

APPENDIX A - Health & Wellbeing Board Draft Dashboard

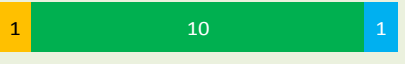


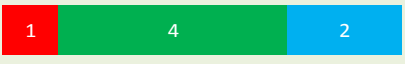
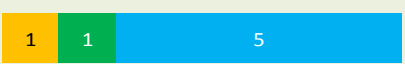

Better Care Fund		
RAG Status Guidelines		
Dimension	RAG Status	Guidelines
Action plan milestones	GREEN	Action plan development and/or milestones are on target / Service already in place
	AMBER	There are minor delays in the action plan milestones of up to 30 days
	RED	There are action plan milestones delayed more than 30 days / Action plan or project scope delayed
	N/A	Scheme not yet due to start (please provide a start date)
Finance	GREEN	Costs are on target
	AMBER	There is likely to be an overspend / underspend of up to 10% of the agreed budget
	RED	It is highly likely there will be an overspend / underspend greater than 10% of the agreed budget
	N/A	Budget not set for current financial year
Impact on metrics	GREEN	Assessed impact on primary metric(s) is on track
	AMBER	It is likely there will be a negative impact on the primary metric(s) of up to 10%
	RED	It is highly likely there will be a negative impact on the primary metric(s) greater than 10%
	N/A	This scheme is an enabler / Contribution to metrics not yet developed

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	563.06	762.73		N/A	↔	Data not yet available. Trend chart is an example only. Current data reflects the agreed baseline.
METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	93.86%	78.22%		N/A	↔	Data not yet available. Trend chart is an example only. Current data reflects the agreed baseline.
METRIC 3: Delayed transfers of care from hospital per 100,000 population (average per month)	267.06	292.71		N/A	↔	Data not yet available. Trend chart is an example only. Current data reflects the agreed baseline.
METRIC 4: Avoidable emergency admissions (composite measure)	113.08	124.12		N/A	↔	Annual activity baseline = 9913 with a target of 9429 in 2018/19. Data not yet available. Trend chart is an example only. Current data reflects the agreed baseline.
METRIC 5: Patient / service user experience	~	~		N/A	↔	In development.
METRIC 6: Injuries due to falls in people aged 65 and over	140.48	168.2		N/A	↔	Data not yet available. Trend chart is an example only. Current data reflects the agreed baseline.

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			All projects are on track.	Carers Service: Carers consultation in progress. Report due to Cabinet Sept 14. Following outcome of consultation a new model will be produced. Assistive Technology: To become BAU. Project closure report due by July. New procurement complete, entering into 6 month transition period. Charging being introduced in Aug 14. Local Area Co-ordination: This scheme is in the planning stage and developing impacts on metrics 4 and 6 in particular. Business case due end of June.	
	FINANCE			All projects are on track.		
	METRIC			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	Integrated Crisis Response Service	Anne Walsh/ Yasmin Sidyot/ Caron Williams	Night time nursing off track. Revised deadline for phased implementation approach to be fully operational by Sept. Mitigations have been put in place for the delay.	Integrated Crisis Response Service: Records of data collected in place and can evidence elements of impacts on metrics. There are some data quality elements to be worked on, which may form part of the assessment. Co-location being trialled in Narborough, testing joint assessments and triaging. Frail Older People Service: Business case underway and will be completed by end June. Expanded role of primary medical care: In progress. Workshops being held. Paper to go to June Integration Exec	
	FINANCE	Integrated Crisis Response Service	Anne Walsh/ Yasmin Sidyot/ Caron Williams	Night time nursing has led to a predicted underspend for the year of up to £250k.		
	METRIC			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		Patient Transfer Minimum Data Set	Caron Williams	Workshops to clarify & confirm arrangements are now being organised.	Intermediate Care: LPT contract 14/15 has been signed which includes Intermediate Care. Strengthening Mental Health Discharge Provision: Services in place. Hospital Social Workers attend twice weekly meetings to monitor DTOC numbers.	
	ACTION PLAN	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.		
	FINANCE	Patient Transfer Minimum Data Set	Caron Williams	The level of underspend will be determined by the the outcomes of the workshops. At this stage it is anticipated that any underspend will roll into 2015/16.		
		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.		
	METRIC			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		Operational workstream is led within the CCGs hosted contract team. Update to be provided to Integrated Exec July meeting.	Pathway to Housing: Measurements in place but not linked to outcomes as yet. Increasing amount of housing options and number of individuals supported to move into own housing. Reducing support packages during regular reviews. Improving Quality in Care Homes: QIT / Safeguarding. Measurements in place but not linked to outcomes. New safeguarding threshold tool introduced across LLR. A slow reduction in care home safeguarding investigations being identified. IT Enablers: Being led by LLR IM&T workstream. Feasibility work being completed by LCC on use of NHS number. Project brief
	FINANCE 		All projects are on track.		
	METRIC 		All projects are on track.		
Further Integration schemes			Exception information		
JHWS Priority	Schemes	Schemes	Theme Lead	Exception commentary	Additional information
	ACTION PLAN 	Transitions		Actions previously agreed by PCT are now being renegotiated due to organisational change. Progress overall on action plan is good but further progress is needed.	Winterbourne View Concordat: National JIP submitted on schedule. Plan now being implemented Short Breaks: Strategic aims agreed. Objectives being scoped. Business case & implementation plan being drawn up. Transitions: Emerging work around SEND agenda & EHCs. Working with partners in education & CYPS to develop systems to identify individuals earlier. This should help with management of the pooled budget. Housing Offer to Health: Lightbulb project: Paper to LCC CMT to discuss projects to pursue to secure transformational funding from DCLG for 2015/16. Expressions of interest for this to be completed by July 2014. 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.
	FINANCE 	Management of LD Pooled Budget		Risk of overspend to pooled budget. Financial modelling to be undertaken that will identify the extent of the potential overspend.	
	METRIC 		All projects are on track.		

APPENDIX B - Health & Wellbeing Board Corporate Dashboard

Better Public Health				
Priority		Exception Information		Additional information
Indicator	Exception commentary	Additional information		
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	
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		% successful completion of drug treatment - non-opiate users (PHOF 2.15ii)	Drugs and alcohol indicator trends are generally positive. In terms of treatment completion rates, there is still some way to go to achieve the top quartile range compared to similar areas	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		Chlamydia diagnoses (rate per 100,000 15-24 year olds) (Leics) (PHOF 3.02ii)	The diagnosis rate overall is low compared to England average however the rate for non-genitourinary (GU) settings is close to England Average.	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		Performance on track	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	Additional information		
Active Young People		Performance on track	This section includes the following indicators: 1. % of physically active adults (PHOF 2.13i)	
Active Adults		Performance on track	This section includes the following indicators: 1. % of physically inactive adults (Leics) (PHOF 2.13i) 2. % of adults participating in one or more sports a week for 30 minutes or more (Leics)	

Improving Children and Young Peoples Health				
Priority		Exception Information		Additional information
Indicator	Exception commentary	Additional information		
Child Healthy Weight and Good Diet		Performance on track	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	
Breastfeeding and Maternity Support		% of mothers breastfeeding at 6-8 weeks	The Breast Feeding 6-8 weeks prevalence target remains problematic particularly in the West of the County where breast feeding rates are lowest.	This section includes the following indicators: 1. % of mothers initiating breastfeeding 2. % of mothers breastfeeding at 6-8 weeks

Better Mental Health				
Priority		Exception Information		Additional information
Indicator	Exception commentary	Additional information		
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 4.9) 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 2. Waiting times for assessment by Child & Adolescent Mental Health Services (CAMHS)	
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)	

KEY: R A G NA

APPENDIX C - Health & Wellbeing Board Corporate Dashboard

Providers			
Supporting Indicators		Exception Indicators	
UHL		Indicator	Comment
Referral to Treatment		52 Week waiters	As at February 2014, there was 1 instance of a patient waiting over 52 weeks on a referral to treatment pathway against a zero tolerance
Diagnostic Waiting Time			Performance on track
ED Waiting Times		Emergency Dept. Waiting Time < 4 Hours	As at 09.04.14, Accident and Emergency was 84.77%, against a target of 95% for patients to be admitted, transferred or discharged within 4 hours.
		Emergency Dept. Handovers between ED & Ambulance > 30 mins	At March 2013, 12.9% of handovers between ambulance and A and E took place in over 30 minutes against a zero tolerance
Delayed Transfer of Care		Delayed Transfers of Care - no. of patients as a % of occupied bed days	As at 27/03/14, 4.43% were delayed against a national target of 3.5%.
Cancer 62 Day Waiting Time (All Providers)			At February 2014, WL is achieving the 85% standard with EL&R CCG reporting 84.6%. This is an improvement on November 2013 position.
Hospital Quality		Never Events	At March 2014 there had been 3 Never Events reported.
		Pressure Ulcers (avoidable Grade 3 & 4)	At December there has been 55 avoidable pressure ulcers (Grade 3 and 4) against a zero tolerance.
		Pressure Ulcers (Grade 2)	There have been 99 (Grade 2) against a zero tolerance.
		Safety Thermometer (% No Harms)	At March 2014, 94% of patients are harm free against a standard of 95%.
EMAS			
Ambulance Response Times			At March 2014, Category A (8 minutes) Red 1 for EMAS is 71.26% and Category A Red 2 is 71.46% against a target of 75% and Category A (19 minutes) EMAS is 93.82%.
LPT			
Efficient Services		Occupancy Rate - Community	The Community Occupancy rate performance has declined slightly and is reporting 86.6% at April 2014 against the 93% or above target.
Quality - Safe Care		STEIS - SI actions plans implemented within timescales	At April 2014, 70% of STEIS - SI action plans were implemented within timescales against a target of 100%.
CCG Indicators			
Supporting Indicators		Exception Indicators	
West Leicestershire CCG		Indicator	Comment
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		Emergency Admissions for children with Lower Respiratory Tract Infections (LRTI) per 100,000 population	Currently reporting 166.3 (FOT to Feb 14) against a 143.40 12/13 outturn, with a target of a reduction or 0% change from the previous year.
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	Reporting 5 incidences against a zero tolerance. Protocol in place for all MRSA BSI cases- in line with NHS England requirements.
Local CCG (West)		% reduction in emergency admissions from care homes. (No. of emergency admissions reported)	As at February 2014 FOT, there are 1563 admissions against a 645 baseline. There are a number of actions in place, which will help to focus and target interventions.
		% of people who enter psychological therapies	As at February 2014, % of people entering psychological therapies was 13.7% against a target of 15%, this is an improvement on December 2013 results.
East Leicestershire & Rutland CCG			
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		Emergency Admissions for children with Lower Respiratory Tract Infections (LRTI) per 100,000 population	Currently reporting 182.2 (FOT to Feb 14) against a 181.66 12/13 outturn, with a target of a reduction or 0% change from the previous year.
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	Reporting 3 incidences against a zero tolerance. Protocol in place for all MRSA BSI cases- in line with NHS England requirements.
		Incidence of health associated infection CDIIF	As at March 2014 there were 89 incidences against a target of 74, this is an improvement on December 2013. Development of a Whole Health Economy action plan in underway
Local CCG (East & Rutland)		% increase in people dying at home	As at January 2014 results were 23.9% against a target of 30%
		% of people who have a stroke who are scanned & treated in 24 hrs	As at March 2014 results were 67.1% against a target of 70%
		% of people who enter psychological therapies	As at February 2014 results were 14.5% against a target of 15%, an improvement on December 2013