruitment has begun. Interviews scheduled for February</p>
			Assistive technology	Anne Walsh	The integration of this scheme is yet to start and has been delayed. Amber RAG status to reflect this.	
	FINANCE		Improving Community Based Prevention through Local Area Coordination	Nicole Rickard	Underspend forecast due to slippage in recruitment to the LAC project manager and co-ordinator posts, and a vacancy in the Time Banking Project.	
			Assistive technology	Anne Walsh	There are two aspects to the underspend against this scheme. £100k relates to the core AT Team where there have been vacancies. Transitions costs relating to the service transfer to the new supplier are coming in at less than originally expected.	
	METRIC				All projects are on track.	
SAVINGS				All projects are on track.		




Integrated Urgent Response			Exception information			
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information	
HWBS 10: Planning for an ageing population	ACTION PLAN		Glenfield Hospital Admission Avoidance	Sam Leak	Due to the review of services being undertaken by UHL, the Glenfield Hospital Admission Avoidance Scheme is on hold.	<p><b>Integrated Health &amp; Care Crisis Response Service (ICRS):</b> The overnight nursing assessment extension to the service launched on 1st September. Up to the 1st January, the night service has received 107 referrals of which 54 (55%) 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><b>Rapid Assessment for Older Person's Unit:</b> 114 patients seen as of 23rd January. Work to promote the service continues, including a larger piece of work for increased use of the Loughborough site (part of the Urgent Care Pathways Action Plan). Issues around transporting patients in the later part of the day have been resolved and the service is being received well. Referrals from Syston Medical Practice (ELRCCG) have been received. Further targeted work with East started on 8th Jan.</p> <p><b>Rapid Response Falls Service:</b> EMAS falls training is underway, positive feedback has been received regarding the initial sessions. Operational issues have been flagged regarding resource availability for training sessions. SPA's dedicated line for EMAS is now operational as per agreed 1st November deadline.</p>
	FINANCE		Rapid Assessment for Older Person's Unit	Caron Williams	Costs relating to this service for 2014/15 are currently being finalised, however estimated usage of the service ELRCCG is £150k compared to an allocation of £430k.	
			Rapid Response Falls Service	Gemma Whysall	This funding is no longer required as the scheme is now funded from CCG winter planning monies.	
			Glenfield Hospital Admission Avoidance	Sam Leak	Due to the review of services being undertaken by UHL, the Glenfield Hospital Admission Avoidance Scheme is on hold and as such, no expenditure is anticipated in 2014/15.	
	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		Bed Based Reablement	Jackie Wright Caron Williams Yasmin Sidyot	A review of the original residential reablement service is required to ensure that outcomes are being delivered in line with the scheme's original expectations. The review will need to consider other options that are available.	<p><b>Single Point of Access (SPA):</b> Report on feedback from the LLR-wide workshop reviewing strategic SPA and next steps discussed at the Integration Executive.</p> <p><b>Safe Minimum Transfer Data Set:</b> A paper was presented at the LLR-wide e-comms IT meeting chaired by Dr Bentley on 13th November. An option appraisal paper had also been tabled at the Discharge Board and the recommendation of the nerve centre solution was accepted. Discussions held with IT leads from City and from Leicestershire County.</p> <p><b>Bridging Packages of Care:</b> A new service was agreed by the Integration Executive in December. This is now up and running and generally bridging 15-23 packages at any given time.</p>
			Safe Minimum Transfer Data Set	Tracy Yole	Scheme is progressing and next steps have been agreed.	
			Safe Minimum Transfer Data Set	Tracy Yole	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.	
	FINANCE		Hospital Discharge Review Team for Care Packages	Heather Pick	Minor slippage in recruitment to review officer posts, & decision to initially manage the team from within the existing A&C structure has led to this underspend.	
			Single Point of Access	TBC	The piece of work looking at capacity in the SPA will start later than initially expected. The allocated funding will slip into 2015/16.	
	METRIC				All projects are on track.	
SAVINGS				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><b>Improving Quality in Care Homes:</b> QIT/Safeguarding. New safeguarding threshold tool introduced across LLR. A slow reduction in care home safeguarding investigations being identified.</p>
	FINANCE		Integrated, Proactive Care (Risk Stratification & Care Management)	Caron Williams Yasmin Sidyot	Staff turnover in the East Long Term Conditions project will result in an underspend of £105k.	
			Improving Quality in Care Homes	Tracy Ward	Underspend relates to temporary variations in employee contracts.	
	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><b>Winterbourne View Concordat:</b> NHSE are undertaking a care and treatment review of all patients in ATU/low secure accommodation to be completed by end December. CCGs are leading on this.</p> <p><b>Transitions:</b> Issues identified around local offer and joint commissioning arrangements. Being taken forward by LD Programme Board.</p> <p><b>Joint LD Self Assessment Framework:</b> Currently undertaking a self-assessment for 2013/14 which will be submitted by the end of January.</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.	

BCF Enablers		Exception information			
JHWS Priority	Schemes	Schemes	Lead	Exception commentary	Additional information
	ACTION PLAN 			All projects are on track.	
	FINANCE 	BCF Programme Leads	N/A	Workstream lead staff turnover will result in a £5k underspend.	
	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			Performance on track
Referral to Treatment		52 Week waiters	At December 2014, there were 5 instances of patients waiting over 52 weeks on a referral to treatment pathway against a zero tolerance
Diagnostic Waiting Time			Performance on track
ED Waiting Times		<p>UHL Emergency Dept. Waiting Time &lt; 4 Hours</p> <p>Emergency Dept. Handovers between UHL ED &amp; Ambulance &gt; 30 mins</p> <p>Emergency Dept. Handovers between UHL ED &amp; Ambulance &gt; 1 Hour</p> <p>12 Hour Trolley Waits</p>	<p>As at 03.02.15, 88.7% of patients were seen within 4 hours in A&amp;E against a target of 95%.</p> <p>At December 2014 19.1% of handovers between ambulance and A&amp;E took place in over 30 minutes against a zero tolerance</p> <p>At December 2014 4.1% of handovers between ambulance and A&amp;E took place in over 1 hour against a zero tolerance. Working group addressing issues over data quality and performance improvement. Action plan being developed.</p> <p>At December 2014 there were 3 instances where a patient waited over 12 hours on a trolley in A&amp;E</p>
Delayed Transfer of Care		UHL Delayed Transfers of Care - no. of patients as a % of occupied bed days	Delays are being reported as the number of patients discharged as a percentage of occupied bed days. As at January 15, 5.51% of patients were delayed against a national target of 3.5%.
Cancer Waiting Times		<p>Cancer 31 day surgery (WLCCG)</p> <p>Cancer 62 day - from screening service (WLCCG)</p> <p>Cancer 62 day - from screening service (EL&amp;RCCG)</p> <p>Cancer 62 day - consultant upgrade (WLCCG)</p>	<p>At November 2014 WLCCG is reporting 87.6% of secondary or subsequent surgeries completed within 31 days against a target of 94%</p> <p>At November 2014 WLCCG is reporting 83% of patients seen within 62 days against a target of 90%.</p> <p>At November 2014 EL&amp;RCCG is reporting 79.1% of patients seen within 62 days against a target of 90%.</p> <p>At November 2014 WLCCG is reporting 83% of patients seen within 62 days against a target of 90%.</p>
Hospital Quality		<p>Cancelled Operations - non re-admitted in 28 days</p> <p>Never Events</p> <p>Mixed Sex Accommodation</p>	<p>At December 2014 96% of patients were treated within 28 days of their cancelled operation against a target of 100%</p> <p>At December 2014, there were 2 instances of never events against a zero tolerance</p> <p>At December 2014 there were 6 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. There were no breaches in December.</p>
EMAS			
Ambulance Response Times		<p>Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening &amp; most time critical (WLCCG)</p> <p>Ambulance Response Times Cat A Red 1 (8 minutes) conditions life threatening &amp; most time critical (ELRCCG)</p> <p>Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening &amp; most time critical, less so than Red 1 (WLCCG)</p> <p>Ambulance Response Times Cat A Red 2 (8 minutes) conditions life threatening &amp; most time critical, less so than Red 1 (ELRCCG)</p>	<p>At December 2014 WLCCG is reporting 62.9% against a target of 75%</p> <p>At December 2014 ELRCCG is reporting 53.72% against a target of 75%</p> <p>At December 2014 WLCCG is reporting 64% against a target of 75%</p> <p>At December 2014 ELRCCG is reporting 57.19% against a target of 75%</p>

LPT			
Mental Health			Performance on track
Community & Other		% of Admissions Gate Kept	This data/service has been transferred from Maracis to RiO and not all the data has been recorded accurately hence the low figure this month. Steps are being taken for this data to be corrected through a range of measures including training but for this to be effective will take time. We expect an improved figure on the next report once all errors have been addressed.
Quality - Safe Care		Clostridium Difficile (C Diff) Cases	The Clostridium Difficile total number of cases for LPT for December is 1 with the year to date at 8. These are isolated incidents which have been contained. Decembers' case was on Fielding Palmer ward.

### 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)	Forecast outturn at December 2014 was 726, this has declined in performance and exceeds the below 704.18 local target
		Estimated diagnosis rate of people with dementia	At December 2014 WLCCG is reporting 56.2% of patients diagnosed with dementia against the national standard of 67%.
		Unplanned Hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 population (WLCCG)	Forecast outturn at December 2014 was 136, this has declined in performance and exceeds the below 122.67 local target
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 baseline for WLCCG. Reduction of emergency admissions is being addressed as part of the QIPP process. There is currently an Active Query Notice in place with UHL as the levels of activity are significantly higher than expected, an action plan is being developed
		Rate of emergency admissions within 30 days of discharge	The forecast outturn for rate of emergency admissions within 30 days of discharge is 1514 against a target of below 1420.18
		Emergency Admissions for children with Lower Respiratory Tract Infections (LRTI) per 100,000 population (WLCCG)	The forecast outturn for emergency admissions for children with lower respiratory tract infections is 193.16 against a target of below 139.09
Domain 4 Ensuring that people have a positive experience of care		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			Performance on track

## East Leicestershire &amp; Rutland CCG

Domain 1 Preventing people from dying prematurely	<b>1</b> <b>2</b>	Potential years of life lost (PYLL) from causes considered amenable to healthcare	The PYLL from causes considered amenable to healthcare has deteriorated from 1678.8 in 2012 to 1701.5 in 2013 against a target of 1625.1 for 2014/15
Domain 2 Enhancing quality of life for people with Long Term Conditions	<b>2</b> <b>2</b> <b>4</b>	Unplanned Hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 population (ELRCCG) Estimated diagnosis rate of people with dementia	The forecast outturn for unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s is 148 against a target of below 140.6 At December EL&RCCG is reporting 49.4% of patients diagnosed with dementia against the national standard of 67%.
Domain 3 Helping people to recover from episodes of ill health or following injury	<b>3</b>	Emergency Admissions for acute conditions that should not usually require hospital admission (ELRCCG) Rate of emergency admissions within 30 days of discharge Emergency Admissions for children with Lower Respiratory Tract Infections (LRTI) per 100,000 population (ELRCCG)	Emergency admissions for acute conditions that should not usually require hospital admission is currently above the local baseline for ELRCCG. Reduction of emergency admissions is being addressed as part of the QIPP process. There is currently an Active Query Notice in place with UHL as the levels of activity are significantly higher than expected, an action plan is being developed The forecast outturn for rate of emergency admissions within 30 days of discharge is 1458 against a target of below 1444.3 The forecast outturn for emergency admissions for children with lower respiratory tract infections is 209 against a target of below 173.37
Domain 4 Ensuring that people have a positive experience of care	<b>2</b> <b>1</b> <b>1</b>	Overall experience of NHS Dental Service Access to GP Services	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. 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	<b>2</b>		Performance on track
Dying at home	<b>1</b>		Performance on track
Psychological Therapies	<b>2</b>		Performance on track

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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		Take up of health checks by the invited population continue to be below target. There is a national publicity campaign aimed at increasing public awareness of checks which will have local impact. 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		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		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		Pharmacy screening has been low in previous years and this reflects the national position. The new community based contracts will combine Emergency Hormonal Contraception & Chlamydia Screening elements of service. It is anticipated that this will increase the screening offer to sexually active young people. GP chlamydia screening has increased considerably in Q3.	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). The stop smoking service has been re-procured and the new provider, Quit 51, commences from April 2015	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 community sport only 2. % of physically active children - participation in more than 3hrs a week of curriculum sport only
Active Adults		Variety of actions underway to promote physical activity.	This section includes the following indicators: 1. % of physically active adults (PHOF 2.13i) 2. % of physically inactive adults (Leics) (PHOF 2.13ii) 3. % of adults participating in one or more sports a week for 30 minutes or more (Leics)

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.	This section includes the following indicators: 1. % children aged 5 years with one or more decayed, missing or filled teeth (PHOF 4.02) 2. % of children with excess weight - 4-5 year olds (Leics) (PHOF 2.06i) 3. % of children with excess weight - 10-11 year olds (Leics) (PHOF 2.06ii)
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.	This section includes the following indicators: 1. Emotional health of looked after children - mean SDQ scores (PHOF 2.08) 2. % of patients that received treatment in Child & Adolescent Mental Health Services (CAMHS) within 13 weeks - (routine) 3. % of patients that received treatment in Child & Adolescent Mental Health Services (CAMHS) within 4 weeks - (urgent)
Effective Support for People with poor mental health		The % of adults in contact with secondary mental health services living in settled accommodation (ASCOF 1H) was 42% during 2013/14, placing Leicestershire in the third quartile nationally.	This section includes the following indicators: 1. Average length of stay in acute hospitals - mental health 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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