Appendix A – Balanced Scorecard

| STRATEGY | Metric | Domain Rating | Metric Rating | SOF |
|--|---|------------------|------------------|-----|
| Tackle Health Inequalities | Smoking at time of delivery | | 3 | |
| | Bowel screening coverage, aged 60-74, screened in last 30 months | | 1 | Y |
| | Population vaccination coverage – MMR for two doses (5 years old) to reach the optimal standard nationally (95%) | 2 | 2 | Y |
| | Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check | | 3 | Y |
| | Healthy Life Expectancy | | 3 | |
| Improve and Sustain NHS Trust Performance | People waiting longer than 62 days to start cancer treatment | | 3 | Y |
| | % meeting faster diagnosis standard | | 2 | Y |
| | Total patients waiting more than 78 weeks to start consultant-led treatment | | 2 | Y |
| | Diagnostic activity levels – Imaging: MRI / CT / Non-Obstetric Ultrasound | 2 | 1 | Y |
| | Diagnostic activity levels – Physiological measurement: Cardiology - Echocardiography | | 1 | Y |
| | Diagnostic activity levels – Endoscopy: Colonoscopy / Flexi-Sig / Gastroscopy | | 3 | Y |
| | Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) | | 1 | Y |
| | System Oversight Framework 'Segment 3' rating | | 2 | Y |
| | Average ambulance response time: Category 2 | | 2 | Y |
| Workforce | Vacancies (12 month rolling rate) | | 3 | |
| | Turnover (12 month rolling rate) | 2.5 | 2 | Y |
| | BAME staff (average across organisations) | | 2 | |
| | Sickness (12 month rolling rate) | | 3 | Y |
| Strengthen Social Care System | Total virtual ward capacity per 100k of adult population | | 2 | Y |
| | Proportion of patients discharged to usual place of residence | 3 | 3 | Y |
| | Number / % of patients with a LoS exceeding 21 days | | 3 | |
| | Delivery of Finney House Beds - Delivery Plan Assurance | | 2 | |
| | Delayed Transfers of Care / No Medical Criteria To Reside | | 3 | |
| | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | | | |
| Refresh Primary Care | Estimated diagnosis rate for people with dementia | | 1 | |
| | Number of general practice appointments per 10,000 weighted patients | | 2 | Y |
| | % of hypertension patients who are treated to target as per NICE guidance | 2 | 2 | Y |
| | Proportion of diabetes patients that have received all eight diabetes care processes | | 2 | Y |
| | Hypertension case-finding: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke | | 2 | |
| Recover | Cumulative position against plan | 2.6 | 3 | |
| | Forecast position against plan | | 1.5 | |
| | Delivery of efficiency target (S119a) | | 3 | Y |
| | Agency spend against plan | | 3 | Y |

NB. The rating for schemes that have yet to start due to operational priorities, such as establishing the ICB, have been left blank. Metrics that are not yet published have also been left blank.

Key for Domain Scoring



(Unweighted average of metrics contributing to domain = domain score)

Scoring for each metric (1-3) is determined by a calculation appropriate to the context of the data source that informs it and any delivery plans around it (e.g. if a specific plan exists, on plan = 1, within a specified threshold of plan = 2, or significantly outside plan = 3).

Appendix B - Domain Commentary

Tackle Health Inequalities

i. System Population Health Board established with representation from ICB and Public Health colleagues with a remit to review population and inequalities data.

ii. Population Health dataset being utilised to track post-Covid recovery in primary care, health checks, cancer services, vaccination rates, and so on.

iii. In order to comply with statutory duties, the ICB Quality Board will provide assurance and escalate any risks to the Board relating to quality, safety and outcomes data; this will include CCG legacy risks.

Improve and Sustain NHS Trust Performance

i. Joint Cell, Provider Collaborative and ICB Delivery Boards taking action to coordinate improvement and operational activities across providers and partners within LSC.

ii. The LSC System Resilience Hub function provides tactical coordination across system partners on a daily basis.

iii. Post-pandemic recovery plans are in place for Elective Care, Mental Health, Cancer with providers agreeing opportunities for mutual aid and system-wide coordination.

iv. Intensive capacity planning underway in Urgent and Emergency Care services to prepare for winter 22/23.

Strengthen System Workforce

(Narrative to be provided in a future report)

Strengthen Social Care System

i. ICB Delivery Board supporting acceleration of actions intended to strengthen care capacity, intermediate care and virtual wards ahead of winter 22/23.

ii. System-based trajectories for Virtual Ward implementation are regularly monitored with a focus on actions at a place-based level.

iii. The Adult Social Care and Health Partnership continues to lead on care market shaping across LSC.

Refresh Primary Care

i. A detailed primary care dashboard is being finalised which initially includes general practice and community pharmacy, and will be expanded to include community dental and community optometry services.

ii. The ICB dementia diagnosis rate of 68.47% is above both the England and North West rates and is above the national target.

iii. Although L&SC is providing more general practice appointments per 10,000 weighted population than the North West average, we are below the national average.

iv. The proportion of diabetes patients receiving all 8 care processes has increased to 47.78% which is slightly better than the national position.

v. The ICB hypertension case-finding rate mirrors the national rate of 73%, which is lower than the optimal rate of 80%. Although the percentage of hypertension patients who are treated to target as per NICE guidance (60.9%) is currently higher than the national average position, there is still a gap to move to the 2029 target of 80%. A joint ICB and Local Authority hypertension group continues to coordinate the delivery of the blood pressure at-home, community pharmacy blood pressure check, and Primary Care Network CVD prevention & diagnosis services.

Recover Financial Position

i. Cumulative position against plan: at the end of month 5 the system deficit is £52.6m which is £35.1m greater than plan. The main areas of concern are the planning gap, efficiency schemes being behind plan, and temporary staffing costs.

ii. Forecast position against plan; the system is still forecasting to deliver the plan of breakeven albeit there is significant risk in the system.

iii. Delivery of efficiency target; there is an efficiency shortfall against plan of £14.4m (22.1%) at month 5. The plan is weighted towards the second half of the year. At month 5, over-achievement of non-recurrent efficiencies (£12.9m) are compensating for the shortfall against the recurrent efficiency plan (£27.3m).

iv. Agency spend against plan; at the end of month 5 the agency spend is £11.0m (30%) above the plan. The plan is a significant improvement on the previous year outturn (£80.5m vs. £113.6m). Reducing agency costs is a key workstream of the ICB.