Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Thursday, 18 March 2021 at 2.00 pm**

Location: **Microsoft Teams video link**

Contact: **Mr. E. Walters (0116 3052583)**

Email: **Euan.Walters@leics.gov.uk**

Membership

Dr. R. K. A. Feltham CC (Chairman)

Mr. D. C. Bill MBE CC	Mr. J. Morgan CC
Mr. J. G. Coxon CC	Mr. J. T. Orson JP CC
Mrs. A. J. Hack CC	Mrs. R. Page CC
Dr. S. Hill CC	Mr T. Parton CC

Please note: This meeting will not be open to the public in line with Government advice on public gatherings. The meeting will be filmed for live or subsequent broadcast via YouTube:
https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ

AGENDA

Item		Report by	
1.	Minutes of the meeting held on 13 January 2021.		(Pages 3 - 10)
2.	Question Time.		
3.	Questions asked by members under Standing Order 7(3) and 7(5).		
4.	To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
5.	Declarations of interest in respect of items on the agenda.		
6.	Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.		

7.	Presentation of Petitions under Standing Order 35.		
8.	Recommissioning of Domestic and Sexual Violence and Abuse Services.	Director of Public Health	(Pages 11 - 14)
9.	Health Performance and LLR Health System Governance and Design Group Update.	Chief Executive	(Pages 15 - 60)
10.	Date of next meeting. The next meeting of the Committee is scheduled to take place on Wednesday 2 June 2021 at 2.00pm.		
11.	Any other items which the Chairman has decided to take as urgent.		

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website www.cfps.org.uk.

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

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Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held via Microsoft Teams video conferencing on Wednesday, 13 January 2021.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. D. C. Bill MBE CC	Mr. J. Morgan CC
Mr. J. G. Coxon CC	Mr. J. T. Orson JP CC
Mrs. A. J. Hack CC	Mrs. R. Page CC
Dr. S. Hill CC	Mr T. Parton CC

Note: The meeting was not open to the public in line with Government advice on public gatherings however the meeting was broadcast live via YouTube.

In attendance
Mr. L. Breckon CC – Cabinet Lead Member for Health, Wellbeing and Sport.
Mr. O. O'Shea CC (minute 37 refers).
Paula Vaughan, Head of All Age Mental Health, LD, Autism & Dementia, Leicester, Leicestershire and Rutland CCGs (minute 37 refers).
John Edwards, Associate Director of Transformation, Leicestershire Partnership NHS Trust (minute 37 refers).
Helen Perfect, Head of Inpatient, Crisis and Liaison Services, Leicestershire Partnership NHS Trust (minute 37 refers).

30. Minutes of the previous meeting.

The minutes of the meeting held on 11 November 2020 were taken as read, confirmed and signed.

31. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

32. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

33. Urgent items.

There were no urgent items for consideration.

34. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mr. T. Parton CC declared a personal interest in agenda item 8: Mental Health Liaison Service as he had recently become the Vice Chairman of a mental health charity.

35. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

36. Presentation of Petitions.

The Chief Executive reported that no petitions had been received under Standing Order 35.

37. Mental Health Liaison Service.

The Committee considered a report of Leicestershire Partnership NHS Trust (LPT) which provided an update on the engagement undertaken to date for the Mental Health Liaison Service. A copy of the report, marked 'Agenda Item 8' is filed with these minutes.

The Committee welcomed to the meeting for this item Paula Vaughan, Head of All Age Mental Health, LD, Autism & Dementia, Leicester, Leicestershire and Rutland CCGs, John Edwards, Associate Director of Transformation, LPT and Helen Perfect, Head of Inpatient, Crisis and Liaison Services, LPT.

The Chairman invited Mr. O. O'Shea CC to speak on behalf of residents of the Groby and Ratby Division that had raised concerns regarding the Psycho-oncology service.

Arising from discussions the following points were noted:

(i) The engagement process which had taken place involved getting feedback on the proposals from commonly seen patients. Feedback from the wider public, minority ethnic communities and mental health charities would be sought as part of a larger formal consultation which was planned.

(ii) LPT had located a mental health team at the Emergency Department at Leicester Royal Infirmary and that team had a target to see patients within 1 hour of referral. If a patient was on an inpatient ward at Leicester Royal Infirmary and mental health issues arose then LPT had a target to see that patient within 24 hours whereas if the patient was at Leicester General Hospital or Glenfield Hospital the target was 48 hours.

(iii) Whilst the Liaison Service was focused towards patients in hospital settings with acute needs, outpatients were also part of the service and Local Liaison Mental Health Teams were being set up to provide support as locally as possible and they would become ever more local over time. This would address issues around accessibility especially for those patients without private means of transport.

(iv) There was already a core of staff working within the Triage Team in the Emergency Department, the Liaison Psychiatry Team, Psycho- oncology and the Frail/Older Persons Team but they were not all available to work 24 hours a day 7 days a week therefore a rostering tool had calculated that an additional 5.9 whole time equivalents (WTEs) practitioners were required to ensure delivery of Core 24 response times.

(v) Reassurance was given that patients currently accessing the Psycho-oncology service would not see a reduction in the quality of the service and whilst there would be some changes to the service LPT were expecting to increase the offer for people with psycho oncological needs not reduce it. In future the support could come from a range of providers. Feedback from the engagement process had already identified these concerns and would be used to inform the recommendations regarding support for people with cancer diagnosis. The East Midlands Councils network had produced a framework of best practice and LPT had measured its services against this framework and was confident that the framework criteria was met, though further work could still be carried out particularly with regard to Clinical Psychology.

(vi) The public could contact the Central Access Point for any mental health needs and they would be directed to where they could receive the appropriate support. There was also a 'no wrong front door' policy in place which meant that whichever part of LPT a member of the public contacted, their mental health issues would be dealt with and they would not be turned away.

(vii) LPT had sight of some data regarding the impact of the Covid-19 pandemic on mental health and some demand modelling had taken place however the evidence was limited and the full impact of Covid-19 was not yet understood. The Central Access Point had received an increase in demand mainly for lower level mental health support rather than more serious issues such as a crisis.

RESOLVED:

(a) That the update on Mental Health Liaison Services engagement be noted;

(b) That representatives of Leicestershire Partnership NHS Trust be requested to provide a further update on Mental Health Liaison Services in six months time.

(c) That officers be requested to arrange an All-Member briefing regarding mental health.

38. <u>Public Health Medium Term Financial Strategy 2021/22 to 2024/25.</u>

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2021/22 to 2024/25 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item '9' is filed with these minutes.

The Chairman welcomed Mr. L. Breckon JP CC, Cabinet Lead Member Health, Wellbeing and Sport, to the meeting for this item.

In introducing the report the Director informed the Committee that for 2021/22 the Public Health Grant was to be maintained at the same level as the previous year on a 'flat cash' basis. Funding for the following years was uncertain. The Department sought to bring as many services as possible in-house in order to benefit from efficiencies and more joined up working with other services provided by Public Health, whilst recognising that some specialist services needed to be commissioned.

The Cabinet Lead Member highlighted the additional work that the Public Health Department had been carrying out in relation to the Covid-19 pandemic and stated that

the general public were now better aware and more appreciative of the work of the Department. He stated that the pandemic had brought to the fore issues such as mental health and the need for the public to exercise regularly and he expected that these areas would receive greater attention in future.

Arising from discussion, the following points were noted:-

Service Transformation, Proposed Revenue Budget and Budget Changes and Adjustments

(i) It was very difficult to estimate the impact residual issues from the Covid-19 pandemic would have on the budget therefore the budget had been based on demand being at normal levels.

(ii) Approximately two thirds of the net budget for 2021/2022 was proposed to be spent on Sexual Health, Children's Public Health 0-19 and substance misuse.

(iii) Previously the Health Protection Response was the responsibility of Public Health England but during the 2020/21 year it had become part of the local Public Health workstream due to the Covid-19 pandemic. During 2020/21, the Department received a grant of £2.3m for local authority test and trace support services. The Health Protection Response Team had been created within the Public Health Department and members of that team had been heavily involved with care homes during the pandemic. The Infection Control Team had also been invested in using the additional Covid-19 funding.

Growth

(iv) The only growth expected related to the retro-viral drug PrEP. There had been a legal case regarding who should pay for the drug itself which had concluded that Public Health England should provide the funding. However, as a result of the drug being used there were expected to be additional referrals into the sexual health service which was funded by the County Council's Public Health Department. Consequently the Department had been awarded £20,000 to enable it to manage the additional referrals.

Savings

(v) A review was taking place of the GP Health Check service to ascertain whether any further savings and efficiencies could be made. No indications could be given yet as to the results of this review but alternative ways of delivering the service were being explored such as the alternative provider model and using other public sector organisations such as the fire service. There was no timeline for when the review had to be completed though the savings had to be delivered by 2024/25.

(vi) The First Contact Plus service was delivered via telephone and online and was aimed at service users rather than professionals. A member of the public could self-refer to this service and receive advice on healthy lifestyles, debt and other matters. External funding of £159,000 per annum was received from Better Care Together to help support First Contact Plus. A considerable amount of money had been taken out of the service in previous years therefore it would be difficult to produce further efficiencies from First Contact Plus.

External Influences

(vii) There had previously been discussions initiated by Government regarding whether Sexual Health commissioning should remain with Public Health Departments or become part of the NHS remit. There had been no recent update from Government regarding this.

(viii) In the future there could be other structural changes to Public Health and the wider health system but the nature of these was not yet known.

The Director of Public Health and members expressed their thanks to the Public Health staff for their work during the Covid-19 pandemic and it was noted that many staff had carried out duties in relation to Covid-19 in addition to their normal workload.

RESOLVED:

(a) That the report and information now provided be noted;

(b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 25 January 2021.

39. Recommissioning of Substance Misuse Services.

The Committee considered a report of the Director of Public Health which informed of the plans for the recommissioning of the specialist substance misuse services and the proposed model for specialist substance misuse services. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee received a presentation which provided further explanation for the reasons behind the recommissioning of the service and the presentation slides are also filed with these minutes.

Arising from the presentation the following points were noted:

(i) The model for the current service had been approved by Cabinet in December 2019 and the service had been due to commence in April 2021 but due to the Covid-19 pandemic the start date had been postponed until April 2022. Since Cabinet had approved the proposals there had been some challenges which had arisen. Leicestershire County Council and Leicester City Council had been unable to reach an agreement regarding the length of contract for the substance misuse service. There were also differences in opinion regarding the price quality split and the pricing methodology. In addition, the existing contract was very prescriptive and focused on measuring outputs using Key Performance Indicators whereas Leicestershire County Council wanted the service to focus more on outcomes which would give the service more flexibility. One area where the lack of flexibility had a negative impact was managing the overspend experienced by the existing service provider.

(ii) It was not proposed to change the model for the way the substance misuse service was conducted but it was proposed to change the footprint so that the City of Leicester would no longer be covered by the service. In response to concerns from members that the new footprint would lose the benefits of partnership working the Director of Public Health provided reassurance that partnership working could still

take place but with two services instead of one for Leicester, Leicestershire and Rutland.

(iii) Whilst it was acknowledged that some economies of scale would be lost with the Leicestershire and Rutland only footprint the existing service did not serve the needs of Leicestershire residents as well as it could and therefore changes needed to be made. It was hoped that in future there could be additional locations in the County for the substance misuse service to operate from.

(iv) The new service would enable targeted work to take place in specific localities for example if drugs or alcohol was a particular problem additional resources could be allocated to that locality to tackle the problem. Members welcomed the flexibility and the ability to focus more on rural areas and market towns.

(v) It was expected that the new proposals would mean that further delays to the service commencing could be avoided which was important given that early intervention was a key part of the substance misuse service.

(vi) The financial contribution from the Office of the Police and Crime Commissioner (OPCC) to the substance misuse service was 3% of the service's budget which covered the Criminal Justice caseload only. All commissioning partners were members of the Substance Misuse Recommissioning Board and had been so since its inception in 2019. All parties had therefore been aware of the challenges experienced and the delays to key decision making. After Leicestershire County Council made the decision to proceed with a Leicestershire and Rutland service, the OPCC was notified and a meeting took place between OPCC and Leicestershire County Council specifically regarding this matter. The OPCC was welcome to continue to work with Leicestershire County Council regarding the substance misuse service.

(vii) In response to concerns that in future the substance misuse service would only be available digitally reassurance was given that face to face appointments would continue and digital was an alternative option not a replacement.

(viii) The Cabinet Lead Member stated that he was positive the new approach could work and would provide a better service for the people of Leicestershire.

RESOLVED:

That the contents of the update regarding the recommissioning of specialist substance misuse services be noted.

40. <u>Date of next meeting.</u>

RESOLVED:

It was noted that the next meeting of the Committee would be held on 18 March 2021 at 2pm.

2.00 - 3.45 pm CHAIRMAN
13 January 2021

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Agenda Item 8

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 18th March 2021

RECOMMISSIONING OF DOMESTIC AND SEXUAL VIOLENCE AND ABUSE SERVICES

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of the Report

1. The purpose of this report is to inform the Health Overview and Scrutiny Committee of the plans for the recommissioning of the domestic and sexual violence and abuse services (DSVA) and the proposed model for domestic and sexual violence and abuse services (DSVA).

Policy Framework and Previous Decisions

2. The provision of domestic and sexual violence and abuse services aligns with Outcome 3 from the County Council's Strategic Plan 2018-2022; **Keeping People Safe:** People in Leicestershire are safe and protected from harm.

3. A report was previously brought to Cabinet on 8th Feb 2019 by the Director of Children and Family Services that outlined the recommissioning work undertaken to date and to seek approval to consult on the proposed structure for domestic and sexual violence and abuse services to be commissioned across Leicestershire, Leicester, and Rutland (LLR). This was approved by Cabinet.

Background

4. While the overall strategic and operational function for domestic and sexual violence and abuse sits with the Community Safety team within Children & Family Services, commissioning is a key skill of the Public Health department and so Public Health is leading on the commissioning of domestic and sexual violence and abuse services.

5. Domestic and sexual violence and abuse services currently comprise the UAVA (United Against Violence and Abuse) Service jointly commissioned with Leicester City Council, Rutland County Council, and the Police and Crime Commissioner. Contract management is led by

Leicester City Council. The UAVA service provides the domestic abuse support service, the sexual violence support service, the helpline, and outreach services and is delivered by a consortium comprising Women's Aid Leicestershire Ltd (WALL), Free From Violence and Abuse (Freeva), and Living Without Abuse (LWA). In addition, Public Health commissions the Safe Places Accommodation Support Service providing supported refuge accommodation in the county.

6. Current contracts for all DSVA services were due to end on 31st March 2021 and have been extended to 31st March 2022 due to the Covid-19 pandemic.

7. Other partners in this recommissioning project are the Police and Crime Commissioner (PCC), Leicester City Council, and Rutland County Council.

8. The Public Health annual funding envelope for domestic and sexual violence and abuse services is currently £385,907.

9. In February 2021 it was announced by Government that there would be additional funding for all Tier 1 and Tier 2 authorities for 2021/22 for domestic abuse safe accommodation and support. The allocation for Leicestershire is £1,127,205. Additional guidance from the Ministry of Housing, Communities and Local Government (MHCLG) suggests there will be additional funding allocations beyond 2021/2022 but there is no indication whether this will be at a similar level.

10. It is intended that some or all of future allocations (depending on the level of additional funding) will be included within the funding envelope for this recommissioning project.

11. Additional funding allocations will not change the service model described but will enhance service delivery and allow flexibility between service elements to best meet future need.

Service Model

12. The approach taken to recommission the service across Leicester, Leicestershire, and Rutland allows for economies of scale where possible and ensures a co-ordinated pathway across different service provision and different geographical areas and needs. It also allows partners to retain control of specific elements of commissioned services for their locality including contract management and performance monitoring whilst ensuring a co-ordinated approach to delivery.

13. The model comprises 5 service elements;

    a. Helpline and Engagement Service – an LLR wide service with a single specification. PCC will lead on procurement of this element. This is the 'front-door' that all potential service users

will engage with. The service will be responsible for assessment, referral to other parts of the service system relevant to needs identified, assertive engagement and support and maintaining a case management system.

b. Domestic violence and abuse locality support service – 2 Lots (Lot 1 – Leicestershire & Rutland, Lot 2 – Leicester City) with a single specification. Leicestershire County Council will lead on procurement of this element. This service will provide more intensive and specialist support tailored to individual need and will include support throughout the criminal/civil justice system.
c. Sexual violence and abuse support service – an LLR wide service with a single specification. PCC will lead on procurement of this element. This service will provide more intensive and specialist support tailored to individual need and will include support throughout the criminal justice system.
d. Domestic abuse accommodation related support service – 2 Lots (Lot 1 – Leicestershire, Lot 2 – Leicester City) with separate specifications and procurement leads. This service will provide a variety of accommodation for victims without safe housing, and intensive on-site support to maintain safety, and enable move-on.
e. Domestic violence and abuse Perpetrator Interventions – a single lot with a single specification. Leicester City Council will lead on procurement of this element. This service will deliver short-term and longer-term programmes with perpetrators to address abusive behaviour. Leicestershire County Council will not currently contribute to this service. The PCC contribution may enable a very limited provision for residents of Leicestershire. Additional funding opportunities are being explored.

Conclusion

14. There has been considerable discussion and modelling undertaken by commissioning partners to finalise the service model and contracting arrangements across Leicester, Leicestershire and Rutland. The proposed model allows for greater control for each commissioning partner whilst retaining the overall service system and economies of scale that commissioning with partners allows.

15. All commissioning partners are now securing agreement for the model and agreement to proceed with procurement through their respective governance procedures throughout February and March in preparation for tender publication in May 2021.

16. A paper will be presented to Cabinet on 23rd March 2021 to inform members of the model for domestic and sexual violence and abuse

services and to seek approval for delegation of authority to appoint the Preferred Bidder to the Director of Public Health.

Background Papers

Sexual and Domestic Violence and Abuse Needs Assessment for Leicestershire, Leicester and Rutland (2017) http://lrsb.org.uk/llr-dasv-strategic-docs

Leicester, Leicestershire and Rutland Domestic and Sexual Violence and Abuse Strategy (2018-2021) http://lrsb.org.uk/llr-dasv-strategic-docs

Circulation under the Local Issues Alert Procedure

17. None

Officer(s) to Contact

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Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18 MARCH 2021

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE AND LLR HEALTH SYSTEM GOVERNANCE AND DESIGN GROUP UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and Clinical Commissioning Group (CCG) performance in Leicestershire and Rutland based on the available data at the end of February 2021.

2. The report also outlines the latest position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group Formation. As the Clinical Commissioning Groups (CCGs) move from three CCGs to an Integrated Care System (ICS). The governance reflects the move to work towards a shared vision and ownership of health solutions.

Policy Framework and Previous Decisions

3. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the CCG Commissioning Support Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

4. At the November 2020 Health Overview and Scrutiny Committee the LLR Assistant Director for Performance Improvement verbally spoke around some of the governance changes which were underway. The Committee requested a more formal update on the new structures that would be in place, as things developed further.

Background - LLR Health System Governance, Structure and Design Group Formation

5. Delivering safe, high quality health, social care and support to patients and citizens in Leicester, Leicestershire and Rutland (LLR) is at the centre of NHS ambitions. Combining quality of care alongside performance improvement at System, Place and Neighbourhood levels is a key driver to delivering assurance. Placing performance and quality at the centre of plans to transform services within the nine Design Groups is crucial to delivering long term and meaningful change. The Design Groups are models of care at system level for transformation, service delivery and quality. Moving towards a culture of inclusivity, collaboration and sharing of funds is intended to result in improved outcomes for patients and citizens.

6. As strategic commissioners, the LLR Clinical Commissioning Groups (CCGs) need to balance this collaborative approach with the requirement to assure themselves and others of the quality of provider organisations and their ability to provide safe, high quality healthcare to our populations. The Committee will receive a short presentation (Appendix 4) describing how the CCGs will discharge this responsibility through system and CCG mechanisms and is intrinsically linked to the vision for clinical leadership across LLR. The changes in structure, governance and the new model of work outline the cultural shift away from traditional work under a contractual framework to transformation through a population health management lens.

NHS Oversight and Reporting Frameworks

7. At a national level the health performance reporting model has been influenced by the NHS Oversight Framework, issued in August 2019. The Framework summarised the interim approach to oversight. The interim Framework has informed reporting related to CCG performance set out later in this report.

8. There are also still a wide range of separate clinical and regulatory standards that apply to individual services and providers. The Public Health Outcomes Framework (PHOF) sets out metrics on which to help assess public health performance and there is a separate framework for other health services. Adult social care outcomes are covered by the Adult Social Care Outcomes Framework (ASCOF) and the Better Care Fund is subject to separate guidance.

Changes to Performance Reporting Framework

9. As well as changes brought about by the Oversight Framework a number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents

related to UHL. The overall framework will continue to evolve to take account of the above developments, as well as any particular areas that the Committee might wish to see included.

10. The following 4 areas therefore form the basis of reporting to this committee: -

a. Some contextual information related to Corona Virus and Covid-19 locally;
b. Clinical Commissioning Group (CCG) performance for both West Leicestershire and East Leicestershire and Rutland CCGs;
c. Quality - UHL Never Events/Serious Incidents;
d. An update on wider Leicestershire public health outcome metrics and performance; and
e. Performance against metrics/targets set out in the Better Care Fund plan.

Corona Virus and Covid-19 Contextual Intelligence

11. Due to the impact and prioritisation of the Covid-19 response, usual data collection and reporting have been paused in a number of areas. Some elements of national data collection and release, such as around delayed transfers of care, were put on hold to help providers focus on tackling the immediate coronavirus emergency. So previous data is not able to be reported in a small number of areas.

12. Business intelligence services have been redirected significantly to help the NHS, Local Resilience Forum, County Council and other agencies to better understand and help manage the response to the pandemic, including creating a range of new analysis, intelligence sources, statistics, management reporting, system modelling and surveys. These range from Covid-19 cases, deaths, excess deaths, bed capacity and modelling, health and care provider intelligence, testing, body storage and crematoria capacity, shielding of vulnerable individuals and vulnerable children's school attendance.

13. Attached as Appendix 1 is the weekly Covid-19 intelligence report showing data up to Week 7 - 2 March 2021. This shows the wider context of covid-19 in Leicestershire including deaths involving Covid-19, excess deaths, counts of cases, district breakdown per 100k population, comparison with statistical neighbour counties, and cases by middle super output area. The cases count saw a large increase in cases to reach a 7 -day average peak on 4 January and has seen a significant reduction since the 2nd national lock down, though at a slower rate than nationally. At the time of writing, Leicestershire is ranked 35 highest out of 149 upper tier local authorities and ranked 3rd highest of its CIPFA similar areas. North West Leicestershire is the third highest area nationally, with Leicester second.

14. Due to progressive local increases as the second wave developed, the LLR Covid-19 SAGE Alert Group raised the local alert level to the highest level – Level 5 (risk of services being overwhelmed) on 16 December and the status

has been maintained at the level ever since and through the latest national lockdown. The situation has had a significant impact on health and care services and this, informed by the relevant data, will need careful consideration as the area looks to move towards a pandemic recovery phase.

CCG and Health System Performance

15. NHS England and NHS Improvement's (NHSE/I) NHS Oversight Framework (OF) 2019/20 was introduced at the end of August 2019. There is a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. The specific dataset for 2019/20 broadly reflected previous provider and commissioner oversight and assessment priorities.

16. There has been no update to the NHS Oversight Framework for 2020/21, so the 2019/20 version remains in place, which comprises a set of 60 indicators. The metrics are aligned to priority areas in the NHS Long Term Plan. https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/)

17. NHSE/I updated the NHS Oversight Framework Dashboard in December 2020 (see Appendix 2), although some datasets are out of date compared with local data. Locally sourced data is routinely updated and presented to the CCG Quality and Performance Committee and Board.

18. The following table provides an explanation for the key constitutional indicators not being achieved. Locally sourced 2020/21 data has been provided in the table. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	**Latest 2020/21 Performance**	**Local actions in place/supporting information**
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment.	**National Target >85%** December 2020 **ELR (All Providers)** 77% (72/94pts) **WL (All Providers)**	The Independent Sector (IS) is being utilised and cancer patients prioritised. There has been a significant amount of work between UHL; Spire and Nuffield locally to ensure cancer activity is maximised (diagnostics and treatment). PCL and Alliance are also supporting with diagnostic work so that

Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	73% (77/106pts) **UHL (All patients)** 73% (166/226pts)	UHL can prioritise cancer diagnostics. CCG staff have been supporting and working collaboratively with UHL to look at options and opportunities to support and improve capacity. This has included working with the Pharmacy team to unblock barriers by increasing capacity within the provision of chemotherapy at home and the utilisation of cancer funding to support additional diagnostic capacity. There continues to be a focus on the high-volume tumour sites, with the CCG supporting in identifying short-medium and long-term transformational goals, together with monitoring of 2 week wait referrals and analysis of shortfalls in expected levels of activity. Work is continuing regarding engaging with patients to present worrying symptoms to their GP.
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	**National Target >95%** February 2021 **UHL A&E + UCC's** 77.4% **UHL ED only** 68.7% (14,007 pts seen/treated) **LLR Urgent Care Centres only** 99.9% (5,446pts seen/treated)	UHL continue to run a dual Emergency Department (ED) (Covid and non-covid). In response to Covid, pathway and site changes have been made within UHL. Admission and discharge profiles are currently having some delay. Ambulance handover issues are being managed and an action plan is in place to improve ambulance handover delays. The CCG UEC team is working with EMAS and UHL to improve system flow, i.e. getting patients to the right area/SDEC/ GPAU rather than ED, to enable more efficient handovers.
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**National Target >92%** January 2021 **ELR (All Providers) 58%** Total Waiting; 25,180 against a target of <21,851 (Aug 20 plan) of which 2,374 patients are waiting +52weeks.	Elective surgery has been significantly impacted by Covid. Currently there are a very limited number of theatre lists running due to the requirement of additional ITU capacity. Long waiters are starting to be seen within the independent sector following the prioritization of cancer and urgent patients. Alliance weekly capacity call setup to ensure patients are treated in the correct order. Position over trajectory (likely case scenario) due to growth in urgent care. NHSE has released national guidance for how local areas should manage waiting

	WL (All Providers) 58% Total Waiting; 29,854 against a target of <25,874 (Aug 20 plan) of which 2,800 patients are waiting +52weeks.	lists in light of Covid. This includes developing a local process for managing patients who are on waiting lists but do not wish to have treatment at the time due to Covid. Ophthalmology was identified as an area of concern after triangulating intelligence (performance, patient safety, feedback from stakeholders). A paper was presented to the LLR System Q&P in February summarising concerns and the transformation work taking place to achieve quality and performance improvements.
Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure improvements in access to psychological therapy services for people with depression and/or anxiety disorders Recovery levels are a useful measure of patient outcome and helps to inform service development	**% adults accessing IAPT services, from a defined prevalence** **LLR/NHSE/I target >17.3%** YTD Nov 2020 ELR – 13.9% (2,555 pts entering treatment since April 20) WL – 14.8% (3,280 pts entering treatment since April 20) **% of people who complete treatment who are moving to recovery** **National target >50%** Nov 20 ELR – 56% WL – 52%	Referral rates are at pre-covid levels. Due to the prolonged lockdown in parts of LLR there was a reduction in GP referrals. Increased acuity in referrals as yet unquantified. DNA rates reduced by 4-5% due to online access to treatment. Mobilisation for a new provider underway to commence 1st April 2021. Currently the service is being promoted widely and within the service specification for 2021 onwards there are specific requirements to address inequalities within LLR. Extra training places for high intensity workers are being made available. Integration with community mental health transformation planned. Patients 'moving to recovery' continues to achieve the national standard.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the	**National Target >66.7%** Jan 2021 ELR – 60% (2,916pts) WL – 62%	The current risks are in line with the national picture of dementia prevalence rates declining in line with Covid. This was particularly relevant for April and May 2020 when referrals into the service declined and health services across primary, secondary and community care pivoted towards emergency and urgent care only. People were shielding also and not

estimated prevalence based on GP registered populations	(2,998pts)	attending health and social care services. Post diagnosis support is commissioned and provided by The Alzheimer's Society for Leicestershire and Leicester City and Age UK and Admiral Nursing within Rutland. A procurement programme is underway for a new post diagnostic service for Leicestershire and Leicester City to commence April 2021.

Other Cancer Metrics

19. The December 2020 performance for the Cancer Wait Metrics is set out below: -

Metric	Level	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times					
The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	CCG	Dec-20	93%	94.0%	93.4%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	Dec-20	93%	94.9%	93.2%
The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	CCG	Dec-20	96%	94.9%	95.1%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	Dec-20	94%	83.8%	79.6%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	Dec-20	98%	100.0%	100.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	Dec-20	94%	95.5%	92.0%
The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	CCG	Dec-20	85%	76.6%	72.6%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	Dec-20	90%	96.0%	66.7%
% of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	CCG	Dec-20	No national standard	70.4%	84.6%

Never Events at UHL

20. There have been 6 never events in the past 12 months at UHL, most recently two in December 2020. The issues related to: -

- Wrong implant/prosthesis; an incorrect stent deployed at Glenfield Hospital Coronary Care Unit. Immediate Actions taken were: all staff in catheter lab made aware of incident. Support/interviews by CMG/PS Team.
- Wrong site surgery; Botox injection administered to incorrect leg a of child with Cerebral Palsy. Parents assured that the injection should have no long-

term consequences. The child's medical records obtained and reviewed. Statements requested from staff involved in the incident.

Areas of Improvement

21. There are also some areas which are worth commenting on that have shown recent improvement including: -
    - Both two week waits for urgent cancer and breast symptoms metrics have achieved the national target in December 2020;
    - The number of LLR cancer patients waiting (backlog) at 62 days is the 2nd lowest across STPs across the Midlands;
    - The Faster Diagnosis standard relating to cancer patients receiving a diagnosis within 28 days continues to exceed the national standard;
    - Endoscopy activity is at 96% of pre-Covid levels; and
    - IAPT Waiting Times and Recovery continue to achieve the national standards across LLR.

Future Reporting

22. The format of CCG performance improvement reporting is changing for CCG Quality and Performance Committee and CCG Board in March 2021. These groups will have reporting provided at Leicester, Leicestershire & Rutland (LLR) level only. Therefore, the Health Overview and Scrutiny Committee can either:
    - continue to receive the format of this report, covering WL & ELR CCG high level performance, or
    - receive a similar report to that presented at CCG Public Board, being aware that this will cover LLR only, and therefore include Leicester City performance.

Public Health Outcomes Performance – Appendix 3

23. Appendix 3 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 38 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England

value or benchmark and 'red' indicates worse than the England value or benchmark.

24. Analysis shows that of the comparable indicators, 18 are green, 12 amber and 3 reds. There are 5 indicators that are not suitable for comparison or have no national data.

25. Of the eighteen green indicators, the following indicators; under 18 conceptions, Prevalence of overweight (including obesity) persons aged 4-5 years, Cancer screening coverage-bowel cancer (persons, 60-74 years old), Cancer screening coverage-cervical cancer (females, 25-49 years old) and New STI Diagnoses (exc Chlamydia aged <25) have shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old) and cervical cancer screening coverage (females, 50-64 years old) have shown a significant declining (worsening) performance over the last five time periods.

26. Of the twelve indicators that are amber, only smoking status at time of delivery, successful completion of drug treatment for opiate users and successful completion of drug treatment for non-opiate users have trends presented, which all show no significant change over the last 5 time periods.

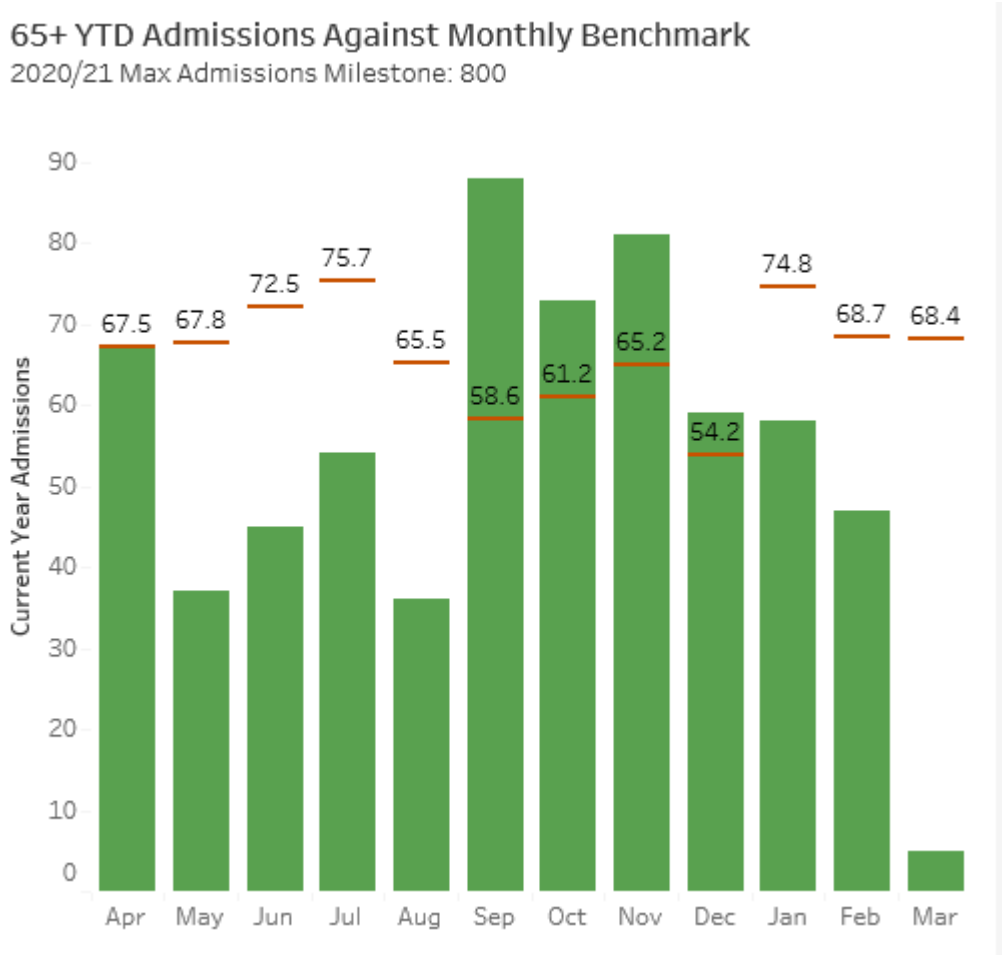
27. Of the three red indicators, the percentage of adults in Leicestershire classified as overweight or obese for the time period 2018/19 is ranked 11th out of 16 compared to CIPFA neighbours. For take up of eligible NHS health checks in those aged 40-74 years old in the time period 2016/18-2019/20, Leicestershire ranked 13th out of 16. Leicestershire is ranked 11th out of 16 for chlamydia detection rate per 100,000 persons aged 15-24 years for 2019. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of Health and Wellbeing Strategy implementation and the public health service plan development process.

28. HIV late diagnosis (%) for 2017-19 for Leicestershire has no value presented as the data is supressed due to disclosure issues. Self-reported wellbeing – people with a low worthwhile score for 2019/20 for Leicestershire has no value due to the number of cases being too small. The value for breastfeeding prevalence at 6-8 weeks after birth has not been published due to data quality reasons. For the time period 2017-19, inequality in life expectancy at birth for both Males and Females in Leicestershire falls within the 2nd best Quintile of the country. Leicestershire and Rutland have combined values for the following

two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

Better Care Fund and Adult Care Health/Integration Performance

29. In relation to the BCF focus areas, permanent admissions of older people to residential and nursing care homes per 100k pop is currently forecast at 494.0 against a target of 552.1



30. The % of those discharged from hospital into reablement and at home 91 days after is 88.6% against a target of 88% as at the end of January 2021. In relation to delayed transfers of care the latest information published is for February 2020, as previously reported. National data collection has been paused due to COVID-19.

31. In relation to non-elective admissions into hospital for the period Apr-20 to Jan-21 there have been 48,012 non-elective admissions compared to 59,244 for the same period in 2019/20, a variance of -11,232.

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link: http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

Powerpoint Presentation: Design Groups and System Governance in Leicester Leicestershire and Rutland – March 2021 by Rachna Vyas Executive Director for Integration and Transformation, LLR CCGs

Circulation under the Local Issues Alert Procedure

None

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List of Appendices

Appendix 1 – Coronavirus and Covid-19 Contextual Information
Appendix 2 – CCG/Health Performance Dashboard
Appendix 3 – Public Health Performance Dashboard
Appendix 4 – Presentation slides

Equalities and Human Rights Implications

The Councils, health system and CCGs are working collaboratively to continue to improve the availability of data to be able to identify and help address any health inequalities issues arising. The lack of equalities information on death certificates was flagged as an issue nationally and work is underway to address this gap.

Leicestershire County Council

COVID-19:

Data Update for Leicestershire

Week 7 of 2021

2nd March 2021

Strategic Business Intelligence Team
Business Intelligence
Chief Executive's Department
Leicestershire County Council
County Hall, Glenfield
Leicester LE3 8RA

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Produced by the Strategic Business Intelligence Team at Leicestershire County Council.

What have we learnt from the newly released Covid-19 data?

A series of publicly available dashboards examining Covid-19 cases, deaths involving Covid-19 and a district summary are available at the below links. A summary narrative to support the data in these dashboards then follows.

- **Deaths involving Covid-19**
- **Covid-19 Summary at District Level**
- **PHE Weekly Covid-19 Cases**

1. 44 deaths[1] involving Covid-19 were recorded in Leicestershire in the last week

- As of week 7 2021 (up to 19th February), there have been a total of 1,422 deaths in Leicestershire. The number of weekly counts of deaths has decreased from 60 deaths in week 6 of 2021 to 44 deaths in week 7 of 2021.
- Of all deaths involving Covid-19 in Leicestershire, 945 (66.5%) were in hospital and 375 (26.4%) were in a care home.
- In week 7 in Leicestershire, there were 35 deaths in hospital, three deaths in a care home and six deaths in 'other settings'.

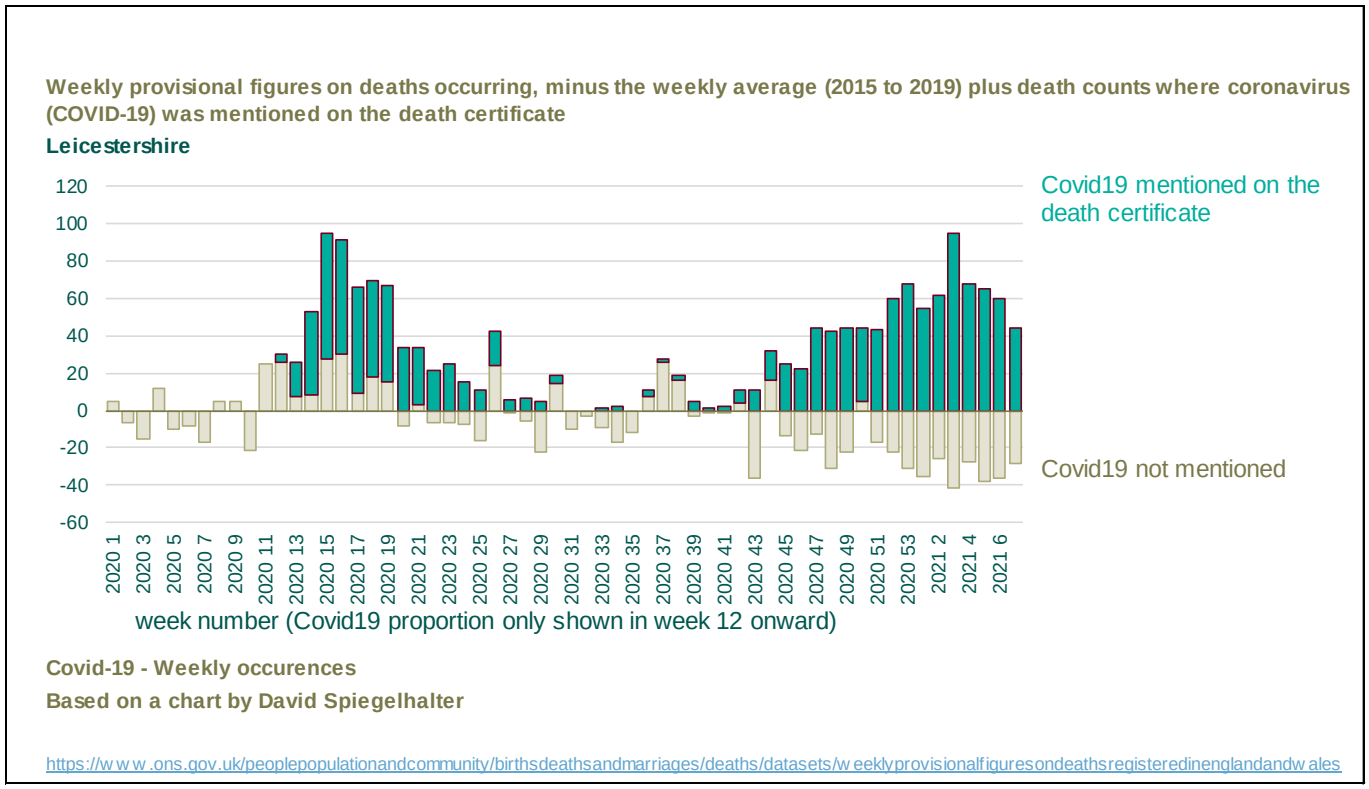
[1] Death counts are based on death occurrences. The death is counted as involving Covid-19 if Covid-19 was mentioned on the death certificate. Please note, Covid-19 may not have been confirmed by a test. Source: Office for National Statistics (2019)

Deaths (numbers) by local authority and place of death, for deaths that occurred up to 19th February but were registered up to 27th February.

	Care Home		Elsewhere		Home		Hospice		Hospital		Total				Population
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	LCI	UCI	
Blaby	47	46.8	6	6.0	10	10.0	1	1.0	146	145.4	210	209.1	181.8	239.4	100421
Charnwood	85	46.5	7	3.8	15	8.2	5	2.7	228	124.8	340	186.2	166.9	207.0	182643
Harborough	51	55.1	1	1.1	10	10.8	2	2.2	97	104.9	161	174.1	148.2	203.1	92499
H&B	58	51.6	0	0.0	10	8.9	5	4.4	141	125.4	214	190.4	165.7	217.6	112423
Melton	43	84.1	1	2.0	5	9.8	1	2.0	57	111.5	107	209.4	171.6	253.0	51100
NWLeics	46	45.0	2	2.0	12	11.8	4	3.9	155	151.8	219	214.4	187.0	244.8	102126
O&W	45	78.9	2	3.5	3	5.3	0	0.0	121	212.1	171	299.7	256.5	348.1	57056
Leicestershire	375	53.7	19	2.7	65	9.3	18	2.6	945	135.3	1422	203.6	193.2	214.5	698268
Rutland	29	73.1	0	0.0	5	12.6	2	5.0	32	80.6	68	171.3	133.0	217.2	39697
Leicester City	134	37.7	24	6.8	58	16.3	2	0.6	569	160.2	787	221.6	206.3	237.6	355218
LLR	**538**	**49.2**	**43**	**3.9**	**128**	**11.7**	**22**	**2.0**	**1546**	**141.4**	**2277**	**208.3**	**199.8**	**217.0**	**1093183**

2. 15 excess deaths were recorded in the last week in Leicestershire

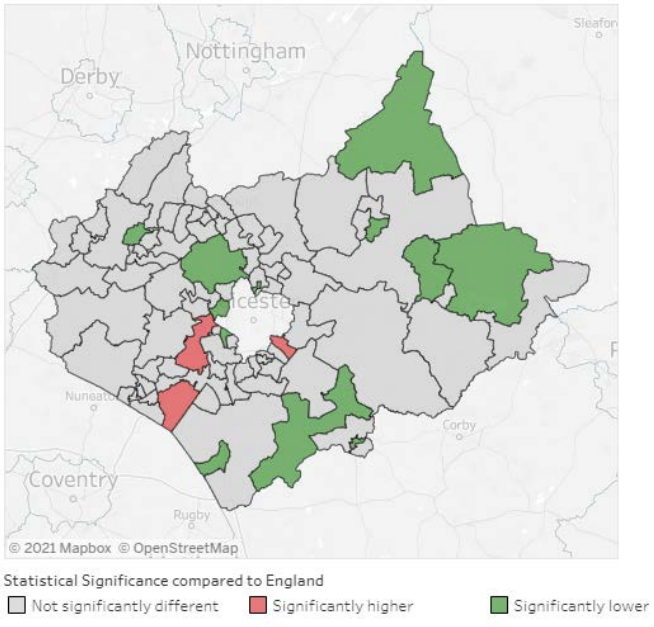
- Counts of excess deaths in Leicestershire have fluctuated over the previous ten weeks. The number of all deaths seen has remained constant from week 6 2021 to week 7 2021. The latest figures from ONS show that 154 deaths occurred in Leicestershire in week 7 of 2021. There were 15 excess deaths reported in the last week.
- The latest weeks data shows that there were 44 deaths that mentioned Covid-19 on the death certificate in week 7.



3. Two areas in Blaby and one area in Oadby and Wigston has a significantly higher percentage of deaths involving Covid-19 than the national percentage

- The map below examines the statistical significance compared to England, of the percentage of deaths involving Covid-19 by Middle Layer Super Output Area (MSOA) in Leicestershire and Rutland. These deaths occurred between 1st March 2020 and 31st January 2021.
- Stoney Stanton, Sapcote & Sharnton in Blaby recorded 30 deaths involving Covid-19 in this time period, this represented 29.1% of all deaths. Kirby Muxloe and Thurlaston in Blaby recorded 27 deaths involving Covid-19 in this time period, this represented 27.8% of all deaths. Oadby North & East in Oadby and Wigston recorded 34 deaths involving Covid-19 which represented 27.0% of all deaths.
- Nationally, deaths involving Covid-19 made up under a fifth (17.4%) of all deaths.
- 12 MSOAs in Leicestershire and Rutland have a significantly lower percentage of deaths involving Covid-19 compared to England. These are:
    - Bottesford, Harby & Croxton Kerrial in Melton (8, 8.8%)
    - Thringstone & Swannington in North West Leicestershire (6, 8.3%)
    - Glenfield in Blaby (8, 8.0%)
    - Thurcaston, Woodhouse & Bradgate in Charnwood (6, 7.9%)
    - Market Harborough Central in Harborough (7, 7.7%)
    - Lutterworth in Harborough (8, 7.3%)
    - Fleckney, Kilworth & Foxton in Harborough (6, 5.9%)
    - Melton Mowbray South in Melton (4, 5.5%)
    - Market Overton, Cottesmore & Empingham in Rutland (3, 5.5%)
    - Birstall Central in Charnwood (2, 5.0%)
    - Oakham West, Langham & Whissendine in Rutland (4, 4.9%)
    - Thorpe Astley in Blaby (2, 4.5%)
- Further data examining deaths involving Covid-19 by local area is available in the dashboard available at this link.

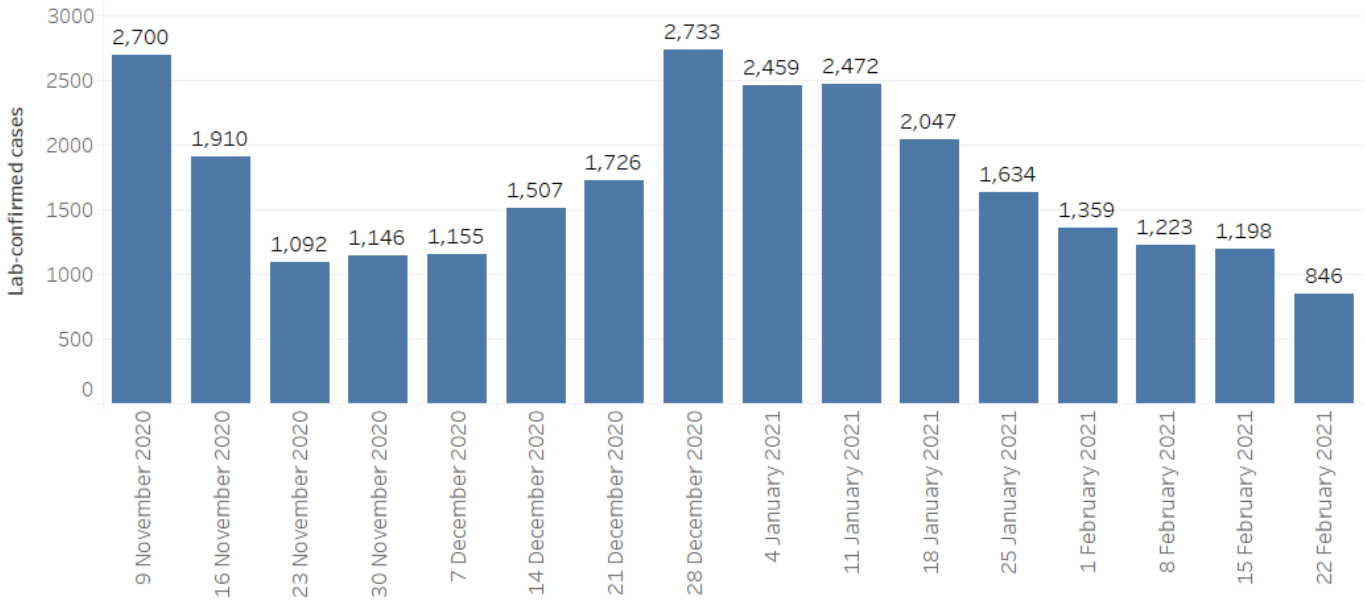
Statistical Significance compared to England of the deaths involving Covid-19 by Middle Layer Super Output Area, Leicestershire and Rutland, deaths occurring between 1st March 2020 and 31st January 2021.



4. Weekly counts of cases have decreased in the past week in Leicestershire

NOTE: On 16th November 2020, Pubic Health Engalnd updated the way it records the location of people who test positive or negative for Covid-19. It now prioritises addresses given at the point of testing over the details registered on a patient's NHS Summary Care Record. This better reflects the distribution of cases and testing. However, it may give rise to differences in previously reported numbers of cases and rates in some areas. The change has been retrospectively applied to tests carried out from 1st September 2020, and data reports were updated to reflect this change on 16th November 2020.

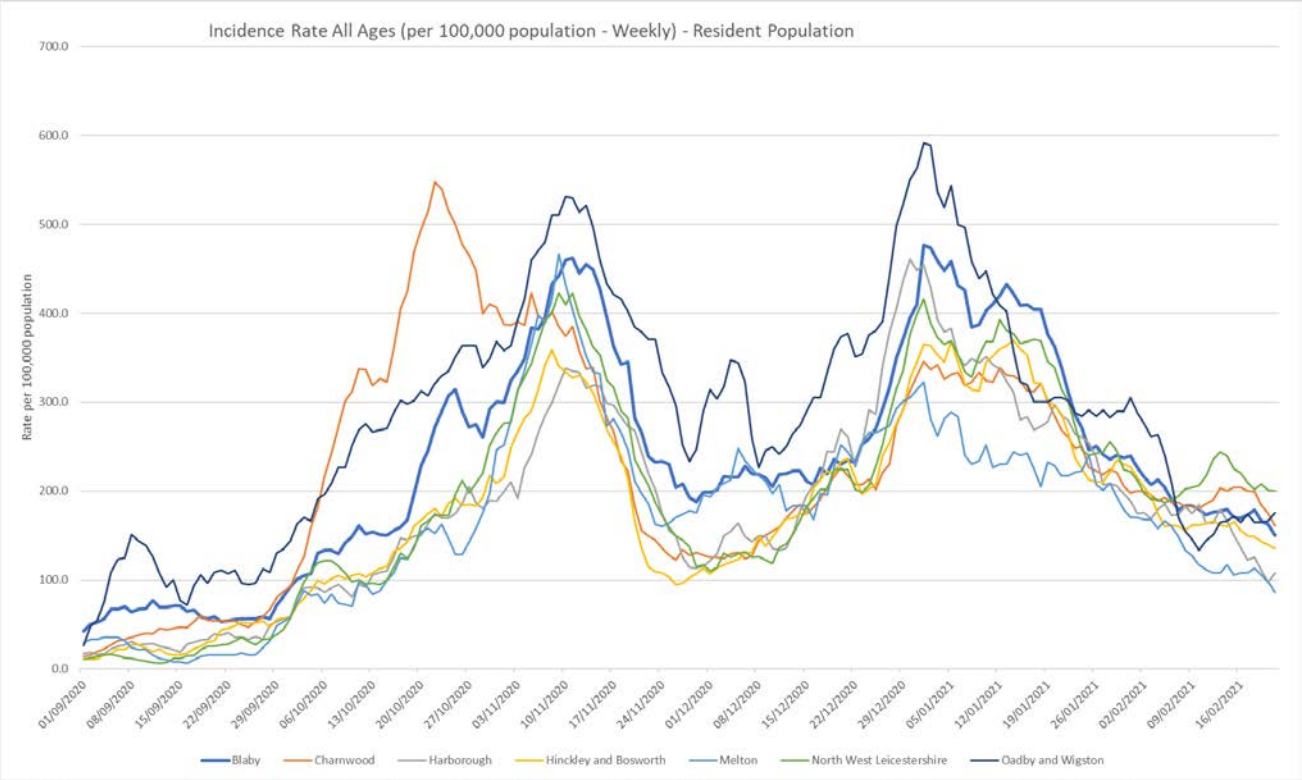
- As of 28th February, Leicestershire has recorded a total of 41,472 lab-confirmed cases of Covid-19. This data relates to pillar 1 and 2 cases.
- Throughout September and October to the second week of November the weekly counts of cases had shown an increasing trend in Leicestershire. For the two weeks following this, the counts of cases decreased. Between then and the end of December the case count increased, since then the weekly counts of cases have shown a decreasing trend.
- The latest weekly data shows 846 cases have been confirmed in Leicestershire in the last week. This count has decreased compared to the previous week where 1,198 cases were confirmed.



5. North West Leicestershire has the highest weekly incidence rate of Covid-19 cases for people of all ages in the county

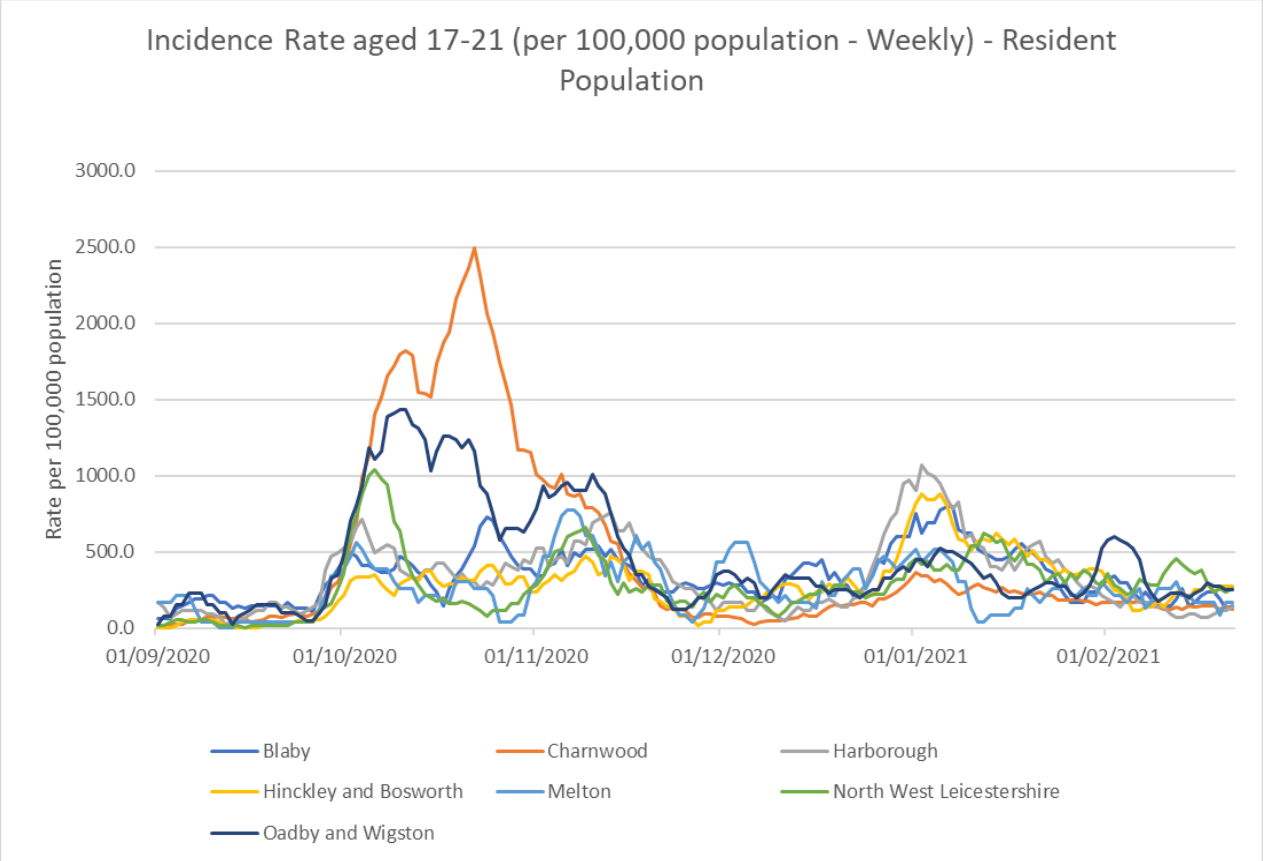
NOTE: On 16th November 2020, Pubic Health Engalnd updated the way it records the location of people who test positive or negative for Covid-19. It now prioritises addresses given at the point of testing over the details registered on a patient's NHS Summary Care Record. This better reflects the distribution of cases and testing. However, it may give rise to differences in previously reported numbers of cases and rates in some areas. The change has been retrospectively applied to tests carried out from 1st September 2020, and data reports were updated to reflect this change on 16th November 2020.

- The incidence rate for Covid-19 cases in Leicestershire had shown an increasing trend from mid-September to the second week of November. Throughout the remainder of November, the incidence rate in Leicestershire had shown a declining trend for people of all ages, but then increased throughout December. Since the beginning of January, the incidence rate in Leicestershire has shown a declining trend. The incidence rate in Leicestershire is higher (149.5 per 100,000 population) than the national rate (102.9 per 100,000 population) as of 21st February 2021.
- The latest weekly incidence rates of Covid-19 cases for people of all ages (as of 21st February) show that the following area rates in Leicestershire are higher than the national rate (102.9 per 100,000 population):
    - North West Leicestershire; 199.8 per 100,000 (207 cases)
    - Oadby and Wigston; 175.4 per 100,000 (100 cases)
    - Charnwood; 160.9 per 100,000 (299 cases)
    - Blaby; 149.7 per 100,000 (152 cases)
    - Hinckley and Bosworth; 135.2 per 100,000 (153 cases)
    - Harborough; 107.7 per 100,000 (101 cases)
- Melton has a lower incidence rate (85.9 per 100,000) than the national rate for people of all ages. This equates to 44 cases.



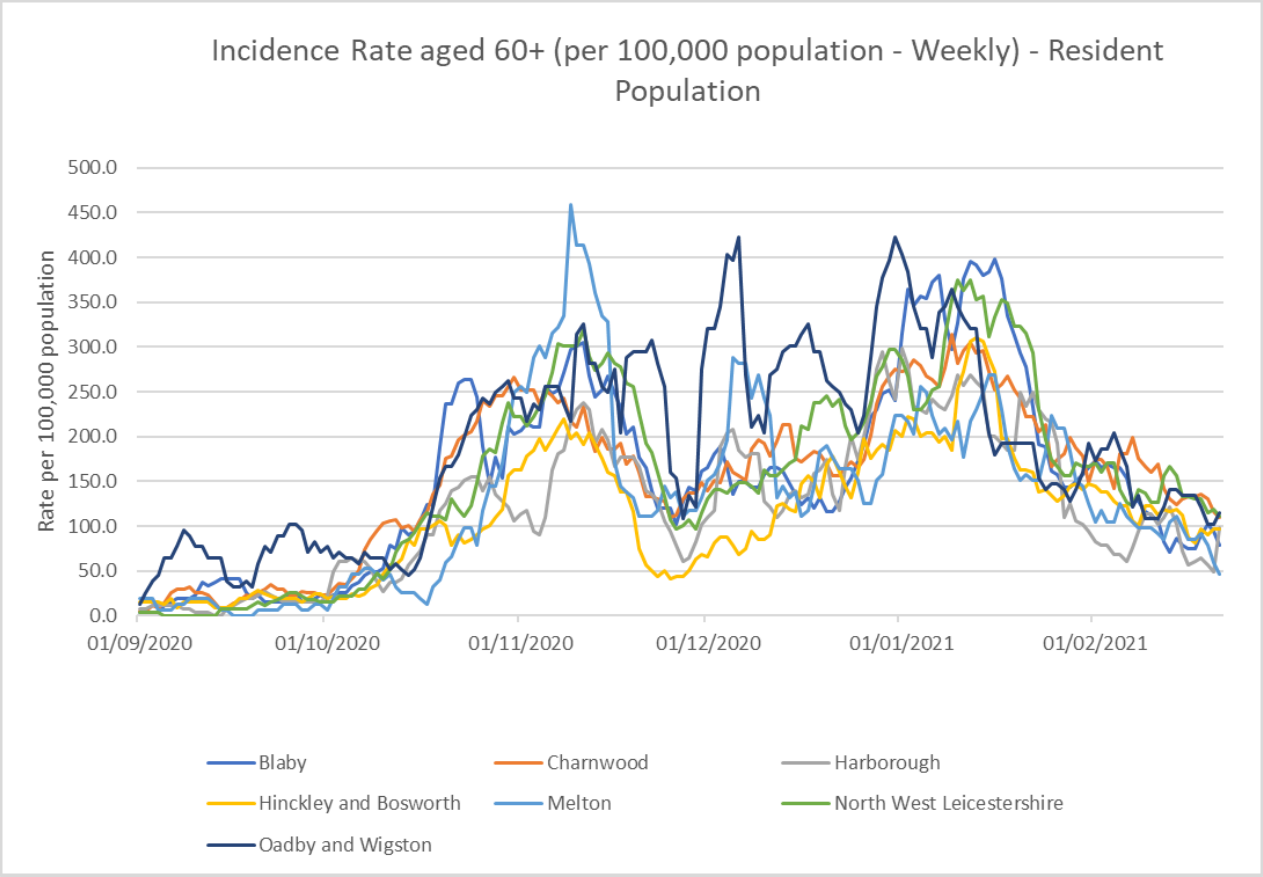
6. Hinckley and Bosworth has the highest weekly incidence rate of Covid-19 cases for people aged 17-21 in the county

- The incidence rate for Covid-19 cases in people aged 17-21 in Leicestershire had been increasing since mid-September and peaked around the 22nd October. From the 22nd October to the end of November, the incidence rate for Covid-19 cases in people aged 17-21 in Leicestershire declined, with the exception of the first week of November where the rate fluctuated. Then through December the rate showed an increasing trend until the 5th of January. Since then the rate has shown a decreasing trend.
- As of the 21st of February, the rate for Leicestershire (176.1 per 100,000 population) is higher than the national rate for this age group (115.6 per 100,000 population).
- The latest weekly incidence rates of Covid-19 cases for people aged 17-21 (as of 21st February) show that the following area rates in Leicestershire are higher than the national rate (115.6 per 100,000 population):
    - Hinckley and Bosworth; 274.6 per 100,000 (14 cases)
    - North West Leicestershire; 260.4 per 100,000 (13 cases)
    - Oadby and Wigston; 252.0 per 100,000 (10 cases)
    - Melton; 173.1 per 100,000 (4 cases)
    - Blaby; 150.7 per 100,000 (7 cases)
    - Harborough; 142.5 per 100,000 (6 cases)
    - Charnwood; 120.9 per 100,000 (21 cases)



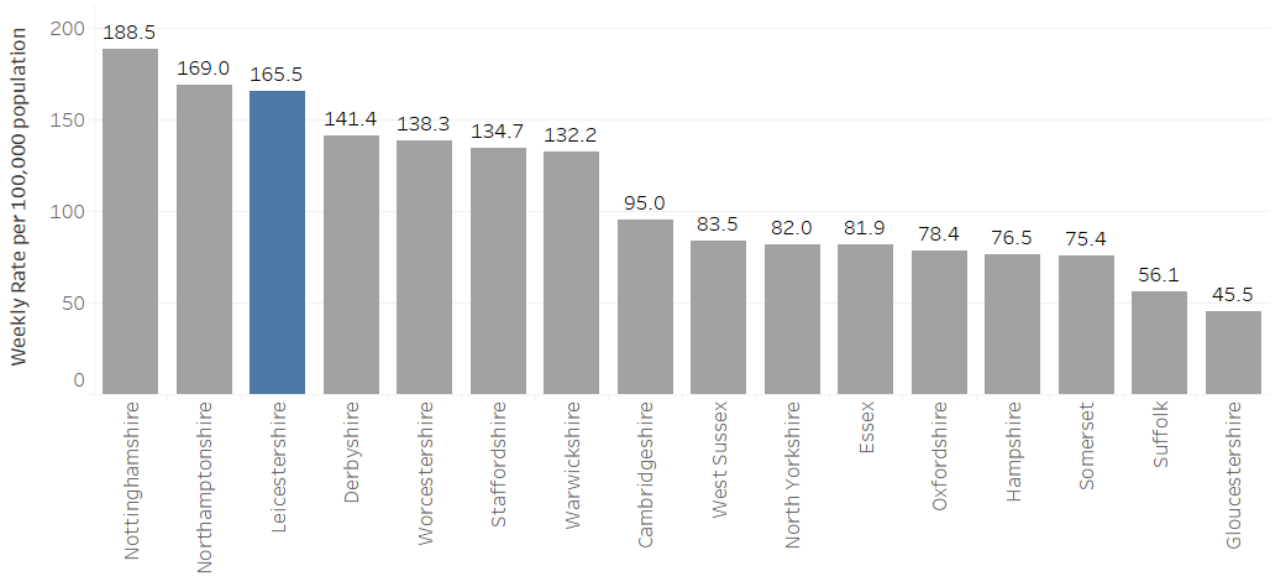
7. Oadby and Wigston has the highest weekly incidence rate of Covid-19 cases for people aged 60+ in the county

- The incidence rate for Covid-19 cases in people aged 60+ in Leicestershire had been increasing from the end of September to the 11th of November. From the 11th November to the beginning of December, the rate declined. Since the beginning of December the incidence rate of Covid-19 cases in people aged 60+ in Leicestershire has fluctuated, with the exception of the last week of December where the rate showed an increasing trend. Since the beginning of January the rate showed a declining trend. The rate for Leicestershire (97.1 per 100,000 population) is higher than the national rate (69.1 per 100,000 population) as of 21st February.
- The latest weekly incidence rates of Covid-19 cases for people aged 60+ (as of 21st February) show that the following area rates in Leicestershire are higher than the national rate (69.1 per 100,000):
    - Oadby and Wigston; 115.2 per 100,000 (18 cases)
    - North West Leicestershire; 111.3 per 100,000 (30 cases)
    - Charnwood; 109.9 per 100,000 (48 cases)
    - Harborough; 98.3 per 100,000 (26 cases)
    - Hinckley and Bosworth; 97.1 per 100,000 (31 cases)
    - Blaby; 79.0 per 100,000 (21 cases)
- Melton has a lower incidence rate (45.9 per 100,000) than the national rate for people aged 60+. This equates to 7 cases.



8. Leicestershire has seen a decrease in the weekly rate of Covid-19 cases

- There has been a decrease in the weekly rate of Covid-19 cases in Leicestershire from 169.1 (per 100,000 population) in week 6 of 2021 to 165.5 (per 100,000 population) in week 7 of 2021.
- As of week 7 (15th February to 21st February 2021), Leicestershire is ranked 35th (highest) out of 149 upper tier local authorities and ranked the 3rd (highest) out of its CIPFA similar areas.

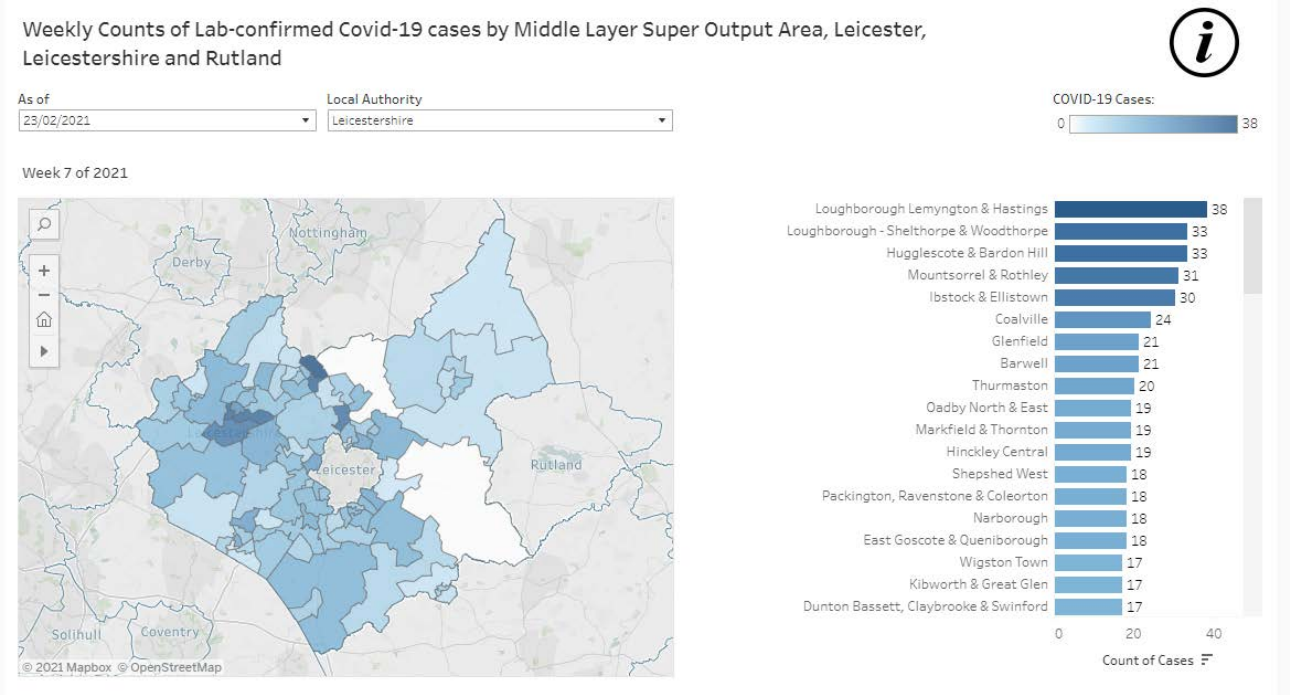


9. The MSOA with the highest count of Covid-19 cases in the last week was Loughborough Lemyngton & Hastings in Charnwood.

- Between 15th February and 21st February 2021 (week 7 of 2021), the Middle Super Output Area (MSOA) with the highest count of confirmed cases of Covid-19 was Loughborough Lemyngton & Hastings with 38 reported cases. This was followed by:
    - Loughborough – Shelthorpe & Woodthorpe (33), Hugglescote & Bardon Hill (33)
    - Mountsorrel & Rothley (31)
    - Ibstock & Ellistown (30)
    - Coalville (24)
    - Glenfield (21), Barwell (21)
    - Thurmaston (20)
    - Oadby North & East (19), Markfield & Thornton (19), Hinckley Central (19)
    - Shepshed West (18), Packington, Ravenstone & Coleorton (18), Narborough (18), East Goscote & Queniborough (18)
    - Wigston Town (17), Kibworth & Great Glen (17), Dunton Bassett, Claybrooke & Swinford (17)
    - Wigston Harcourt & Little Hill (16), Thorpe Astley (16), Sileby (16), Oadby South & West (16), Market Bosworth, Barlestone & Sheepy Magna (16), Loughborough – Outwoods (16)
    - Whitwick (15), Thringstone & Swannington (15), South Wigston (15), Loughborough Storer & Queen's Park (15), Enderby & Glen Parva (15), Birstall Wanlip & Riverside (15)

- All other areas recorded less than 15 cases in the last week.

- Areas that recorded between zero and two cases in the last week have been suppressed due to data disclosure and are represented as white in the map below.



10. District Level Summary

- **Oadby & Wigston** continues to have the highest rate of Covid-19 cases and deaths in the county. The rate of cumulative cases is significantly higher in comparison to the England average.
- From the beginning of September to the 9th November, the weekly counts of cases had shown an increasing trend in Oadby and Wigston. Between the w/c 9th November and the w/c 28th December, the weekly counts of cases fluctuated. Since then, the weekly counts of cases have shown a declining trend in Oadby and Wigston.
- The weekly counts of cases have increased from 94 in w/c 15th February to 82 in w/c 22nd February.
- The latest weeks data on death occurrences shows four deaths involving Covid-19 were recorded in Oadby & Wigston in week 7 of 2021; all four deaths occurred in a hospital.

- **North West Leicestershire** has the fourth highest rate of Covid-19 cases and the second highest rate of deaths in the county. The rate of cumulative cases is significantly lower than the England average.
- From early September to the 9th November an increasing trend in the weekly counts of cases had been witnessed in North West Leicestershire. Following this, the weekly counts of cases decreased each week for four weeks. The weekly counts of cases then increased for three weeks, before showing a declining trend throughout January and February.
- The latest weekly counts of cases have decreased from 209 in w/c 15th February to 196 in w/c 22nd February.
- The latest weekly count of deaths involving Covid-19 shows that four deaths occurred in North West Leicestershire in week 7 of 2021; three deaths occurred in a hospital and one death occurred in 'other settings'.

- **Melton** has the lowest rate of Covid-19 cases and the third highest rate of deaths in the county. The rate of cumulative cases is significantly lower than the England average.
- From mid-September, the weekly counts of cases had been increasing week on week in Melton, showing a peak around the 9th of November, a second peak was witnessed around 28th of December. Since then, the weekly counts of cases have shown a declining trend.
- The latest weekly counts of cases have decreased from 58 in w/c 15th February to 33 in w/c 22nd February.
- The latest weekly count of deaths involving Covid-19 shows that three deaths occurred in Melton in week 7 of 2021; all three deaths occurred in a hospital.

- **Blaby** has the second highest rate of Covid-19 cases in the county and the fourth highest rate of deaths. The rate of cumulative cases is not significantly different to the England average.
- From mid-September, the weekly counts of cases in Blaby had shown an increasing trend, with a peak around the 9th of November. From then, the weekly counts of cases have fluctuated, with the exception of the last three weeks of December and the first week of January where the weekly counts of cases increased each week. Since the 4th of January, the weekly counts of cases have shown a declining trend in Blaby.
- The latest weekly counts of cases have decreased from 181 in w/c 15th February to 107 in w/c 22nd February.
- The latest weeks data shows nine deaths involving Covid-19 were recorded in Blaby in week 7 of 2021; seven deaths occurred in a hospital, one death occurred in a care home and one death occurred in 'other settings'.

- **Hinckley & Bosworth** has the second lowest rate of Covid-19 cases and third lowest rate of deaths in the county. The rate of cumulative cases is significantly lower compared to the England average.
- From mid-September to the 9th of November, the weekly counts of cases had increased each week in Hinckley and Bosworth. The weekly counts of cases had fluctuated from November 9th to January 11th but have since decreased week on week.
- The latest weekly counts of cases have decreased from 168 in w/c 15th February to 115 in w/c 22nd February.
- The latest weeks data shows six deaths involving Covid-19 were recorded in Hinckley & Bosworth in week 7 of 2021; all six deaths occurred in a hospital.

- **Charnwood** has the third highest rate of Covid-19 cases and the second lowest rate of deaths in the county. The rate of cumulative cases is significantly lower in comparison to the England average.
- The weekly counts of cases in Charnwood had shown an increasing trend from early September to mid-October, showing a peak around the 19th of October. Between the 19th of October and the 23rd November the weekly counts of cases showed a declining trend. Following this, the weekly counts of cases increased each week in Charnwood, peaking around December 28th. Since then, the rate has shown a declining trend.
- The latest weekly counts of cases have decreased from 370 in w/c 15th February to 214 in w/c 22nd February.
- The latest weeks data shows 16 deaths involving Covid-19 were recorded in Charnwood in week 7 of 2021; 10 deaths occurred in a hospital, two deaths occurred in a care home and four deaths occurred in 'other settings'.

- **Harborough** has the third lowest rate of Covid-19 cases and the lowest rate of deaths in the county. The rate of cumulative cases is significantly lower in comparison to the England average.
- From the beginning of September to the 9th November, the weekly counts of cases had shown an increasing trend in Harborough. Between the w/c 9th November and the w/c 7th December the weekly counts of cases showed a declining trend. Between then and December 28th, the weekly counts of cases had increased each week. Since then, the rate has decreased week on week.
- The latest weekly counts of cases have decreased from 118 in w/c 15th February to 99 in w/c 22nd February.
- The latest weeks data shows two deaths involving Covid-19 were recorded in Harborough in week 7 of 2021; both deaths occurred in a hospital.

Leicestershire County Council

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા વ્યવસ્થા કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں 0116 305 6803 اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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Strategy and Business Intelligence Branch

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CCG Performance Dashboard Appendix 2

Bandings

- Highest performing quartile
- Interquartile range
- Lowest performing quartile

Indicator	Domain	Area	Period	Target	New data this release	04V: NHS West Leicestershire C..	03W: NHS East Leicestershire a..
102a: Percentage of children aged 10-11 classified as overweight or obese	Preventing ill health and reducing inequalities	Obesity	2015-16 to 2017-18		✓	32.56%	29.45%
103a: Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) ..	Quality of care and outcomes	Diabetes	2018-19		✓	38.44%	40.07%
103b: People with diabetes diagnosed less than a year who attend a structured education course	Quality of care and outcomes	Diabetes	2017-18 (2016 cohort)		✓	7.28%	11.47%
104a: Injuries from falls in people aged 65 and over	Preventing ill health and reducing inequalities	Falls	19-20 Q4		✓	1924	1722
105b: Personal health budgets	New Service Models	Personalisation and patient choice	19-20 Q3		✓	95	106
105c: Percentage of deaths with three or more emergency admissions in last three months of life	Quality of care and outcomes	People with long term conditions and complex n..	2017		✓	9.16%	8.99%
106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Preventing ill health and reducing inequalites	Health inequalities	19-20 Q4		✓	1924	2282
107a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Preventing ill health and reducing inequalities	Antimicrobial resistance	2020 03	0.965	✓	0.949	0.953
107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Preventing ill health and reducing inequalities	Antimicrobial resistance	2020 03	10%	✓	9.65%	9.86%
108a: The proportion of carers with a long term condition who feel supported to manage their condition	Quality of care and outcomes	People with long term conditions and complex n..	2019	100%	✓	52.8%	52.0%
109a: Reducing the rate of low priority prescribing	Finance and use of resources	Finance and use of resources	19-20 Q4		✓	Amber	Amber
121a: Provision of high quality care: hospital	Quality of care and outcomes	General	19-20 Q3		✓	54	54
121b: Provision of high quality care: primary medical services	Quality of care and outcomes	General	19-20 Q3		✓	65	66

Indicator	Domain	Area	Period	Target	New data this release	04V: NHS West Leicestershire C..	03W: NHS East Leicestershire a..
122c: One-year survival from all cancers	Quality of care and outcomes	Cancer services	2017	75%	✓	72.60%	73.80%
122d: Cancer patient experience	Quality of care and outcomes	Cancer services	2018		✓	8.7	8.7
123a: Improving Access to Psychological Therapies – recovery	Quality of care and outcomes	Mental health	19-20 Q3	50%	✓	46.67%	53.78%
123b: Improving Access to Psychological Therapies – access	Quality of care and outcomes	Mental health	19-20 Q3		✓	3.80%	3.86%
123c: People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Quality of care and outcomes	Mental health	2020 03	56%	✓	62.50%	66.67%
123d: Children and young people's mental health services transformation	Quality of care and outcomes	Mental health	2020 03		✓	30.32%	30.77%
123e: Mental health crisis team provision	Better care	Mental health	2017-18		✓	25.00%	0.00%
123f: Mental health out of area placements	Quality of care and outcomes	Mental health	2019 12		✓	107	41
123g: Proportion of people on GP severe mental illness register receiving physical health checks	Quality of care and outcomes	Mental Health	19-20 Q4	60%	✓	29.7%	27.4%
123i: Delivery of the mental health investment standard	Finance and use of resources	Finance and use of resources	19-20 Q4		✓	Green	Green
123j: Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	Quality of care and outcomes	Mental Health	2020 02		✓	92.26%	91.96%
124a: Reliance on specialist inpatient care for people with a learning disability and/or autism	Quality of care and outcomes	Learning disability and autism	19-20 Q4		✓	60	60
124b: Proportion of people with a learning disability on the GP register receiving an annual health check	Quality of care and outcomes	Learning disability and autism	2019-20		✓		

Indicator	Domain	Area	Period	Target	New data this release	04V: NHS West Leicestershire C..	03W: NHS East Leicestershire a..
124c: Completeness of the GP learning disability register	Quality of care and outcomes	Learning disability and autism	2018-19		✓	0.41%	0.39%
124d: Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification	Quality of care and outcomes	Learning disability and autism	2019-20		✓	0.00%	0.00%
125a: Neonatal mortality and stillbirths	Quality of care and outcomes	Maternity services	2017		✓	3.26	3.36
125b: Women's experience of maternity services	Quality of care and outcomes	Maternity services	2019		✓	86.3	85.0
125c: Choices in maternity services	Quality of care and outcomes	Maternity services	2019		✓	73.2	71.4
125d: Maternal smoking at delivery	Quality of care and outcomes	Smoking	19-20 Q4	6%	✓	10.90%	9.60%
126a: Estimated diagnosis rate for people with dementia	Quality of care and outcomes	People with long term conditions and complex n..	2020 03	67%	✓	69.98%	67.42%
126b: Dementia care planning and post-diagnostic support	Quality of care and outcomes	People with long term conditions and complex n..	2018-19		✓	74.92%	71.51%
127b: Emergency admissions for urgent care sensitive conditions	New Service Models	Integrated primary care and community health ser..	19-20 Q4		✓	2318	2039
127e: Delayed transfers of care per 100,000 population	New Service Models	Acute emergency care and transfers of care	2020 02		✓	6.6	6.7
127f: Population use of hospital beds following emergency admission	New Service Models	Acute emergency care and transfers of care	19-20 Q4		✓	1162	1075
128b: Patient experience of GP services	New Service Models	Integrated primary care and community health ser..	2019		✓	82.75%	81.70%
128c: Primary care access - Proportion of the population benefitting from extended access services	Better Care	Primary care	2019 03		✓	100.00%	100.00%

Indicator	Domain	Area	Period	Target	New data this release	04V: NHS West Leicestershire C..	03W: NHS East Leicestershire a..
128d: Primary care workforce	Leadership and workforce	Leadership and workforce	2019 09		✓	1.10	1.32
128e: Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward Vi..	Better Care	Null	18-19 Q4		✓	Green	Green
129a: Patients waiting 18 weeks or less from referral to hospital treatment	Quality of care and outcomes	Planned care	2019 12	92%	✓	82.67%	81.83%
129b: Overall size of the waiting list	Quality of care and outcomes	Planned care	2020 03		✓	24421	19833
129c: Patients waiting over 52 weeks for treatment	Quality of care and outcomes	Planned care	2020 03		✓	11	6
130a: Achievement of clinical standards in the delivery of 7 day services	New Service Models	Integrated primary care and community health ser..	2017-18		✓	3	2
131a: Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	New Service Models	Integrated primary care and community health ser..	19-20 Q4	15%	✓	4.48%	1.54%
132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	Quality of care and outcomes	General	2018		✓	Amber	Amber
133a: Percentage of patients waiting 6 weeks or more for a diagnostic test	Quality of care and outcomes	Planned care	2019 12	1%	✓	1.04%	1.49%
134a: Evidence based interventions	Quality of care and outcomes	General	19-20 Q4		✓	Amber	Green
141b: In-year financial performance	Finance and use of resources	Finance and use of resources	19-20 Q4		✓	Red	Red
144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral	New Service Models	Personalisation and patient choice	2019 07	100%	✓	100.00%	99.93%
145a: Expenditure in areas with identified scope for improvement	Finance and use of resources	Finance and use of resources	19-20 Q2		✓	Red	Amber
162a: Probity and corporate governance	Leadership and workforce	Leadership and workforce	19-20 Q2		✓	Fully compliant	Fully compliant
163a: Staff engagement index	Leadership and workforce	Leadership and workforce	2019		✓	6.59	6.91
163b: Progress against the Workforce Race Equality Standard	Leadership and workforce	Leadership and workforce	2019		✓	0.17	0.18
164a: Effectiveness of working relationships in the local system	Leadership and workforce	Leadership and workforce	2018-19		✓	64.6	67.3
165a: Quality of CCG leadership	Leadership and workforce	Leadership and workforce	19-20 Q4		✓	Amber	Amber
166a: Compliance with statutory guidance on patient and public participation in commissioning health and care	Leadership and workforce	Leadership and workforce	2019		✓	Green	Green star
999a: Annual assessment		Annual assessment	2019-20		✓	RI	RI

Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	A01a - Healthy life expectancy at birth	(F)	2016 - 18	High	63.9	13/16	63.9	—	●
		(M)	2016 - 18	High	63.8	13/16	63.4	—	●
	A01b - Life expectancy at birth	(F)	2017 - 19	High	84.3	6/16	83.4	—	●
		(M)	2017 - 19	High	80.9	6/16	79.8	—	●
	A02a - Inequality in life expectancy at birth	(F)	2017 - 19	Low	5.0	4/16	7.6	—	●
		(M)	2017 - 19	Low	6.4	3/16	9.4	—	●
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2019/20	High	Null	Null	48.0	—	●
	B16 - Utilisation of outdoor space for exercise/health reasons	(P)	Mar15 - Feb 16	High	20.8	3/16	17.9	—	●
	C02a - Under 18s conception rate / 1,000	(F)	2018	Low	12.2	4/16	16.7	▼	●
	C06 - Smoking status at time of delivery	(F)	2019/20	Low	9.6	4/16	10.4	▶	●
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2019/20	Low	19.0	3/15	23.0	▼	●
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2019/20	Low	30.6	4/15	35.2	▶	●
	C16 - Percentage of adults (aged 18+) classified as overweight or obese	(P)	2018/19	Low	64.5	11/16	62.3	—	●
	C17a - Percentage of physically active adults	(P)	2018/19	High	68.3	9/16	67.2	—	●
	C17b - Percentage of physically inactive adults	(P)	2018/19	Low	19.5	8/16	21.4	—	●
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2019	Low	12.0	5/16	13.9	—	●
	C28b - Self-reported wellbeing - people with a low worthwhile score	(P)	2019/20	Low	Null	Null	3.8	—	●
Primary/Secondary	E02 - Percentage of 5 year olds with experience of visually obvious dental decay	(P)	2018/19	Low	18.2	9/15	23.4	—	●
	C21 - Admission episodes for alcohol-related conditions (Narrow)	(P)	2018/19	Low	587.8	5/16	663.7	▶	●
	E01 - Infant mortality rate	(P)	2017 - 19	Low	3.7	9/16	3.9	—	●
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2017 - 19	Low	60.4	9/16	70.4	—	●
	E05a - Under 75 mortality rate from cancer	(P)	2017 - 19	Low	117.3	5/16	129.2	—	●
	E06a - Under 75 mortality rate from liver disease	(P)	2017 - 19	Low	14.7	6/16	18.5	—	●
	E07a - Under 75 mortality rate from respiratory disease	(P)	2017 - 19	Low	26.0	6/16	34.2	—	●
	E10 - Suicide rate	(P)	2017 - 19	Low	7.8	1/16	10.1	—	●
	E14 - Excess winter deaths index	(P)	Aug 2018 - Jul 2019	Low	13.1	8/16	15.1	—	●
	E14 - Excess winter deaths index (age 85+)	(P)	Aug 2018 - Jul 2019	Low	17.9	9/16	18.2	—	●
	C19a - Successful completion of drug treatment - opiate users	(P)	2019	High	6.8	6/16	5.6	▶	●
	C19b - Successful completion of drug treatment - non-opiate users	(P)	2019	High	34.6	6/16	34.2	▶	●
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	6/16	78.0	—	●
Secondary	C24a - Cancer screening coverage - breast cancer	(F)	2020	High	77.6	8/16	74.1	▼	●
	C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	(F)	2020	High	76.9	4/16	70.2	▲	●
	C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	(F)	2020	High	79.4	4/16	76.1	▼	●
	C24d - Cancer screening coverage - bowel cancer	(P)	2020	High	67.8	4/16	63.8	▲	●
	C26b - Cumul % of the eligible population (40-74 yrs) offered and received a Health Ch..	(P)	2015/16 - 19/20	High	44.7	12/16	47.1	—	●
	D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	(P)	2019	Low	483.8	4/16	900.3	▼	●
	D07 - HIV late diagnosis (%)	(P)	2017 - 19	Low	Null	Null	43.1	—	●
	D02a - Chlamydia detection rate / 100,000 aged 15 to 24	(P)	2019	High	1,560.7	11/16	2,043.4	▼	●

Statistical Significance compared to England or Benchmark: Better, Similar, Not compared, Worse

Direction of Travel: ▼ Decreasing, ▼ Decreasing and getting better, ▼ Decreasing and getting worse, ▲ Increasing, ▲ Increasing and getting better, ▲ Increasing and getting worse, ▶ No significant change, — Cannot be calculated

Indicators C19a and C19b present Figures for Leicestershire and Rutland combined

Nearest Neighbour Rank: 1 is calculated as the best (or lowest when no polarity is applied)

Source: PHE, February, 2021

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DESIGN GROUPS & SYSTEM GOVERNANCE WITHIN LEICESTER, LECIESTERSHIRE AND RUTLAND

HOSC

March 2021

Rachna Vyas – Executive Director of Integration and Transformation, LLR CCGs

Presentation Overview…

- Context
- Where are we now?
- How will LLR deliver care?
- System Expectations underpinned by a Population Health Management Approach
- Translating expectations into improved care through design groups
- What areas do Design Groups cover?
- How do design groups fit into the System Governance Structure?
- Questions

Context…

Clear mandate across Leicester, Leicestershire and Rutland (LLR) that we will:

- Design transformed models of care at system level
- Delivery will be driven at a local, place based level
- Organisational plans across health and care will contribute to system model of care
- Clear, clinical and practitioner led directives

✓These will be underpinned by:

- ✓Streamlined governance across and within systems
- ✓A joint workforce strategy
- ✓An aggregate system financial model
- ✓A robust system and organisational demand and capacity model

Current position…

Recovery from Covid & Planning

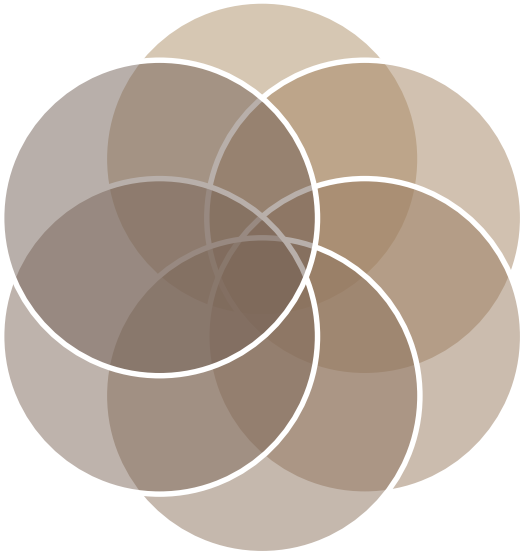
Primary Care Network / Place / System delivery models

Resilience of Provider Workforce

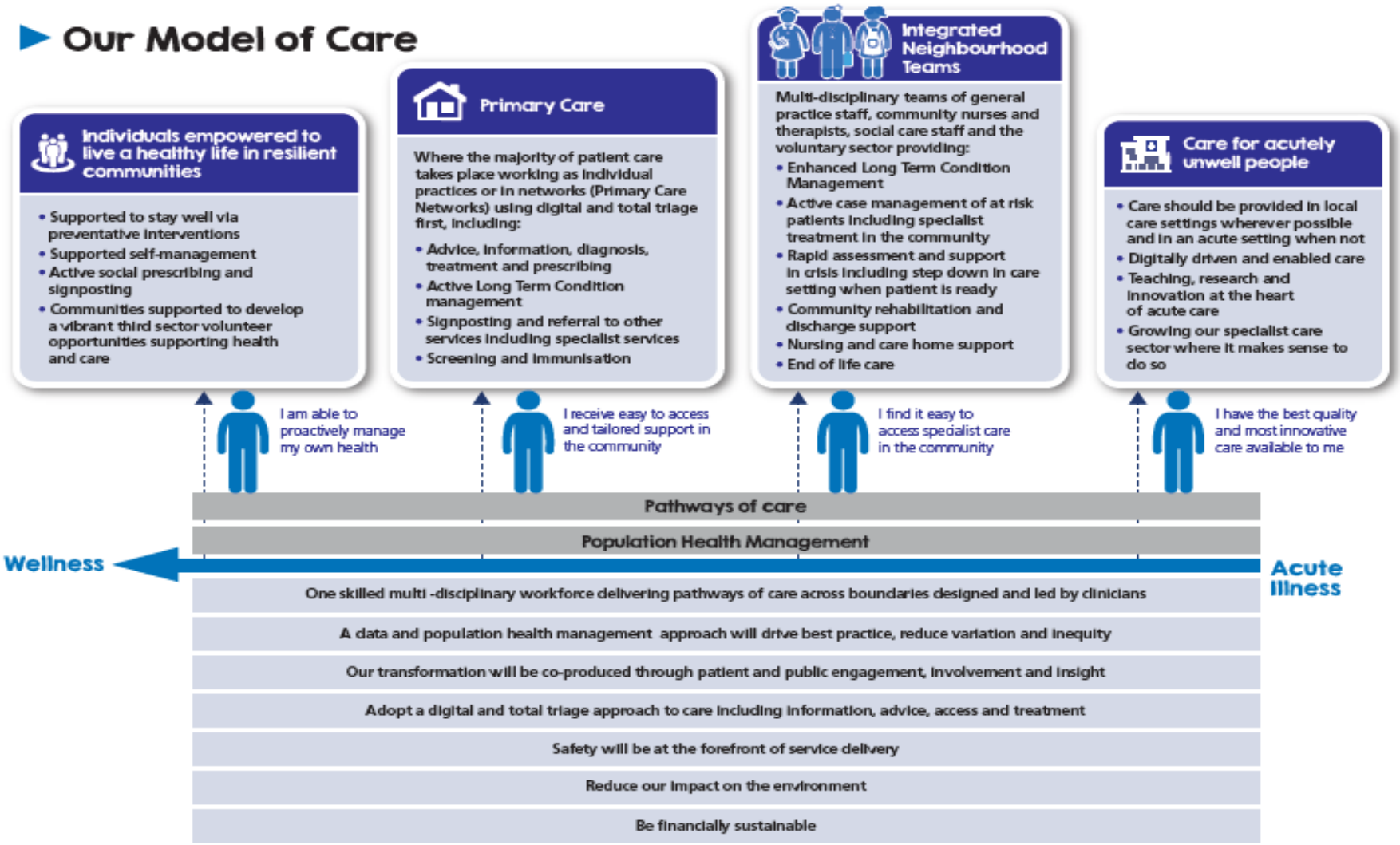
Reconfiguration of acute and community services

Sustainable, high quality service design & delivery

Equity of access and outcome



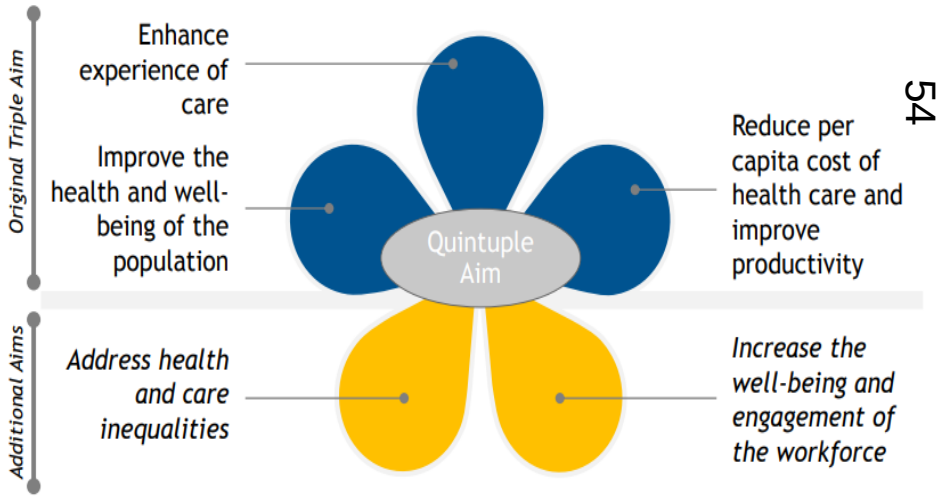
The LLR model of care…



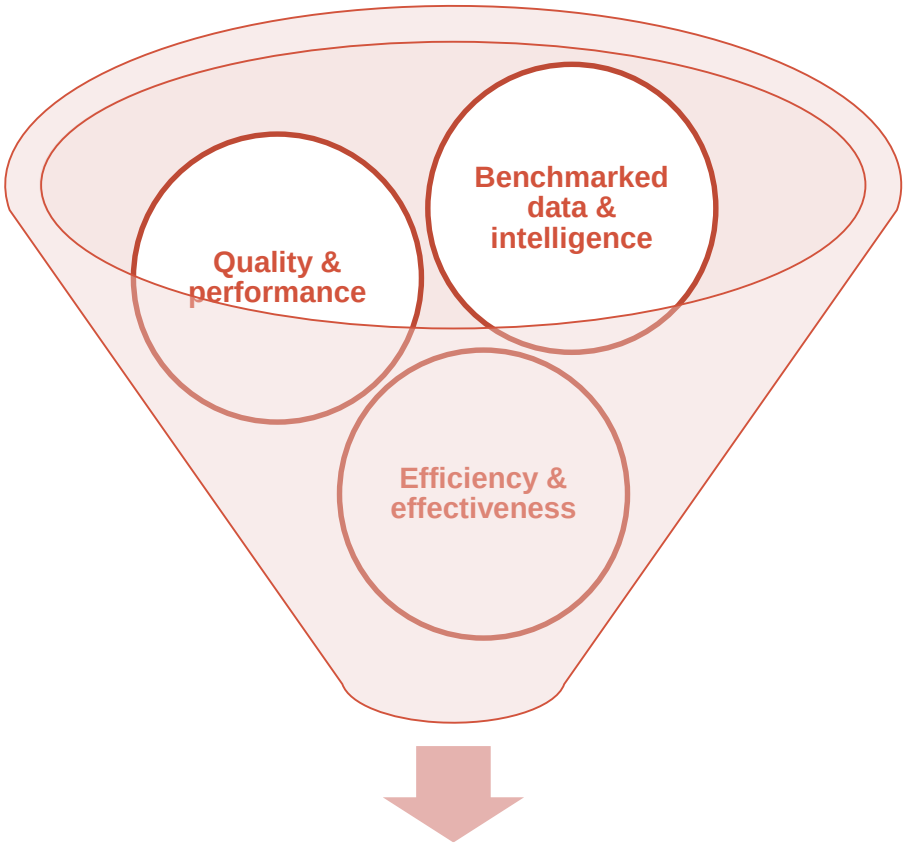
10 System Expectations underpinned by Population Health Management Approach…

1. Safety First;
2. Equitable Care for All;
3. Involve our Patients and the Public;
4. Have a virtual by default approach;
5. Arrange care in local settings;
6. Provide excellent care;
7. Enhanced care in the community;
8. Have an enabling culture;
9. Drive technology, innovation and sustainability;
10. Work as one system with a system workforce.

There are five overall aims of Population Health Management



How do we translate system expectations into improved patient care?

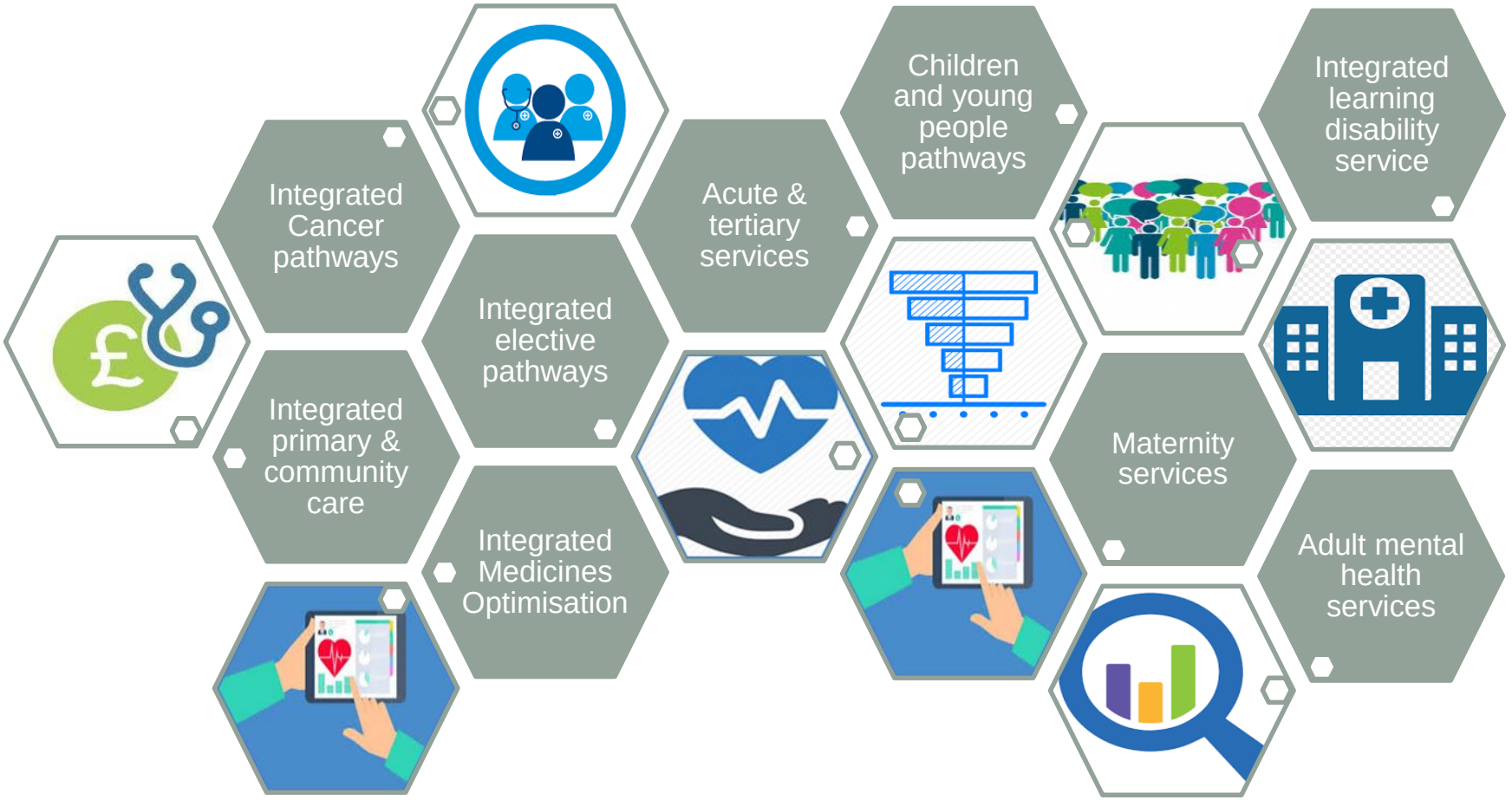


System Design Groups
(with health and care colleagues)

Design Groups…

- Clinically chaired and managerially enabled
- System wide initiatives from health and social care
- Closer working to achieve improved outcomes for patients
- Patient voice via ‘lived experience’ & / or Healthwatch where appropriate
- Regular meetings with colleagues invited from multiple partners organisations including local authority
- The groups are agile and therefore have both a core membership & fluid membership
- Contracts, finance and quality embedded into the groups
- Built on learning from COVID / past successes / failures
- Lead to improved patient outcomes and reduction in inequalities of care.

Moving to delivery – Design Groups



Moving to delivery – Enabling Groups

Governance

strategic fit

design

Oversight & approval

- LLR Strategic Partnership Board
- LLR Tactical Group

Advice, peer review and championing change

- LLR Clinical Executive Group
- LLR Clinical Leadership Forum
- LLR Clinical Reference Group
- Organisational clinical and practitioner leadership groups
- Enabling Groups

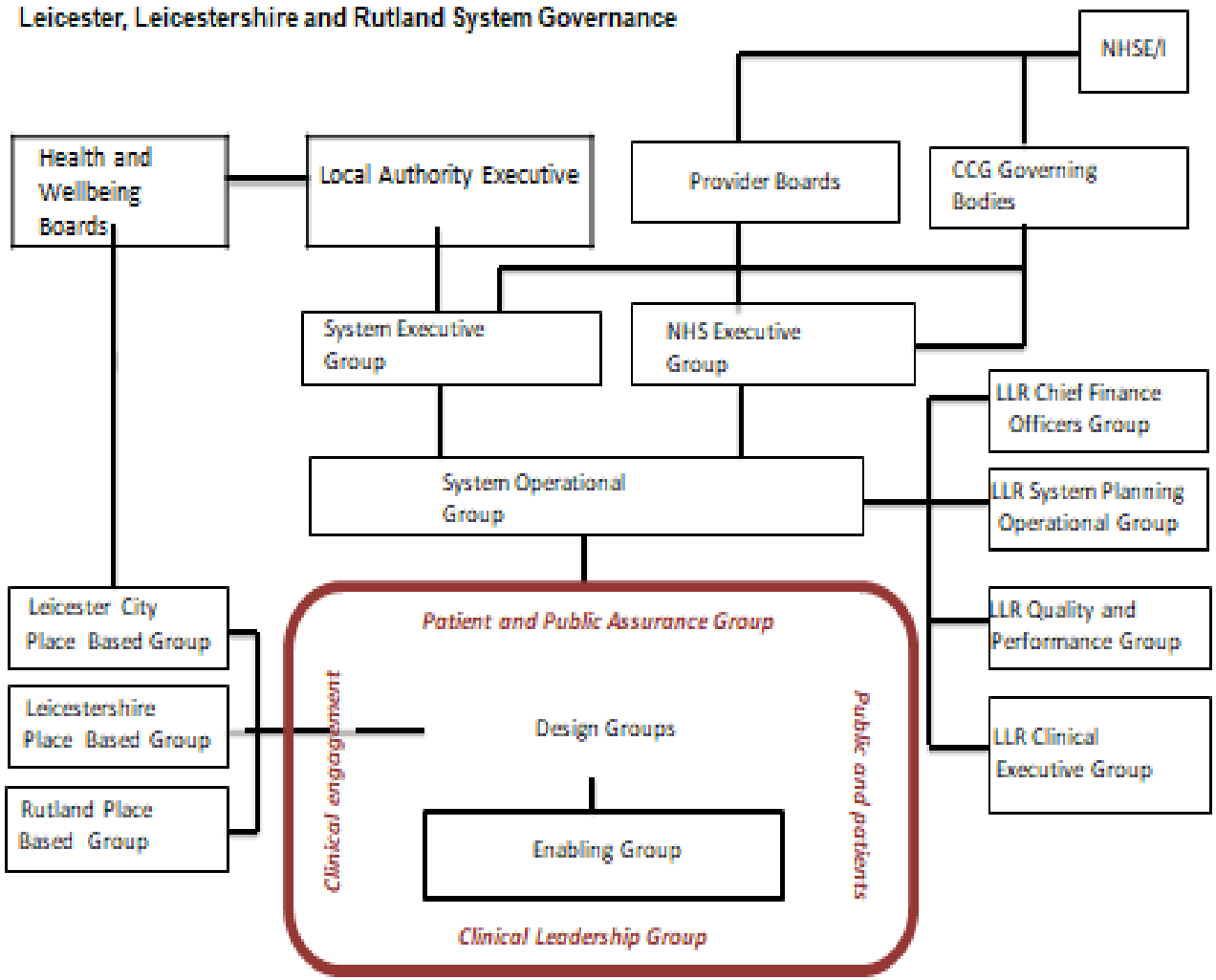
Leadership for transformation

- CCG exec team
- UHL exec team
- LA exec teams
- LPT exec team

Design Groups - System led teams to enable joint delivery

delivery

Governance…


Leicester, Leicestershire and Rutland System Governance
NHSE/I
Health and Wellbeing Boards
Local Authority Executive
Provider Boards
CCG Governing Bodies
System Executive Group
NHS Executive Group
LLR Chief Finance Officers Group
System Operational Group
LLR System Planning Operational Group
Leicester City Place Based Group
Leicestershire Place Based Group
Rutland Place Based Group
Patient and Public Assurance Group
Clinical engagement
Design Groups
Public and patients
Enabling Group
Clinical Leadership Group
LLR Quality and Performance Group
LLR Clinical Executive Group

From frontline ideas to agreement…

PCN/specialty/ divisional agreement/Idea

Analysis of quality, finance, activity, workforce, performance impact, develops solution

Provides assurance to the System Partnership Group that solution will meet the strategic aims and expectations

Clinical Senate assurance on proposals

System agreement

Questions?