Leicestershire County Council

Meeting: **Health Overview and Scrutiny Committee**

Date/Time: **Wednesday, 2 November 2022 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

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

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

Membership

Mr. J. Morgan CC (Chairman)

Mr. M. H. Charlesworth CC	Mr. R. Hills CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. Harrison CC	Ms. Betty Newton CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at http://www.leicestershire.gov.uk – Notices will be on display at the meeting explaining the arrangements.

AGENDA

Item		Report by
1.	Minutes of the meeting held on 31 August 2022.	(Pages 5 - 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.	Hinckley Community Diagnostic Centre and Day-Case Project Update.		(Pages 11 - 16)
9.	LLR Covid-19 and Flu Vaccination Programme.		(Pages 17 - 26)
10.	Planning for a resilient winter across the LLR Health and Care System.		(Pages 27 - 40)
11.	Health Performance Update.	Chief Executive	(Pages 41 - 54)

12. Dates of future meetings.

    Future meetings of the Committee are scheduled to take place on the following dates all at 2.00pm:

    18 January 2023;
    1 March 2023;
    14 June 2023;
    13 September 2023;
    1 November 2023.

13. 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 Governance and Scrutiny website https://www.cfgs.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?

This page is intentionally left blank

Agenda Item 1

Leicestershire County Council

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 31 August 2022.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. M. H. Charlesworth CC	Mr. R. Hills CC
Mr. K. Ghattoraya CC	Mr. P. King CC
Mr. D. Harrison CC	Ms. Betty Newton CC

In attendance
Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board (minute 23 refers).
Chris West, Deputy Chief Nurse, NHS Leicester, Leicestershire and Rutland Integrated Care Board (minute 23 refers).
Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust (minute 23 refers).
Heather Pick, Assistant Director, Adults & Communities Department, Leicestershire County Council (minute 24 refers).
David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust (minute 24 refers).

16. Minutes of the previous meeting.

The minutes of the meeting held on 15 June 2022 were taken as read, confirmed and signed.

17. Question Time.

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

18. Questions asked by members.

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

19. Urgent items.

There were no urgent items for consideration.

20. 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. P. King CC declared an Other Registerable Interest in agenda item 9: Learning from Deaths of People with Learning Disability and Autistic People Review Programme Annual Report as he was a member of the National Autistic Society.

It was also noted that Mrs. M. E. Newton CC had two close relatives that worked for the NHS.

21. Declarations of the Party Whip.

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

22. Presentation of Petitions under Standing Order 35.

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

23. Urgent and Emergency Care System.

The Committee considered a joint report of University Hospitals of Leicester NHS Trust (UHL) and the Leicester, Leicestershire and Rutland (LLR) Integrated Care System which provided an update on the performance of the Urgent and Emergency Care System including the findings of a Care Quality Commission (CQC) report into the system dated 8 July 2022. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed to the meeting for this item Rachna Vyas, Chief Operating Officer, NHS Leicester, Leicestershire and Rutland Integrated Care Board, Chris West, Deputy Chief Nurse, NHS Leicester, Leicestershire and Rutland Integrated Care Board, and Jon Melbourne, Chief Operating Officer, University Hospitals of Leicester NHS Trust.

Arising from discussions the following points were noted:

(i) Some of the problems with the performance of the Urgent and Emergency Care System were a result of the Covid-19 pandemic, however there were also longstanding issues which needed to be addressed. The ambulance handover delays were a symptom of a much wider problem with flow through the system.

(ii) LLR had the lowest EMAS conveyance rate which was believed to be because patients were being seen in other services and did not require acute care. However, LLR also had the highest referral rate in the region for urgent community response in patients own homes.

(iii) Traditionally the Leicester Royal Infirmary Emergency Department experienced one of the highest rates of unheralded attendances in the region, though due to work which had taken place to tackle this problem the LRI Emergency Department now had one of the lowest rates. However, there were still significant numbers of patients presenting at the Emergency Department who could have been treated at other venues locally. Urgent Treatment Centres had additional capacity which was not being used. Members raised concerns about mixed messaging in relation to Urgent Treatment Centres and their opening hours which left the public unclear about where they should go for treatment and at what times.

(iv) NHS England had set the LLR System and Leicester Royal Infirmary Emergency Department a challenge of zero handovers over 30 minutes by 1 September 2022. Whilst significant progress had been made towards this objective, the challenge would not be met by 1 September and whilst a trajectory had been agreed with NHS England it was difficult to estimate when the challenge would be met.

(v) A member raised concerns about the lack of a clear strategy for improvement and questioned whether the high turnover of senior management at UHL over the previous years could have contributed to the lack of improvement in performance. Members also noted that the report to the Committee contained no action plan for how the issues with the Urgent and Emergency Care system would be addressed nor timescales for when improvements would be made. In response UHL acknowledged that sustainability in leadership was important and provided reassurance that the right leadership team was now in place. It was explained that managers across the Urgent and Emergency Care System were talking to each other more than ever and it was being ensured that they were all working towards the same aim rather than the aims of each individual organisation. An action plan was in place which set out how the demand and flow would be managed and metrics were in place to monitor performance. The action plan would be provided to members after the meeting.

(vi) Additional capacity in the system was being created and a new care home was opening in Leicestershire which it was hoped would alleviate some of the problems with regards to discharging patients from hospital.

(vii) In response to concerns raised by members that UHL did not have the required numbers of staff with the appropriate expertise, reassurance was given that recruitment and retention was a priority for UHL and work was ongoing to improve recruitment from all types of professions and make UHL a more attractive employer, for example improving pay and car parking. The staffing and recruitment issues did not just relate to UHL but to the whole Urgent and Emergency Care System. It was agreed that data regarding the number of vacancies would be provided to members after the meeting.

(viii) The Integrated Falls Response service had just been launched which treated patients that had experienced falls in their own home and brought in lifting equipment where necessary. It was a pilot run by Derbyshire Health United and in response to a request it was agreed that the results of the pilot would be reported to the Committee at a future date.

(ix) The Urgent and Emergency Care System took on board best practice from systems elsewhere in the country. Officers attended seminars and met with regional and national colleagues to share learning. Successful methods from elsewhere could not always be copied exactly in Leicestershire due to unique circumstances locally however where possible the learning was implemented locally.

(x) A multi-agency Patient Safety Risk Summit was taking place in September 2022. Currently no representatives from the County Council were scheduled to attend but they were welcome and consideration would be given to who would be the most appropriate attendees from the County Council.

RESOLVED:

(a) That the update relating to the Urgent and Emergency Care System in Leicestershire and the Care Quality Commission report of 8 July 2022 be noted with concern.

(b) That officers be requested to provide a further update to the Committee in the new year regarding the performance of the Urgent and Emergency Care System.

24. Learning from Deaths of People with Learning Disability and Autistic People Review Programme Annual Report.

The Committee considered a report of the joint Senior Responsible Officers for the Learning from lives and deaths of people with learning disability and autistic people (LeDeR) programme which presented their Annual Report 2022. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed to the meeting for this item the two Senior Responsible Officers Heather Pick, Assistant Director, Adults & Communities Department, Leicestershire County Council and David Williams, Group Director of Strategy & Partnerships, Leicestershire Partnership NHS Trust.

Arising from discussions the following points were noted:

(i) To be included in the LeDeR programme a patient would have to have had a formal diagnosis prior to their death. Across Leicester, Leicestershire and Rutland 4530 people over the age of 14 were registered with their GP Practice as having a learning disability and/or autism. In 2021-22 the LLR LeDeR programme received 77 referrals and completed 65 reviews. In response to a question from the Chairman it was confirmed that 77 was roughly the correct number of referrals that should have been received.

(ii) When a patient died it was difficult to identify whether they had autism and whether a referral to the LeDeR programme was needed, however it was believed that in most cases the deaths were reported to the LeDeR programme.

(iii) Learning disabilities and autism could be 'invisible' to others and there needed to be greater awareness amongst health professionals of when a patient had a learning disability or autism so that this could be taken into account when the patient was dealt with. The findings from the LeDeR programme were being shared with doctors, Primary Care Network leads and other health professionals and it was hoped that this would lead to service improvements.

(iv) There were concerns that people with learning disabilities and autism were deterred from accessing primary health care due to the technology they were required to engage with such as the log-in screens in reception. The general approach was that people with greater needs such as those with learning disabilities or autism should not have to access healthcare in a different way to others but at the same time adjustments did need to be made for them. For example during the Covid-19 pandemic vaccines were delivered to some patients in their cars rather than making them enter NHS premises.

RESOLVED:

That the Leicester, Leicestershire and Rutland LeDeR Annual Report 2022 be welcomed.

25. Alcohol Misuse and Trading Standards.

The Committee considered a report of the Director of Public Health which provided an overview of the Public Health response to alcohol misuse, including the remit of the Trading Standards Department. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

Arising from discussions the following points were noted:

(i) As part of the service Turning Point provided there was a young people offer which involved holding talks in schools and groupwork sessions. Turning Point also took part in freshers' week at universities to promote messages around the dangers of alcohol misuse. Data suggested that the amount of alcohol consumed by young people was not increasing.

(ii) Turning Point were piloting a service (commenced July 2022) aimed at reducing the number of individuals at risk of long-term effects from alcohol misuse. The offer involved a non-invasive procedure to assess liver health and spot early signs of liver damage. In response to a question from a member regarding the capacity and expense of the service and when the non-invasive procedure could be carried out it was agreed that further information regarding the pilot would be provided to members after the meeting.

(iii) Vaping was intended to be a healthier alternative for smokers but there were increasing concerns about people taking up vaping even though they had not been smokers previously. Members expressed an interest on this topic and asked for further information. In response to questions from a member about the volume of people this service dealt with it was agreed that further information would be provided to members after the meeting.

(iv) Whilst the Public Health department was involved in reviewing applications to district councils for licenced premises this work could be strengthened. Partnership work needed to take place with the police to look at data of where incidents were occurring as a result of alcohol.

RESOLVED:

That the Public Health response to alcohol misuse in Leicestershire be noted.

26. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 2 November 2022 at 2.00pm.

2.00 - 3.55 pm CHAIRMAN
31 August 2022

This page is intentionally left blank

NHS
Leicester, Leicestershire and Rutland

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 NOVEMBER 2022

HINCKLEY COMMUNITY DIAGNOSTIC CENTRE (CDC) AND DAY-CASE PROJECT UPDATE

REPORT OF THE CHIEF STRATEGY OFFICER, INTEGRATED CARE BOARD

Purpose of the Report

1. The purpose of this report is to provide a progress update upon the Hinckley Community Diagnostic Centre (CDC) and Day-case projects. This report is for information only.

Background

2. In December 2018 the Department of Health and Social Care awarded the NHS in Leicestershire £7,035,000 capital funding for Hinckley and Bosworth Community Health Services. The funding was to be used for the following purposes:
    - Refurbish Hinckley Health Centre to accommodate X-Ray/Ultrasound, physiotherapy and increase the amount of consulting rooms;
    - Create a combined day case surgery and endoscopy unit at Hinckley Community Hospital with day-case beds;
    - Create a new Urgent Care Hub in Hinckley Health Centre providing out-of-hours care for patients.

3. On the 9 September 2019, The Alliance (the provider), were forced to take the decision for safety reasons, to close the x-ray plain film service provided at Hinckley and District Hospital. Patients that required x-rays were directed to alternative sites including Coalville Community Hospital and Glenfield Hospital. Funding was sought from within University Hospitals of Leicester's Capital Expenditure Programme for 2019/20 to purchase new x-ray equipment and carry out the necessary interior building work at Hinckley Health Centre (adjacent to Hinckley and District Hospital) needed to safely install the machine. However, this funding was only available until the 31 March 2020 therefore it was

proposed to install the new x-ray equipment in Hinckley Health Centre without further public consultation being undertaken. On 11 November 2019 the Health Overview and Scrutiny Committee considered the matter and supported the proposals. In April 2020 the new x-ray facility opened at Hinckley and District Hospital.

4. In 2020 the NHS Leicester, Leicestershire, and Rutland Integrated Care Board (formerly Clinical Commissioning Groups) found it necessary to pause their plans to update a range of health services in Hinckley due to the Covid-19 pandemic.

5. The Hinckley Hospital Project Board has now been re-established and has been reviewing the previous plans to understand the long-term impact and consequences of Covid-19 on future service delivery, and to make sure they are still the right ones for Hinckley. At the same time an opportunity was provided by the announcement of additional government investment into 40 new Community Diagnostic Centres (CDC) across England – new one-stop-shops for checks, scans and tests.

Hinckley Community Diagnostic Centre

6. An application has been made to develop a CDC in Hinckley on the Hinckley and District Hospital (Mount Road) site. The Centre would include many of the services outlined in the previous proposals for Hinckley. The CDC would be developed in two phases. Phase one would see the provision of MRI and CT scanners, a Plain Film X-Ray machine and Ultrasound. It will also have two phlebotomy rooms and eight outpatient/procedure rooms. In the second phase two Endoscopy rooms with supporting accommodation would be created.

7. The total capital cost for the CDC is circa £14.5m. The application has received an outline approval subject to satisfactory responses to several questions which will be submitted the week commencing the 17th of October 2022. It is hoped that if approved work would commence on creating the CDC with completion towards the end of 2023.

Hinckley Day-Case Unit

8. A Day Case Unit, which was also a feature of the original plans for Hinckley, would be developed that provides the day-case services that are currently on the site of Hinckley and District Hospital (Mount Road) plus additional procedures. Speciality services that would be delivered include Breast Care General Surgery Gynaecology Ophthalmology

Orthopaedic Surgery Pain Management Plastic Surgery Podiatric Surgery Renal Access Surgery Urology Vascular Surgery

9. The Day Case Unit would be funded through the £7 million STP Capital investment that was announced pre-pandemic. Most of the feasibility work for the Unit has been completed, however the Integrated Care Board (ICB) are still required to develop a Business Case, which would be submitted and approved by NHS England in 2023. Work would start on the Day Case Unit after completion of phase one and two of the CDC.

10. As part of the Business Case development the ICB must demonstrate that they have identified and explored all available options for project delivery including type of build and site. At this stage we cannot confirm the preferred site for the day-case unit but an option will include a build upon the Hinckley and District (Mount Road) site.

11. These revised plans provide the people of Hinckley with more services in modern, fit for purpose buildings that would meet the needs of a growing and ageing population. The revised plans also include retaining the high-quality inpatient beds for people who need them at Hinckley and Bosworth Community Hospital (Sunnyside).

12. Each of these projects are being developed as separate units at this time due to the different funding streams and approval routes. The CDC business case has been a 1-step process using a short -form business case, whilst the day-case project will follow the more traditional 2-stage process which takes longer (circa 6 – 12 months pending approvals).

Communication and Engagement

13. There has been extensive engagement over several years with local people living in and around Hinckley on this project, it is important to the ICB that we continue to involve local communities. The ICB will take time to discuss the options for the revised draft plan with stakeholders in November 2022.

14. This will be followed by a 6-week public engagement period to discuss the proposals to ensure that they provide health facilities for people in the best way possible, whilst also providing value for money. Pending the NHS approvals this would commence in Winter 2022/23. As well as the local communities, the ICB continues to work with a range of partners on this project including the Hinckley and Bosworth District Council.

15. The public engagement would provide a range of opportunities for interested persons to participate, including both online and offline. In putting together mechanisms for engagement we would take the learning from large scale consultations and engagement projects.

16. We will use a multi-channel approach in exercising our statutory functions. We would use online technology to hold meetings, share information and recordings of meetings, which enable a wider reach across communities. Assuming that no Covid-19 restrictions apply, we will also undertake off-line and face-to-face communications and engagement activities in order to reach people who may not be digitally enabled or active. This includes attending events, hosting focus groups and conducting one-to-one interviews.

17. We will use a variety of both online and offline tools and techniques to communicate with the people of Hinckley and Bosworth. These would include, but are not limited to, the following activities:

    - Commissioning voluntary and community organisations to reach out to seldom heard and often overlooked communities to encourage and support them to participate (with a focus on protected characteristics of age, race, disability, pregnancy/maternity, sexual orientation);
    - Media coverage in Hinckley Times, Leicester Mercury, BBC Radio Leicester as well as other local publications and magazines.
    - Widespread utilisation of social media, including local NHS-owned platforms and organic promotion to target Facebook and Twitter users in Hinckley and Bosworth.
    - Staff briefings and written communications with LPT, Alliance, social care and other provider staff;
    - Online and offline public events including public workshops, as well as events for specific communities/organisations including Parish Councils, Patient Participation Groups, GPs and service users;
    - Update briefings to MP, relevant county councillors and district and parish councillors asking for any support in dissemination within their community;
    - Posters, leaflets and pull-up banners with engagement QR code provided in outlets and public community venues across district;

18. The ICB now wait for approval of plans for both the CDC and Day-Case Unit through the national approval process. While this happens those all-important local conversations will take place on the proposals that will result in even more health services being available locally without patients needing to travel to Leicester or around or out of the county.

Background Papers

Report considered at Health Overview and Scrutiny Committee meeting on 11 November 2019:
https://politics.leics.gov.uk/documents/s149430/Hinckley%20Community%20Services%20report.pdf

Circulation under the Local Issues Alert Procedure

The report has been circulated to the following members:

Mr. R. Allen CC
Mr. D. Bill CC
Mr. S. Bray CC
Mr. B. Harrison-Rushton CC
Mr. R. Hills CC
Mr. M. Mullaney CC

Officer to Contact

Joanna Clinton, Head of Strategy and Planning, LLR ICB

List of Appendices

19. None.

Equalities and Human Rights Implications

20. None identified at this time, but an environmental impact and risk assessment and an Equalities Impact Assessment will be developed as part of the Business Case.

This page is intentionally left blank

NHS
Leicester, Leicestershire and Rutland

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 2 NOVEMBER 2022

LLR COVID-19 & FLU VACCINATION PROGRAMME

REPORT OF THE DEPUTY DIRECTOR OF LLR VACCINATION PROGRAMME

Purpose of the Report

1. The purpose of this report is to provide an update on the autumn and winter COVID-19 and flu vaccination programme for the eligible population resident within Leicester, Leicestershire and Rutland.

Policy Framework and Previous Decisions

2. In August 2022, the government published its acceptance of Joint Committee on Vaccination and Immunisation (JCVI) guidance to offer a COVID-19 autumn booster to increase immunity in those at higher risk of severe COVID-19 during winter 2022 to 2023. As per this guidance, those eligible are:
   - Residents in care homes for older adults and their staff;
   - Frontline health and social care workers;
   - All adults aged 50 years and over;
   - Persons aged 5 to 49 years in a specific clinical risk group;
   - Persons aged 5 to 49 years who are household contacts of people with immunosuppression;
   - Persons aged 16 to 49 years who are carers.

3. The NHS Evergreen vaccination offer continues to be available to:
   - Everyone aged 5 (on or before 31 August 2022) and over can get a first and second dose of the COVID-19 vaccine.
   - People aged 16 and over, and some children aged 12 to 15, can also get a booster dose.
   - People aged 5 and over who had a severely weakened immune system when they had their first or second dose will be offered an additional primary dose (third dose) before any booster doses.

4. The NHS influenza (flu) immunisation programme 2022-23 confirms those eligible are:
   - All children aged 2 or 3 years on 31st August 2022

- All primary school aged children (from reception to year 6);
- Those aged 6 months to under 65 years in clinical risk groups;
- Pregnant women;
- Those aged 65 years and over;
- Those in long-stay residential care homes;
- Carers;
- Close contacts of immunocompromised individuals;
- Frontline health and social care staff.

Background

5. **COVID-19 Vaccination Programme**
For this phase of the local COVID-19 vaccination programme, the choice and accessibility of the vaccination offer surpasses previous LLR campaigns, with a greater number of GP practices and community pharmacists participating, supplemented by hospital hubs and some non-NHS sites.

6. Dedicated roving vaccination teams started visiting care homes to vaccinate residents and staff from w/c 5 September. To date 74% of the older adult care home population across LLR have been vaccinated. Housebound people have also been prioritised with a dedicated mobile vaccination team working in conjunction with GPs and community pharmacists.

7. The formal launch of the autumn campaign on 12 September opened up to people aged 75 years and over and self-declaring health and social care workers initially. Over time, other eligible groups of people have been invited to take up their autumn booster vaccination offer. Whilst GPs have been inviting their own patients to be vaccinated, individuals are free to choose to access their vacation offers from wherever they choose, i.e. community pharmacist, Glenfield drive-through, etc.

8. People who are eligible may be offered their COVID-19 booster and a flu jab at the same time, subject to supply, with the doses approved to be co-administered.

9. Two mobile vaccination units operate across LLR. Collaborative intelligence and insight carefully select optimum ‘heart of the community’ locations based on deprivation, low vaccine uptake, high footfall.

10. A dedicated roving team targets and are sited in prime locations based on partnership intelligence and insight located in areas of deprivation and low vaccination uptake.

11. Bespoke work continues to focus on vaccine inequality to improve access, convenience and information in relation to both the flu and COVID-19 vaccination offers. Such work includes homeless/rough

sleepers, asylum seekers, pregnant women, immunosuppressed patients, disadvantaged groups, etc.

12. In addition to existing activity, preparatory work is underway in the event of a national request to accelerate the programme to mitigate broader pressures on the NHS as a whole. This surge planning involves increasing operational capacity across all sites and may include opening new sides to further address vaccine inequalities.

13. **Flu**
The 2022-23 flu programme began as usual from 1 September with sites vaccinating when locally procured vaccine allows. As at 20th October 2022, 222,371 (23.95%) vaccination doses had been given to the total eligible population, some 880,607.

Background Papers

14. None.

Circulation under the Local Issues Alert Procedure

15. None.

Officer to Contact

16. Kay Darby, telephone: 07960 144648, email: kay.darby1@nhs.net

List of Appendices

17. Appendix 1: COVID-19 Vaccination Programme Estate
Appendix 2: COVID-19 Vaccination Programme Coverage
Appendix 3: Flu Vaccination Programme Uptake
Appendix 4: Flu & COVID-19 Vaccination Co-administration
Appendix 5: COVID-19 Autumn Vaccination Performance
Appendix 6: COVID-19 Autumn Vaccination Ethnicity Uptake
Appendix 7: LLR ICS COVID-19 Vaccination Uptake Performance by JCI Cohort & National / Midlands Comparison

Equalities and Human Rights Implications

18. All local NHS vaccination programme activity is subject standard operational procedures, clinical assurance, risk assessments and is fully compliant with JCVI guidance and NHSE protocols to adhere to equalities and human rights guidance and regulations.

Appendix 1: COVID-19 Vaccination Programme Estate

Site Name	Provider
Astill Lodge Pharmacy	Astill Lodge Pharmacy
Belgrave Pharmacy	Belgrave Pharmacy
Boots - Fosse Park	Boots
Brennans Pharmacy - Ibstock	Brennans
Burton Street Car Park	Mr Pickfords
Cosby Pharmacy	Village Pharmacy
Countesthorpe Chemist	Countesthorpe Chemist
Delivery Pharmacy - Jacknell Road	Delivery Pharmacy
Evans Pharmacy	Evans Pharmacy
Glenton R & Sons Ltd	Glenton R & Sons Ltd
Hamilton Pharmacy	Hamilton Pharmacy
Healthcare Pharmacy Ltd	Healthcare Pharmacy Ltd
HMS Pharmacy	HMS Pharmacy
Jalaram Community Centre	Patels Chemist

Site Name	Provider
KM Brennan Chemist	Brennans
Masons Chemist	Masons Chemist
Medicure Pharmacy	Medicure Pharmacy
Melton Pharmacy	Melton Pharmacy
Melton Road (Omcare)	Omcare Pharmacy
Mistry Pharmacy	Mistry Pharmacy
Mr Pickfords	Mr Pickfords
Oakwood Pharmacy	Oakwood Pharmacy
Pearl Chemist	Pearl Chemist
Rutland Late Night Pharmacy	Rutland Late Night Pharma
Saffron Lane Pharmacy	Saffron
Severn Pharmacy	Severn Pharmacy
St Theodore's Church	Wymeswold Pharmacy
Vision Pharmacy - Leicester	Vision Pharmacy

GPs & locations	
Barwell Medical Centre	Fosseway PCN
Community Health Centre	Leicester City Central PCN
Fosse Medical Centre	Millennium PCN
Glenfield Surgery	G3 PCN
Heath Lane Surgery	Bosworth PCN
Humberstone Medical Centre	Salutem PCN
Kibworth Medical Centre	Cross Counties PCN
Latham House - MSV	MSV PCN
Maples Family Medical Practice	Hinckley Central PCN
Market Harborough Medical Centre	Market Harborough PCN
Measham Medical Unit	NWL PCN
Merridale Medical Centre	City Care Alliance PCN
Northfield Medical Centre	South Blaby & Lutterworth
Rosebery Medical Centre	Charnwood Federation
Springfield Road Medical Centre	Aegis PCN
St Peters Health Centre	Leicester Foxes PCN
Sturdee Road	Leicester City South PCN
The Charnwood Practice	Belgrave & Spinney PCN
Thorpe Astley Community Centre	North Blaby PCN
Two Steeples Medical Centre	Oadby & Wigston PCN
Uppingham Surgery - Rutland	Rutland PCN
Victoria Park Health Centre	Leicester City & Uni PCN
Westcotes Health Centre	Orion PCN

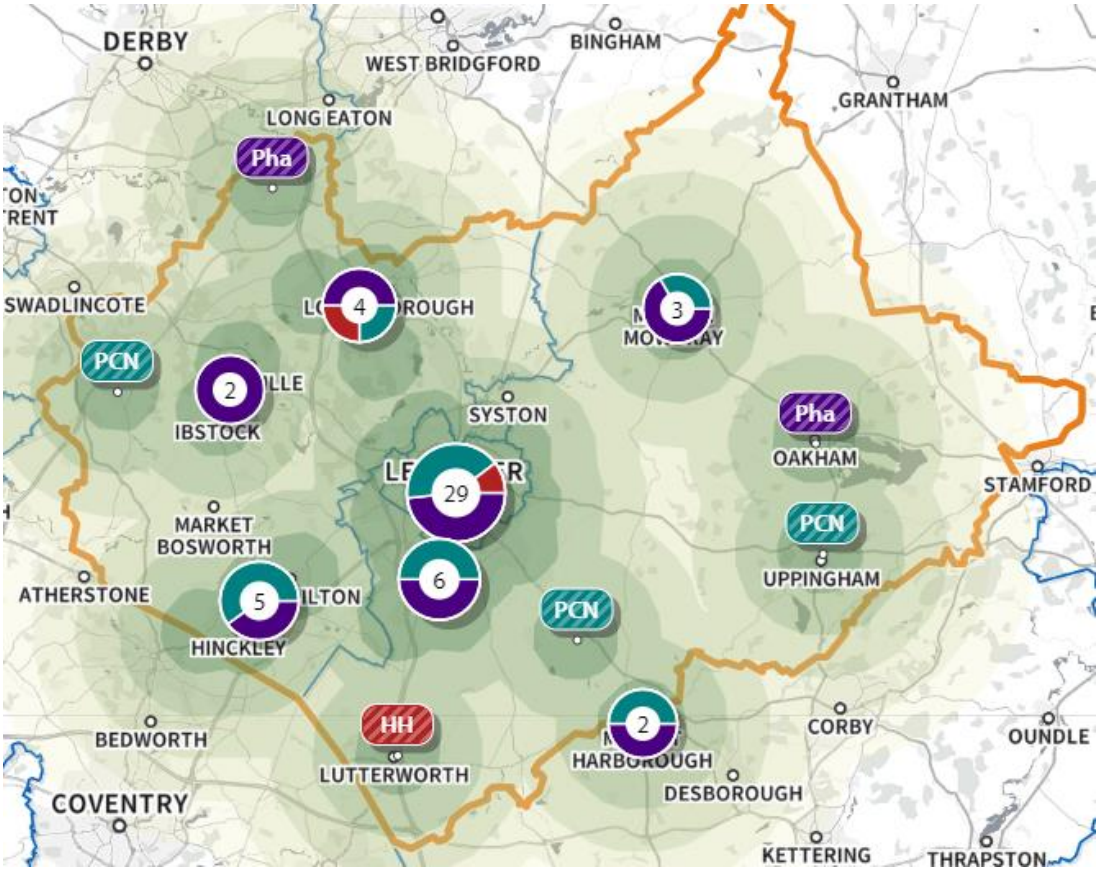
Hospital hubs

- Feilding Palmer Hospital
- Glenfield Hospital
- Leicester General Hospital
- Leicester Royal Hospital
- Loughborough Hospital

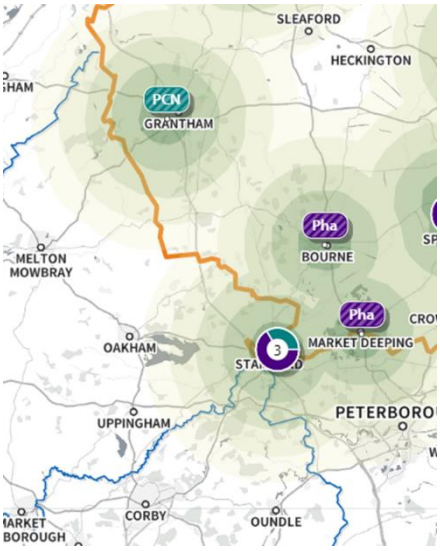
Other clinic locations:

- Highcross shopping centre
- Drive-through at County Offices, Glenfield
- Burton Street, Melton Mowbray
- Mobile vaccination vehicles operating across LLR

Appendix 2: COVID-19 Vaccination Programme Coverage



Lincolnshire vaccination clinics bordering LLR

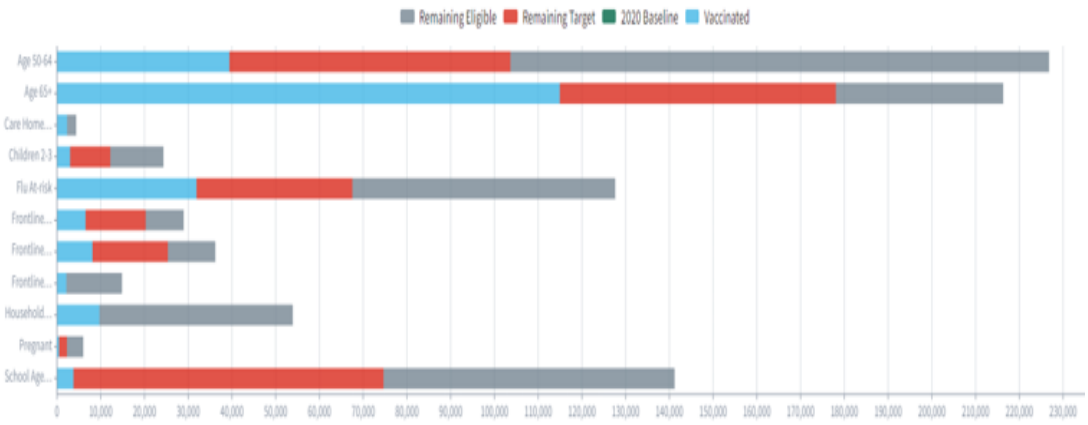


Nottinghamshire vaccination clinics bordering LLR

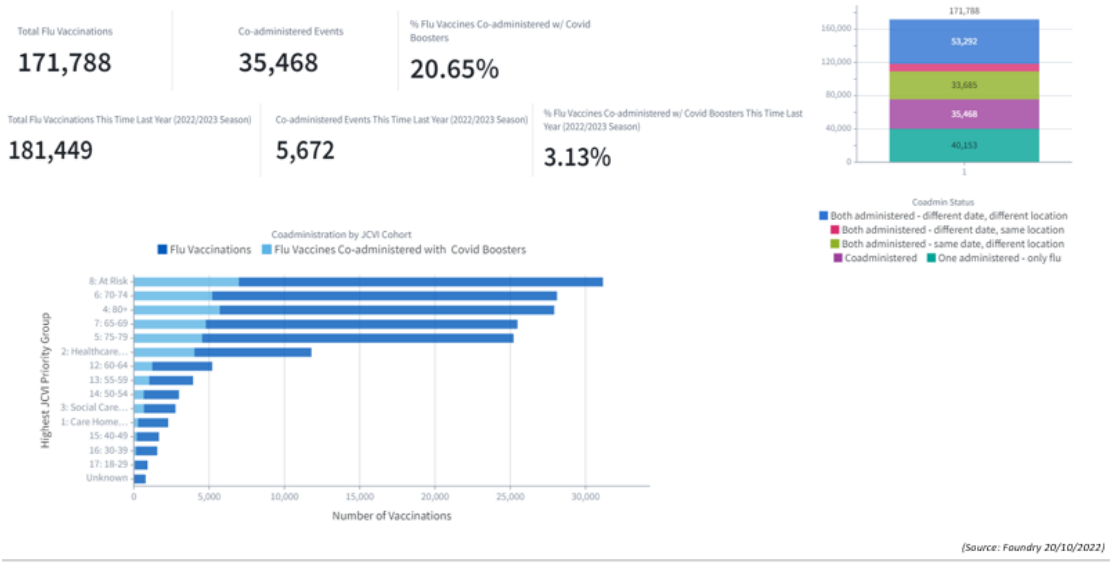
Appendix 3: Flu Vaccination Uptake

- Eligible population: 880,607
- Vaccines administered: 222,371 (23.95%)
- Remaining population: 658,236

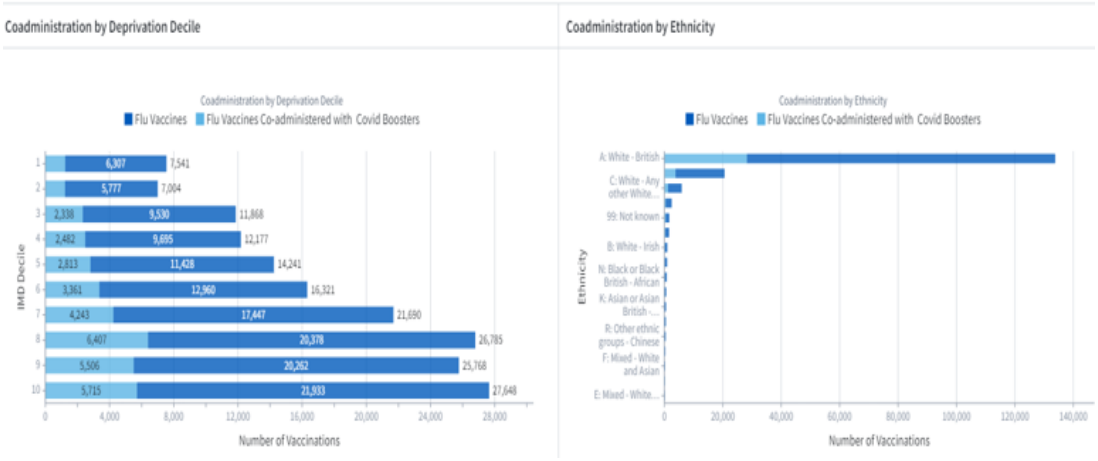
(Source: Foundry 20/10/2022)



Appendix 4: Flu & COVID-19 Vaccination Co-administration



(Source: Foundry 20/10/2022)



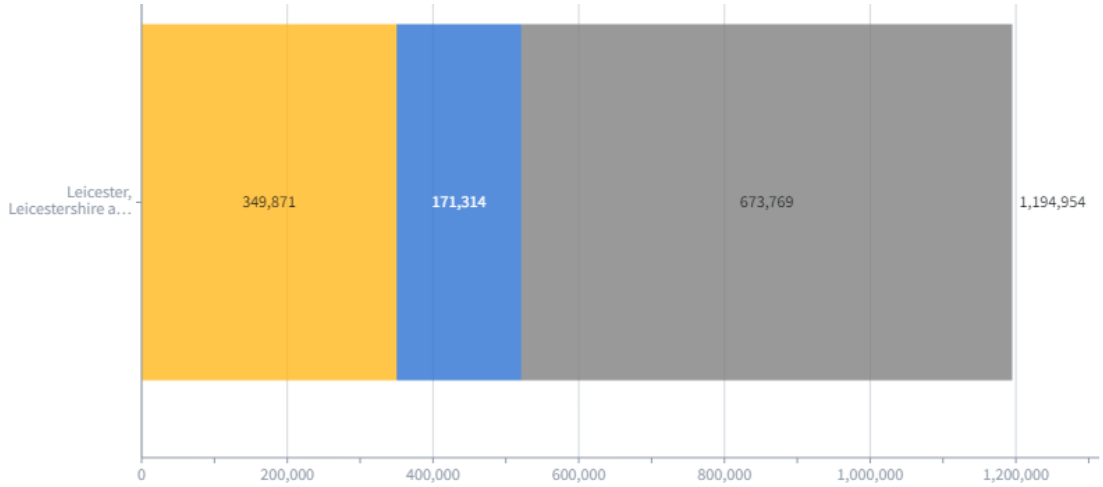
(Source: Foundry 20/10/2022)

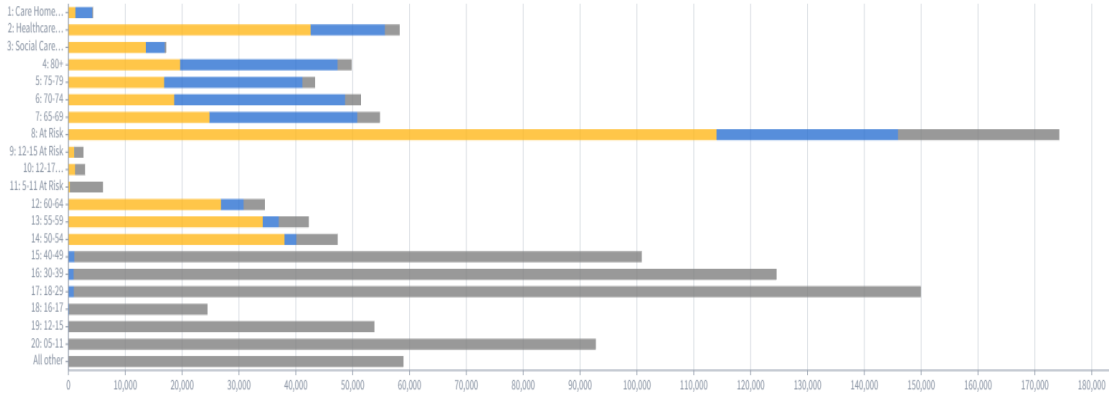
Appendix 5: COVID-19 Autumn Vaccination Performance

- Eligible Population – 521,185 **↑1,173**
- Boosters administered – 171,314 (32.3%) **↑25,602 (4.8%)**
- Remaining population – 349,871

Key

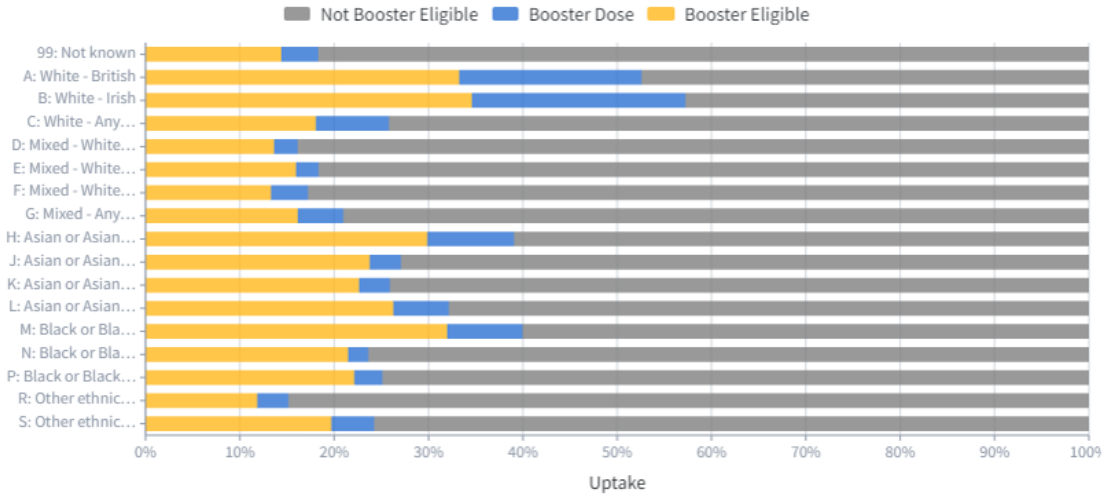
- Grey: Not eligible
- Blue: Booster received
- Yellow: Eligible population remaining





- Largest vaccinations: at risk (31,927), 70-74 (30,044), 80+ (27,701) & 65-69 (25,983) cohorts.
- A few 18–49-year-olds have been vaccinated through the 'self-declare' route as they are not appearing in the health or at-risk groups (3,077).
- Top 3 uptake percentages: care homes (68.1%); 70-74 (58.4%); & 75-79 (56.0%).
- Largest impact in PCN populations: NW Leics: 20,811; Melton Syston & Vale: 15,595; & Rutland: 9,550
- Largest uptake percentages: Rutland: 22.5% (9,550); Melton Syston & Vale: 21.6% (15,595): & Bosworth; 21.1% (7,552).

Appendix 6: COVID-19 Autumn Vaccination Ethnicity Uptake



Appendix 7: LLR ICS COVID-19 Vaccination Uptake Performance by JCI Cohort & National / Midlands Comparison

(Source: NHSE 17/10/2022)

Equal to or greater than National Uptake
Within the 70th Percentile of National Uptake
Below the 70th Percentile of National Uptake

JCVI	National	Midlands	LLR
1: Care Home Residents & Residential Care Workers	64.56%	67.81%	70.94%
2: Healthcare Workers	23.98%	24.17%	23.45%
3: Social Care Workers	17.86%	19.05%	19.53%
4: 80+	56.96%	58.49%	58.53%
5: 75-79	57.72%	60.01%	59.06%
6: 70-74	60.11%	60.63%	61.74%
7: 65-69	52.28%	50.34%	51.14%
8: At Risk	20.58%	21.47%	21.88%
9: 12-15 At Risk	8.40%	8.10%	5.82%
10: 12-17 Household contacts of immunosuppressed	0.81%	0.94%	1.11%
11: 5-11 At Risk	15.10%	18.09%	12.31%
12: 60-64	12.43%	12.90%	12.97%
13: 55-59	7.51%	7.69%	7.53%
14: 50-54	5.54%	5.44%	5.14%

Agenda Item 10

Leicester, Leicestershire and Rutland

Planning for a resilient winter across the LLR health and care system

October 2022

Rachna Vyas, Chief Operating Officer

On behalf of partners on the LLR Winter Board

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Leicester, Leicestershire and Rutland

WINTER PLAN

Current context

The LLR health and care system continues to work collaboratively in order to meet the performance and quality challenges across the urgent and emergency care pathway. Whilst the system remains off-track against the challenge set to reduce ambulance handovers to less than 30 mins in September, continued successes have been noted in the impact of priority schemes across various points of the UEC pathway, particularly those focussed on demand management:

Intervention	Baseline	Actual
Number of ambulances waiting over 30 mins	2629 (April 22)	2070 (August 22)
Increase the number of F2F appts in primary care	65% (April 22)	73% (August 22)
Increase the numbers of patients diverted from the EMAS/DHU stack to a safe alternative	6-8 per day (April 22)	40-50 per day (August 22)
Reduce the number of Non-elective admissions to UHL back to 19/20 levels	8950 admissions (April 19/20)	6920 admissions (April 22/23)
Increase 2-hour urgent crisis response time compliance	69.3% (21/22)	92.4% (YTD 22/23)

Performance against discharge metrics remains variable; discharge before noon and 5pm, numbers of medically optimised for discharge patients, efficient discharge to pathway 1 and 2 services, and numbers of failed discharges remain off plan.

Winter planning

Winter planning is well underway, building on the successes and learning from both previous winters and the recent surge in activity as a result of the summer heatwave season.

Our approach to winter planning this year has been data driven, using both historic and more recent trends to understand and model predicted demand through winter 22/23. Whilst this happens annually at UHL, this year we have taken the opportunity to demand model both LPT and social care so as to understand any clear capacity gaps and therefore align actions to mitigate against these.

Building the plan across the LLR health and care system:

1. Build detailed whole-system demand model needed for ‘safe winter’, modelled on southern hemisphere flu experience and pre-COVID / summer ‘22 demand

This has been modelled in a similar manner to the SAGE approach taken through COVID. System alert levels 0-4 have been built, with assumptions made on a range of occupancy levels, predicted demand, delivery of mitigations etc. Each scenario has then been tested at organisation level and at system levels, showing a fuller picture of where resulting gaps may be.

2. Build detailed whole-system capacity model of current capacity across health and care and add where this capacity *should be* if flow were optimal

Again, built using local data, this model shows us the capacity required in each part of the system to meet the predicted demand – if every patient was in the right place, at the right time, what would capacity look like as a system? This has been added this year to ensure a collective understanding of impact on the quality of care the system could provide if we could deliver the changes needed in each part of the system.

3. Cross reference gaps with recommendations from other reports such as the 100-day discharge challenge / CQC and agree priority evidence-based interventions, mitigating gaps using monies allocated to system, whilst meeting the eight requirements set out in the NHS winter letter

Alongside this work, each ICB received a letter on August 12th *(Appendix A: Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter)* outlining eight actions for each system and six key metrics for measurement. The System Flow Partnership has recently received the CQC, Sturgess and Missed Opportunities' reviews and has been systematically working through delivery of each action; given this, our plans have considered most of the eight actions in the winter letter already. However, where there is scope to, each plan has been adjusted and **prioritised** in order to meet the requirement and address the gaps in capacity against the demand model.

4. Agree triggers / actions for 'critical' scenarios such as elective take down and actions to spread risk across the system

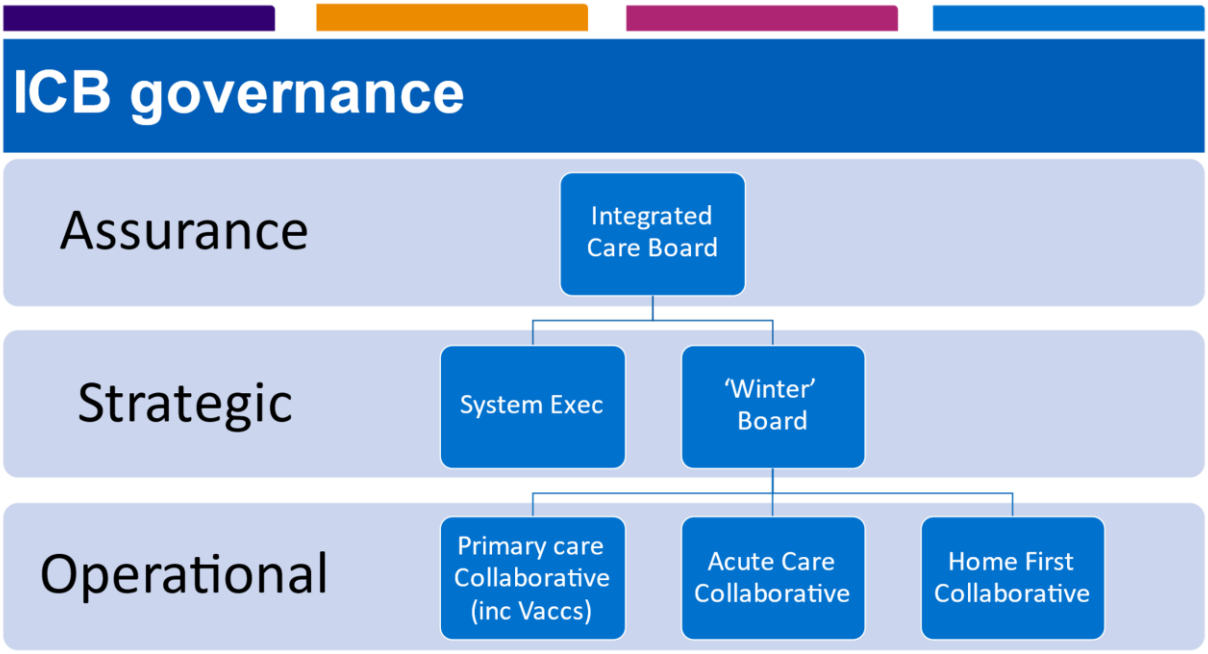
The Clinical Executive led a System risk summit on September 13th with the aim of ensuring the clinical leadership across the system were both clear on and have support to deliver the actions outlined in order to reduce the risk within the system. The Clinical Executive agreed that the actions in play are the correct actions and identified further support that the clinical community would welcome to deliver fully – actions such as patient, resident and staff communications for example.

Each of these four sections comprises the winter plan. The full plan is being finalised and will summarised on slides at the Scrutiny session, with officers present to answer specific questions.

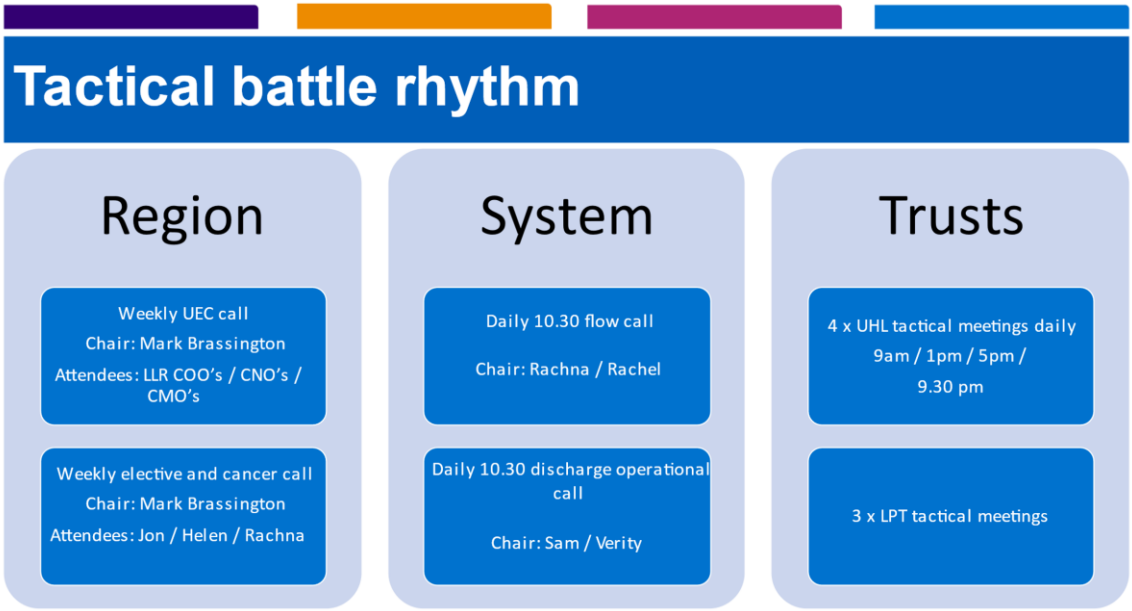
Governance

As part of the winter response, Chief Executive ownership has passed from Andy Williams to Richard Mitchell, with no change to the delivery team at system and organisational level. Rachna Vyas continues as System lead for winter with Jon Melbourne and Sam Leak as provider leads and named colleagues from each Local Authority and other provider partners included.

However, learning from last winter suggests a more agile approach is needed to governance this year, both to assure the ICB and to provide regular and accurate reporting to regional and national bodies. Therefore the System Flow Partnership will be replaced by a 'winter board' and will meet weekly on a face-to-face basis.



The ICB will gain assurance via this group. Supporting tactical arrangements are also in place, daily and weekly:



Whilst it remains clear that this winter will be difficult, mitigating actions will be put into place for the eventualities modelled. The impact of the cost-of-living crisis and fuel / food poverty are largely unknown as yet - where possible using data from public health these have been modelled in but the full scale of impact is difficult to model accurately.

The agility and ability to react therefore, at every level of the ICS, will be significant and the system will be reliant on partnership working at a scale seen only through the pandemic.

NHS
Leicester, Leicestershire and Rutland

Preparing for winter 22/23

October 22

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

How is the winter plan constructed?

- Build detailed whole-system demand model needed for ‘safe winter’,
- Build detailed whole-system capacity model of current capacity across health and care and add where this capacity *should be* if flow were optimal
- Cross reference gaps with recommendations from Sturgess / Missed Opportunities review / 100 day discharge challenge / CQC
- Agree priority evidence-based interventions and mitigate gaps using monies allocated to system, whilst meeting the eight requirements set out in the winter letter
- Agree triggers / actions for ‘critical’ scenarios such as elective take down

What do we need to deliver: Eight areas of national focus

1) Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
2) Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3) Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4) Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5) Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
7) Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

NHS
Leicester, Leicestershire and Rutland

Winter priority actions by collaborative

Primary Care Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Managerial / Clinical accountable lead	Timescale
W1	Targeted COVID and Flu vaccination programme	Increase uptake of flu and COVID vaccinations to > 70%, with a targeted focus on equity and high risk groups	(0 to prevent double count with admission avoidance)	LLR Vaccination Board / Primary Care Collaborative	Kay Darby / Caroline Trevithick	Jan 31st 2023
W2	Robust risk management of high risk respiratory patients	Risk stratify, identify and case manage respiratory patients most at risk of acute admission, linking to community RSV clinic and virtual ward pathway	(0 to prevent double count with admission avoidance)	Primary Care Collaborative	Arlene Neville / Dr Louise Ryan	Dec 31st 2023
W14	Efficient and effective GP > acute referral pathway	Implement GP to consultant telephone discussions for all but immediate life threatening referrals as per Sturgess recommendations	10 beds	Primary Care Collaborative	Sarah Smith / Dr Sulaxni Nainani	Dec 31st 2022
W15	Right size UTC walk in capacity	Assess and implement increase in UTC walk in capacity at Merlyn Vaz and Westcotes / assess impact of increasing Loughborough	volume of appts and walk-in % tbc	Primary Care Collaborative	Sarah Smith / Dr Nick Glover	Oct 31st 2022

Home First Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W6	LPT step down capacity	Open one ward at LPT	18-24 beds	Home First Collaborative	Nikki Beacher / Dr Sudip Ghosh	Sept 9th 2022
W7	Pathway 1 capacity increase	Understand gap in workforce, identify funding & agree recruitment timescales	24-50 beds	Home First Collaborative	Fay Bayliss / Dr Ricky Inamdar	100% of staff in post by Dec 31st 2022
W8	Utilise all Pathway 2 capacity	Assess utilisation and unblock usage of spot purchasing	10 - 30 beds	Home First Collaborative	Fay Bayliss / Dr Ricky Inamdar	Sept 30th 2022
W17	Efficient and effective admission avoidance service	Expand Unscheduled Care Hub to encompass all admission avoidance for non-life threatening cat 2+ calls	20 beds	Home First Collaborative	Kerry Kaur / Dr Nicky Dosanjh	
W20	Efficient and effective admission avoidance service	Mobilise and increase utilisation of > 200 virtual ward beds in key specialties	68-95 beds	Home First Collaborative	Kerry Kaur / Dr Nicky Dosanjh	Specialty specific plans through 2022/23

Acute Care Collaborative

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W5	UHL capacity	Design and implement pathway and model of care for UHL@Ashton Open additional capacity at LGH Discharge lounge at GGH	24 beds + 16 beds + discharge lounge spaces	Acute Care Collaborative	Rachel Marsh	Ashton – complete Aug 22 LGH – complete 14/09
W11	Pre-transfer Unit	Design and implement model of care for the pre-transfer unit at the LRI	12 beds in ED	Acute Care Collaborative	Vivek Pillai	Expected December 22 (12 week lead time)
W12	Implement rapid push model from ED	Assess and implement the North Bristol Model of care across UHL LRI and CDU	---	Acute Care Collaborative	Vivek Pillai	Late Sept 22 (parts implemented early September)
W13	Efficient and effective ED/SDEC pathways	Implement ED/SDEC improvement plan	~10 beds	Acute Care Collaborative	Julie Dixon	Dec 31st 2022
W16	Right size UTC walk in capacity	Extend MIAMI opening hours to midnight and increase utilisation to 125-150	---	Acute Care Collaborative	Sarah Taylor	Oct 31st 2022
W18	100 day discharge challenge	Implement an efficient and effective discharge process within providers to enable simple discharges by 5pm and 85% of complex discharges same day	5-10 beds	Acute Care Collaborative	Robin Binks	Oct 31st 2022

Other

Ref	Key Deliverable	Actions (high level)	Estimated potential impact	Lead / Collaborative	Clinical accountable lead	Timescale
W3	Robust IPC / risk management across the system	Design and implement an IPC risk management strategy across health and care to enable the spread of risk across the system whilst maintaining safety for patients	---	Chief Nurse Forum / HETCG	Caroline Trevithick	31st Oct 2023
W4	Safeguard high risk patients from respiratory exacerbation due to fuel poverty	Implement fuel poverty plan in areas of high deprivation	(0 to prevent double count with admission avoidance)	Health Inequalities Board / Primary Care Collaborative	Mark Pierce / Dr Louise Ryan	Dec 31st 2023
W9	Increase in 999 call handling capacity	Increased call handling establishment by 70 WTE, increasing to establishment of 210	+70WTE	EMAS lead commissioner	---	210 WTE by Dec 31st 2022
W10	Increase in 111 call handling capacity	Increased call handling establishment by XX WTE, increasing to establishment of XXX	+XXWTE	DHU lead commissioner	---	XXX WTE by Dec 31st 2022
W19	Efficient and effective discharge process for mental health pathway	TBC		Mental Health Collaborative	Justin Hammond / Dr Graham Johnson	Oct 31st 2022

How will we measure success: Six key national metrics

1. 111 call abandonment to national standards
2. Mean 999 call answering times to national standards
3. Category 2 ambulance response times to national standards
4. Average hours lost to ambulance handover delays per day to national standards
5. Adult general and acute type 1 bed occupancy (adjusted for void beds)
6. Percentage of beds occupied by patients who no longer meet the criteria to reside (agreed locally)

Deliver against these will support delivery of the elective delivery plan

Conclusion

- We have six weeks to make a difference
- We have a winter plan and we are strengthening it
- Some metrics are improving
- Our joint working is improving
- This winter is likely to be exceptionally tough
- Will engage with Healthwatch and CQC in mid October
- We need to be aware of all risks this winter.

Agenda Item 11

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 2 NOVEMBER 2022

REPORT OF THE CHIEF EXECUTIVE AND ICS PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data on 30 September 2022.

2. The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group formation.

3. An update is provided on the NHS System Oversight Framework and local performance reporting. The report contains the latest available data for Leicestershire and Rutland on a number of key performance metrics (as available on 30th Sept 2022) and provides the Committee with local actions in place.

Background

4. 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 ICS Commissioning Support Unit Performance Service (formerly known as the CCG 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.

Changes to Performance Reporting Framework

5. 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 system developments, as well as any particular areas that the Committee might wish to see included.

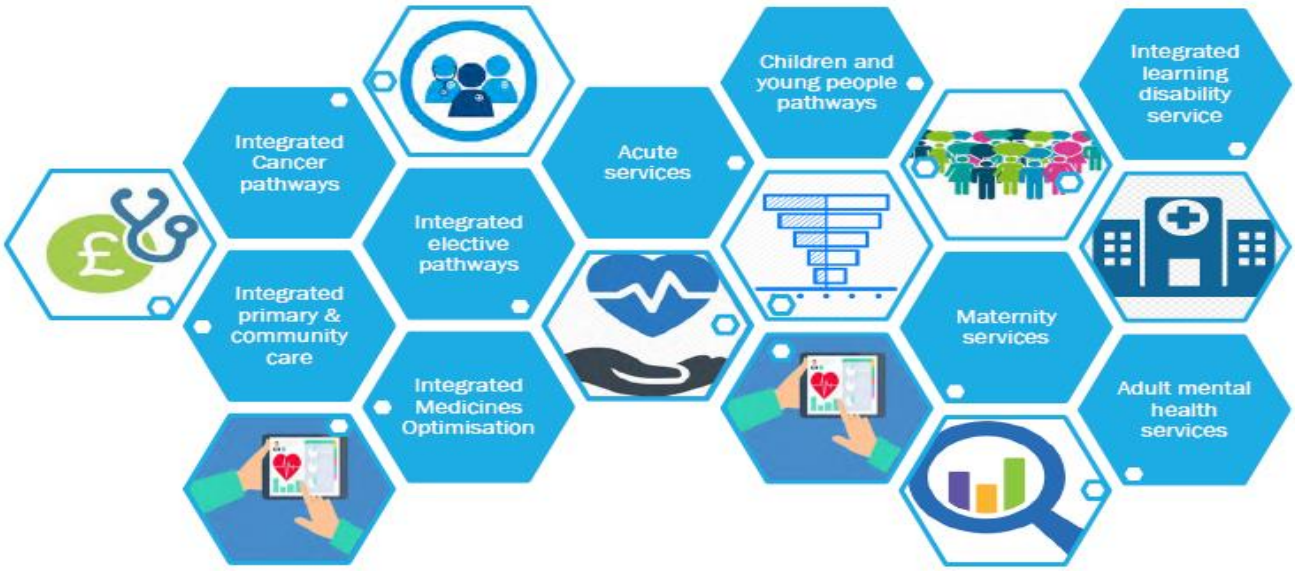
6. The following 4 areas therefore form the main basis of reporting to this Committee:
    a. ICS Performance for the East and West Leicestershire areas:
    b. Quality - UHL Never Events/Serious incidents:
    c. Leicestershire Public Health Strategy outcome metrics and performance: and
    d. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Group Formation

7. The Integrated Care Board (ICB) is the statutory organisation that was formally established on 1st July 2022. This is the health element of the Integrated Care System (ICS), which works with providers and partners to take decisions about how health and social care services are coordinated.

8. In line with the National Quality Board requirements the LLR ICB has reviewed the governance structures in place. Since July there has been a System Quality Group who meet and report into the Quality and Safety Committee around quality issues and topics. Performance is reported into the System Executive Group and escalated into the Integrated Care Board.

9. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups, soon to be Collaboratives. These are system groups; planning, designing and transforming services. They take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below.



NHS System Oversight Framework

10. The ICB Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards. Leicestershire cannot currently be identified separately to Rutland for many performance metrics, as national reporting is only publicly available at sub-ICB boundaries (the former CCG boundaries of West Leicestershire and East Leicestershire & Rutland) or at ICB (Leicester, Leicestershire & Rutland) level. Though work is continuing to be able to provide disaggregated figures in the future.

11. A monthly performance report is presented to the System Executive Group (SEG), this is based on the Winter Plan, key performance priorities of the LLR System and high-level overview of the areas which most require improvement e.g., urgent and emergency care including ambulance handovers; elective waiters including 104 weeks; cancer and access to primary care, as some of the examples.

12. A detailed performance report based on the NHS System Oversight Framework (https://www.england.nhs.uk/nhs-oversight-framework/) was last presented in May 2022 to the LLR ICS Quality and Performance Improvement Assurance Committee. Due to lack of national data being made available there has not been a more up to date pack produced but when national data is available, this will be presented.

13. Performance reporting is also a key element of the new Collaboratives and Design Groups, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year. The following table provides an explanation of the key performance indicators, the latest performance for Leicestershire & Rutland (as available on 30th Sept 2022) and details of some local actions in place.

NHS Constitution metric and explanation of metric	**Latest 2022/23 Performance**	**Local actions in place/supporting information** *From UHL Integrated Performance Report to the October 22 Trust Board* *(https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/)*
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that	**National Target >85%** **Leicestershire &**	Root Causes: - • Capacity constraints across all points of the pathways

spans the whole pathway from referral to first treatment. 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.	**Rutland patients at all Providers** 58% in July 22	• High backlog levels being treated and prioritised having a direct impact on performance • Workforce challenges including recruitment and lack of Waiting List Initiative activity Actions: - • Continue to clinically prioritise all patients • Weekly Patient Tracking List (PTL) review including additional support in Urology. • Review national timed pathways and identify possible areas for improvement • Demand and capacity data capture complete. To be shared and discussed with each tumour site this month to identify key constraints and solutions. • Mutual aid and insource solutions sought for Urology • NHSE investment to support Oncology/Radiotherapy/Haematology • Ensure the 2WW/FDS actions identified are progressed to support a reduction in the overall PTL and backlog
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%** **August 22** **LLR Urgent Care Centres only** 96% (10,158 pts seen / treated in Aug 22) **UHL A&E only** 57% (20,358 pts seen / treated in Aug 22) **University Hospitals of Derby and Burton** 63%	Root Causes - • Crowding in ED due to chronic and sustained lack of flow • High inflow of both walk-in and ambulance arrivals • UHL bed occupancy >85% Actions: - • Overnight consultant in ED rota in place and increase uptake in shifts noted • LRI's Minor Injuries and Minor Illness (MIaMI) agreement to extend opening times from mid-September. Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter-Professional Standards

	George Eliot 73% **University Hospital Coventry and Warwickshire** 64% **North-West Anglia NHS Foundation Trust** 52%	
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%** **Leicestershire & Rutland patients at all Providers** 51% in August 2022 **Total Number of Leicestershire & Rutland patients waiting at all Providers** 91,179 at the end of Aug 2022 **Number of Leicestershire & Rutland patients waiting over 52 weeks** 11,034 at the end of Aug 2022 (9,597 at UHL) **Number of Leicestershire & Rutland patients waiting over 104 weeks** 172 at the end of Aug 2022 (136 at UHL)	Root Causes: - • Impact of reduced outpatients and inpatient activity, due to COVID 19 and the introduction of social distancing and infection prevention measures. • Reduction in theatre capacity to support ITU resulting in significant growth of the admitted waiting list. • Referrals increasing but still below 2019/20 levels • Robot Automation of ASIs Actions: - • Super September initiative focusing on reducing backlog • Nine elective recovery interventions will be managed as programmes of work. • Development of Elective Hub ongoing. Submission of an Outline Business Case (OBC) for the total cost been developed • Meeting with the Nuffield and UHL clinicians to discuss and agree future ENT support.
Dementia Diagnosis rate for people aged 65 and over, with a	**National Target >66.7%** **Leicestershire**	*Midland Mental Health High Level Reporting Dashboard Sept 22 – LLR ICS* North-West Leicestershire, Harborough

diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations	August 2022 58.6% **National target >50%** Feb 2022 61% ELR 51% WL	& Rutland identified as biggest areas of widening gap in dementia diagnosis rate since Covid. • Business case for Admiral nurses (specialist dementia nurses) • Project with Healthwatch Leicestershire and Leicester • Presentation to social prescribers network very well received. • Young onset dementia event being planned.

Other Cancer Metrics

14. The latest July 2022 performance for the Cancer Wait Metrics is set out below. The numbers in brackets show the number of patients seen/treated within the relevant time against the total number seen/treated. (*E.g., 1549 ELR patients were seen under the 2ww pathway in July, of which 1318 were seen within 2 weeks (85%)).*

Metric	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times				
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Jul-22	93%	85% (1318/1549)	84% (1359/1621)
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jul-22	93%	100% (3/3)	92% (11/12)
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jul-22	96%	89% (143/161)	88% (171/194)
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jul-22	94%	64% (18/28)	50% (12/24)
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Jul-22	98%	96% (22/23)	100% (43/43)
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Jul-22	94%	78% (28/36)	55% (21/38)
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jul-22	85%	58% (48/83)	58% (57/98)
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Jul-22	90%	63% (5/8)	62% (16/26)
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jul-22		59% (22/37)	67% (26/39)

Never Events at UHL

15. The table below shows the number of Never Events at UHL over the past 4 years.

Year	Number of Never Events
2022/23 (to end Aug 22 only)	3
2021/22	9
2020/21	7
2019/20	2

16. All 3 Never Events in 2022/23 occurred in May 2022 at UHL. All appropriate immediate actions have been undertaken. Full investigations are in train to identify further learning. The Medical Director and Chief Nurse have met with their respective patient safety leads to further review the Never Event reduction plan. A thematic review of Never Event's has been completed and the Never

Event action plan is being updated to reflect learning from this. This was reviewed and discussed at the Trust Board Quality Committee in August 2022.

Areas of Improvement

17. There are some areas which are worth commenting on that have shown recent improvement:

- there has been an overall increase in the number of **General Practice appointments** across Leicestershire and Rutland. In August 2022 there were 378,151 appointments, more than in August 2019, August 2020 and August 2021.
- the number of **patients waiting over 104 weeks** for elective treatment has reduced each month from a January 2022 peak. At the end of August 2022 there were 172 Leicestershire and Rutland patients waiting over 104 weeks, at a number of different Acute providers. This peaked at 1,063 patients in January 2022.
- following poor performance during Winter 2021/22, there have been improvements in the percentage of **patients being seen within 2 weeks following an urgent Cancer referral**, although this is still not achieving the national target.
- **faster diagnosis of cancer** within 28 days continues to meet the national standard, again following poorer performance last Winter.

Public Health Outcomes Performance – Appendix 1

18. Appendix 1 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.

19. Analysis shows that of the comparable indicators, 19 are green, 13 amber and 2 red. There are 4 indicators that are not suitable for comparison or have no national data.

20. Of the nineteen green indicators, the following indicators: prevalence of overweight (including obesity) persons aged 4-5 years, cancer screening coverage-bowel cancer (persons, 60-74 years old), and new STI Diagnoses (excluding 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.

21. Life expectancy at birth (2018-20) data shows that Leicestershire continues to perform significantly better than the national average for males and females. However, compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.3 years for females, a similar pattern has been witnessed nationally. Healthy life expectancy at birth performs similarly to the national average for both males and females. Compared to the previous year's data, healthy life expectancy at birth has decreased by 0.6 years for males and stayed the same for females.

22. The two red indicators: smoking status at time of delivery in Leicestershire is ranked 9th out of 16 in 2020/21. The chlamydia detection rate per 100,000 persons aged 15-24 years in Leicestershire is ranked 10th out of 16 in 2020. Further work is underway to progress improvement across the range of indicator areas.

23. 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

24. Nationally, the BCF plan for 2021/22 for Leicestershire was officially approved by NHS England in January 2022. The plan included ambitions associated with five Better Care Fund (BCF) metrics and included targets and current data. In relation to improving outcomes for people discharged from hospital, the BCF Plan focused on improvements in the key metrics of 'reducing length of stay in hospital for longer than 14 and 21 days' and 'improving the proportion of people discharged home, using data on discharge to their usual place of residence.'

25. The framework also retained two existing metrics from previous years BCF Plans: -

- Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

26. In addition to the two metrics above, local systems also had to agree targets associated with a fifth metric – reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

27. In relation to the targets they involved: -

- a 7% reduction on 2019/20 figures for unplanned admissions for chronic ambulatory conditions;
- 85.1% of older people still at home 91 days after hospital discharge via reablement;
- 93.1% discharged from acute hospital to their normal place of residence;
- 10% in hospital for 14 days+ and 4.6% for 21 days+; and
- 519 aged 65+ admitted to residential/nursing care per 100k (a 3% reduction on the 2019/20 figure).

BCF Metrics

28. The below table shows the BCF metrics for this financial year, the targets and year end outturns for the 2021/22 financial year:

Metric	**Target**	**Year End Position**	**Commentary**
Unplanned admissions for chronic ambulatory care-sensitive conditions.	775	723.7	The target for this indicator has been exceeded by approximately 7%. Therefore, fewer non-planned admissions occurred than predicted.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	85%	89.4%	This metric has exceeded the target by 4.4%. The focus on reablement in hospital and the community has improved performance against this metric within the financial year. ASC teams have been restructured to maximise the reablement function.
Percentage of people, resident in	93.1%	92.4%	This metric has missed target by 0.7%. However, it was an

the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)			ambitious target for post-pandemic recovery. It does, however, represent an improvement on both previous years' data.
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more	Weighted data = 14+ days = 10% 21+ days = 4.6%	14+ days = 11.3% 21+ days = 5.5%	Both targets have been missed by approximately 1%. With data for 14+ days at 11.3% and 21+ days at 5.5%. The targets were reflective of pre-pandemic data. This did not include the increase in demand for those that have delayed seeking care over the past 2 years. In spite of this, Leicestershire has maintained similar levels of LOS with an approximate 1% upward variance which we hope to see return to pre-pandemic levels within the next 12 months.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Planned rate of <538.0	576.1 (per 100,000 population)	There was an increase in the number of people aged 65 or over permanently admitted to residential or nursing homes during 2021/22 compared to the previous years.

List of Appendices

Appendix 1 – Public Health Outcomes – Key Metrics Update

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/

Officers to Contact

Kate Allardyce - NHS Midlands and Lancashire Commissioning Support Unit

Kate.Allardyce@nhs.net Tel: 0121 61 10112

Victoria Rice - Public Health Intelligence Manager
Kajal.Lad@leics.gov.uk

Philippa Crane – BCF Lead Intelligence Analyst
Philippa.Crane@leics.gov.uk

Andy Brown – BI Team Leader, Leicestershire County Council
Andy.Brown@leics.gov.uk Tel 0116 305 6096

APPENDIX 1

Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	A01b - Life expectancy at birth	(F)	2018 - 20	High	84.1	9/16	83.1	—	
		(M)	2018 - 20	High	80.5	7/16	79.4	—	
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	13/16	63.9	—	
		(M)	2018 - 20	High	62.9	13/16	63.1	—	
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	4/16	7.9	—	
		(M)	2018 - 20	Low	6.0	2/16	9.7	—	
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2020/21	High	Null	Null	47.6	—	
	B16 - Utilisation of outdoor space for exercise/health reasons	(P)	Mar15 - Feb 16	High	20.8	2/16	17.9	—	
	C02a - Under 18s conception rate / 1,000	(F)	2020	Low	10.8	6/16	13.0	▶	
	C06 - Smoking status at time of delivery	(F)	2020/21	Low	10.5	9/16	9.6	▶	
	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	5/15	35.2	▶	
	C16 - Percentage of adults (aged 18+) classified as overweight or obese	(P)	2020/21	Low	64.9	11/16	63.5	—	
	C17a - Percentage of physically active adults	(P)	2020/21	High	66.6	13/16	65.9	—	
	C17b - Percentage of physically inactive adults	(P)	2020/21	Low	21.9	12/16	23.4	—	
	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)	2020/21	Low	Null	Null	4.4	—	
	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): New method. This i..	(P)	2020/21	Low	403.7	5/15	455.9	▶	
Primary/Secondary	E01 - Infant mortality rate	(P)	2018 - 20	Low	3.3	7/16	3.9	—	
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2020	Low	61.8	9/16	73.8	▶	
	E05a - Under 75 mortality rate from cancer	(P)	2020	Low	121.5	12/16	125.1	▶	
	E06a - Under 75 mortality rate from liver disease	(P)	2020	Low	17.2	10/16	20.6	▶	
	E07a - Under 75 mortality rate from respiratory disease	(P)	2020	Low	24.7	12/16	29.4	▶	
	E10 - Suicide rate	(P)	2018 - 20	Low	8.4	1/16	10.4	—	
	E14 - Excess winter deaths index	(P)	Aug 2019 - Jul 2020	Low	17.4	13/16	17.4	—	
	E14 - Excess winter deaths index (age 85+)	(P)	Aug 2019 - Jul 2020	Low	24.0	14/16	20.8	—	
	C19a - Successful completion of drug treatment - opiate users	(P)	2020	High	6.7	4/16	4.7	▶	
	C19b - Successful completion of drug treatment - non-opiate users	(P)	2020	High	45.0	3/16	33.0	▶	
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	5/16	78.0	—	
Secondary	C24a - Cancer screening coverage: breast cancer	(F)	2021/22	High	64.9	12/16	64.1	▼	
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2021/22	High	74.2	6/16	68.0	▶	
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2021/22	High	78.0	4/16	74.7	▼	
	C24d - Cancer screening coverage: bowel cancer	(P)	2021/22	High	70.4	4/16	65.2	▲	
	C26b - Cumul % of the eligible population (40-74 yrs) offered and received a Health Ch..	(P)	2017/18 - 21/22	High	50.4	4/16	44.8	—	
	D02a - Chlamydia detection rate / 100,000 aged 15 to 24	(P)	2020	High	1,129.9	10/16	1,408.4	▼	
	D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	(P)	2020	Low	346.2	5/16	619.0	▼	
	D07 - HIV late diagnosis (all CD4 less than 350) (%)	(P)	2018 - 20	Low	26.5	1/16	42.4	—	

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, September 2022

This page is intentionally left blank