Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 30 MAY 2018

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE AT END OF MARCH 2018

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on health performance in Leicester, Leicestershire and Rutland based on the available data at the end of March 2018.

Background

2. 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.

NHS Constitution

3. At a national level the health performance reporting model is influenced by the Government's mandate to NHS England. A revised mandate was issued relating to the period 2017-18. There are also 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).

Changes to Performance Reporting Framework

4. A number of changes have been made to the way performance is reported to the Committee to reflect national NHS constitution changes. The County Council has also developed a new Outcomes Framework which informs reporting. The Health and Wellbeing Board has adopted some changes in its

performance reporting processes so that it can have a sharper focus on individual agency performance and progress. This has been reflected in the dashboards attached to this report. 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.

5. The following 3 areas therefore form the current basis of reporting to this committee:-
   a. Performance against the key metrics/targets set out in the Better Care Fund plan, in relation to health and care integration;
   b. Clinical Commissioning Group (CCG) performance for both West Leicestershire and East Leicestershire and Rutland CCGs; and
   c. An update on wider Leicestershire public health outcome metrics and performance.

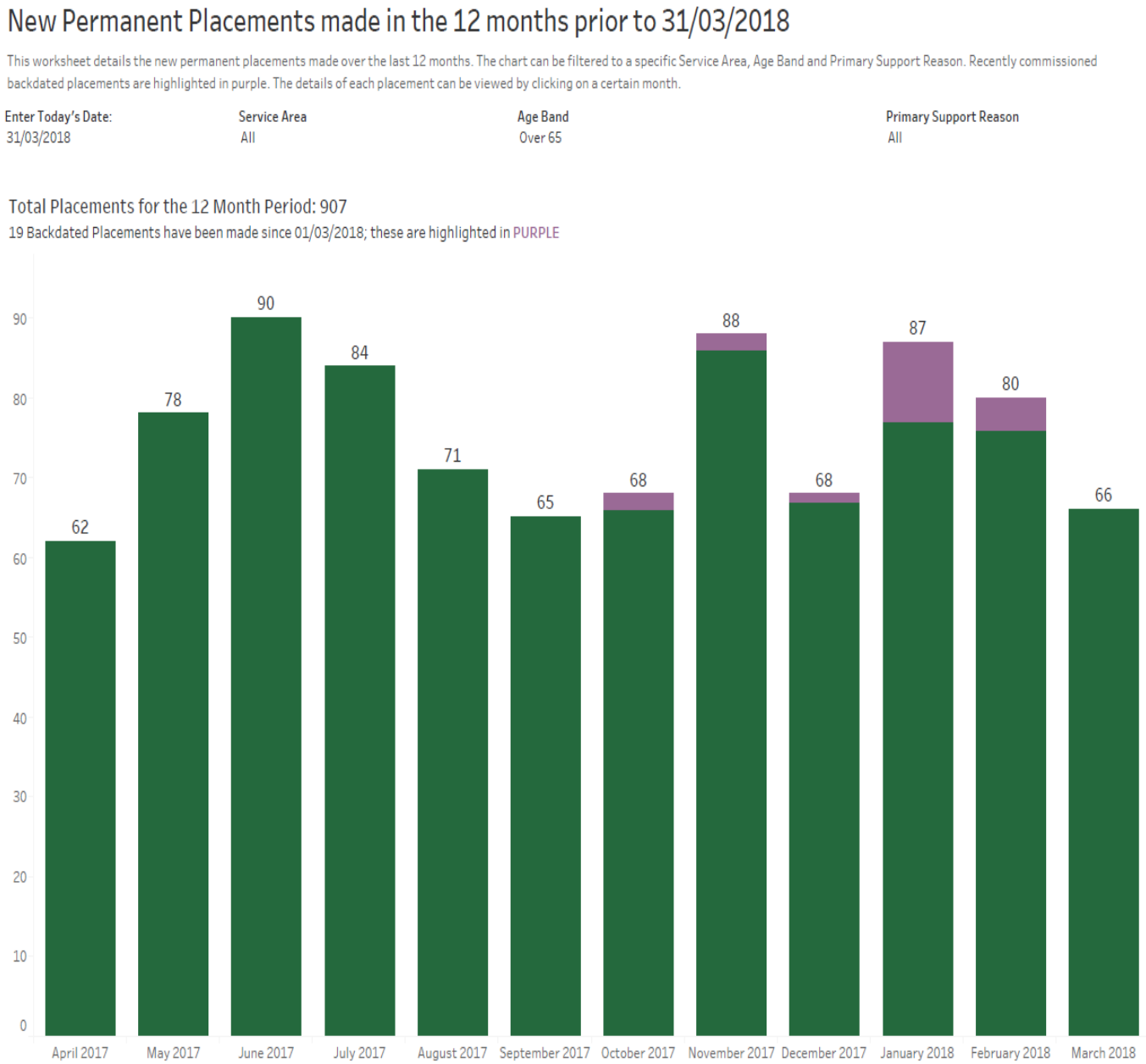
Better Care Fund Performance

6. BCF planning guidance, released in July 2017, reduced the number of BCF metrics from six to four, removing metric 5 on patient satisfaction, based on the annual GP patient survey, and metric 6 the rate of emergency admissions for injuries due to falls (aged 65+). The guidance contained a requirement for all areas to reduce the number of delayed transfers of care (DToCs).

7. The first wave of Care Quality Commission local system reviews were undertaken during quarter 3 2017/18, which covered 12 areas across England. The second wave of local reviews was published in December. Leicestershire has not been included in this list, which is reflective of the good overall comparative performance – see later sections below.

Metric 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year

8. Based on permanent admissions between April and March 2018, the current forecast is 920 admissions. As a rate per 100K pop. this remains similar to 2016/17. However, it is above the BCF target but RAG-rated **amber** as it is statistically similar to the target. The period of highest admissions was in June 2017 (90). The increase in admissions needs to be considered against a backdrop of an increasing older population which rose by 2% during the past two years. Despite this, the rate of increased admissions will likely mean performance remains higher than the national average



Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

10. For hospital discharges between Oct and Dec-17, 86.1% of people discharged from hospital into reablement/ rehabilitation services were still at home after 91 days. This is just below the 2017/18 target of 87%. Performance is RAG-rated **amber** and is statistically similar to the target with a lower confidence interval of 83% and an upper confidence interval of 88.7%. Previous performance was just below the national top quartile.

11. During the past 12 months performance has varied from 84% (Feb-Apr 2017 discharges) to 92% (Jul-Sep 2017 discharges). Final performance is based on Oct-Dec 2017 discharges.

ASCOF2B - Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services.

Hospital Discharges

Number of older people discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home

*** NOTE FROM Discharge Date Apr-Jun the report used to show the number of services users "discharged" and "still at home" has been updated.*

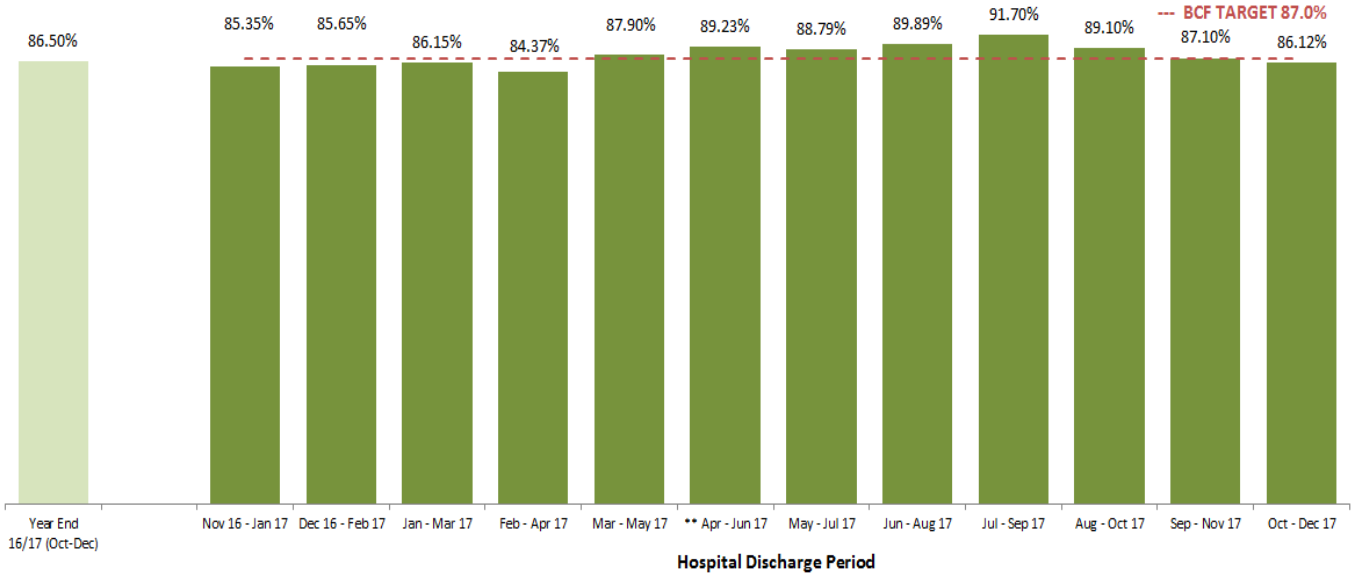
Year End Oct - Dec 16	Nov 16 - Jan 17	Dec 16 - Feb 17	Jan - Mar 17	Feb - Apr 17	Mar - May 17	** Apr - Jun 17	May - Jul 17	Jun - Aug 17	Jul - Sep 17	Aug - Oct 17	Sep - Nov 17	Oct - Dec 17
437	437	432	426	435	438	548	562	564	566	587	597	569

Living at Home 91 Days Later

Of those above, those who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital

Year End Jan - Mar 17	Feb - Apr 17	Mar - May 17	Apr - Jun 17	May - Jul 17	Jun - Aug 17	** Jul - Sep 17	Aug - Oct 17	Sep - Nov 17	Oct - Dec 17	Nov 17 - Jan 18	Dec 17 - Feb 18	Jan - Mar 18
378	373	370	367	367	385	489	499	507	519	523	520	490

Percentage of People (65+), Discharged and Living at Home 91 Days Later



Note: Calculated based on rolling 6 months (please see detail in the above tables). ASCOF2B Year End measure is Hospital Discharges between October and December each year.

Metric 3: Delayed transfers of care from hospital per 100,000 population

12. The NHS England Mandate for 2017/18 set a target for reducing delayed transfers of care (DTOC) to 3.5% of occupied consultant bed days by November 2017. For Leicestershire this equated to DTOCs not exceeding 6.84 in every 100,000. On 8th November 2017, NHS England requested weekly targets to be submitted for numbers of patients delayed per day. A profiled plan was submitted on 9th November 2017.

13. For March 2018, there were 1,218 days delayed for Leicestershire residents, a rate of 221.40 per 100K pop. against a target of 210.70. This equates to 7.14 average days delayed per day per 100K pop against a target of 6.80. The breakdown of delayed days in March are 86% attributable to the NHS, 5% attributable to social care and 9% jointly attributable.

14. The table below highlights November and March performance across LLR and health and social care sectors.

Leicestershire's DTOC performance – days delayed per day per 100,000 of 18+ population

	NHS Delays	**ASC Delays**	**Joint**	**Total**
Target for November 2017	**3.78**	**1.33**	**1.73**	**6.84**
Performance at November 2017	5.80	1.20	0.99	8.00
Performance at March 2018	6.12	0.37	0.65	7.14

	Days delayed				Days Delayed per 100,000			Days Delayed per 100,000 per Day	
	Total	NHS	Social care	Joint	Population	Rate	Target	Rate	Target
Apr-17	1,393	1,067	211	115	546,186	255.04	255.04	8.50	8.44
May-17	1,517	1,089	248	180	546,186	277.74	277.74	8.96	8.90
Jun-17	1,739	1,216	317	206	546,186	318.39	318.39	10.61	9.19
Jul-17	1,611	1,145	214	252	546,186	294.95	295.31	9.19	9.53
Aug-17	1,556	1,183	222	151	546,186	284.88	278.57	9.51	8.99
Sep-17	1,431	1,018	129	284	546,186	262.00	253.38	8.73	8.45
Oct-17	1,876	1,304	354	218	546,186	343.47	245.07	11.08	7.91
Nov-17	1,311	951	197	163	546,186	240.03	205.32	8.00	6.84
Dec-17	1,494	1,234	76	184	546,186	273.53	212.22	8.82	6.85
Jan-18	1,461	1,179	141	141	550,129	265.57	210.70	8.57	6.80
Feb-18	1,445	1,207	89	149	550,129	262.67	190.31	9.38	6.80
Mar-18	1,218	1,044	63	111	550,129	221.40	210.70	7.14	6.80

15. Overall during 2017/18, there were 18,000 days lost to delayed transfer of care for Leicestershire residents; a **21% reduction** on 2016/17. For delayed days specifically attributable to adult social care (ASC) there were 2,261 days during 2017/18 – **a reduction of 24%** on 2016/17. The breakdown of ASC delays showed that during 2017/18 there was a reduction of 74% at University of Leicester, 8% at Leicestershire Partnership Trust and 36% at hospitals outside of the county. Leicestershire recent performance is ranked 2nd best out of 15 similar shire authorities.

16. Nationally delayed transfers of care from hospital fell slightly in March, with more than half of councils now below the government's benchmark for delays attributable to social care. The latest figures, published by NHS England showed system-wide performance on delayed transfers improved by 0.18% compared to February, when delays increased by 1.7%. Delayed transfers attributable to the NHS increased by 2.3% in March, while those due to social care fell by 4.3%. The figures show 117 of 151 councils have improved on their delayed transfers performance since February 2017, the baseline used for targets set last July as part of the Better Care Fund (BCF) planning guidance. A total of 69 councils hit the BCF target, while 81 operated above the overall government target rate of 2.6 days attributable to social care per 100,000 of the population, which is the social care component of an overall delayed transfer target rate of 9.6. This is an increase from 63 councils in February.

17. Despite not meeting the national target for 2017/18, local health and care partners across LLR have worked tirelessly to deliver significant, measureable improvements to transfers out of hospital and reduce DTOCs, achieving a stepped change in performance (see table below). There has been a system-wide approach across partners, which the BCF contributes towards and significant levels of BCF and Improved BCF funding allocated to supporting managing transfers of care.

Category	25 weeks to 26 Oct	17 weeks from 26 Oct to 22 Feb	% difference
UHL average number of bed days delayed	311	210	-32%
LPT average number of patients delayed	56	27	-52%
LPT average number of bed days delayed – Learning Disabilities	1,003	807	-20%
LPT average number of bed days delayed – Mental Health	977	244	-75%
LPT average number of bed days delayed – Community hospitals	424	104	-75%
LPT average number of bed days delayed – Mental Health Older Persons	99	73	-26%

18. It is important to note that within the figures presented here the patient stays are across all settings of care (including acute hospitals, community hospitals, mental health and learning disabilities) and range from less than 10 days to 200 days plus so reductions in long stayers will have a greater effect over time.

19. This step change is attributed to concentrated efforts from all partners to reduce DTOC's. This includes Leicestershire Partnership NHS Trust (LPT) restructuring staffing to focus on complex patients with a long length of stay, focusing matrons on wards to look at census data directly and reviewing all end to end processes to improve patient flow.

20. Within University Hospitals Leicester (UHL) the development of the Integrated Discharge Team (IDT) and the utilising the Red2Green process, which looks at patient delays on a daily basis, has positively impacted on delays. Across partners two Multi- Agency discharge events were held over two weekly periods (December and January) to look at all delayed patients using escalation calls for all partner involvement. This included transport providers, adult social care and housing.

Summary of DTOC Actions Taken

21. A detailed joint action plan is in progress to further maintain and improve the delayed transfers of care position. The following paragraphs provide an update on actions since the last report.

22. The redesign of discharge pathway 2 (home with new support) and pathway 3 (complex transfers – unable to go straight home) led by Home First is due to take place. This will include agreeing and implementing an LLR-wide model for Discharge to Assess and reablement.

23. The development of trusted assessment between staff across the hospital and with services providing Home First community services and with care home providers, both for new and existing resident transfers is to be progressed.

24. There are plans to bring the Housing Enablement Team into the Integrated Discharge Teams (IDT), and increases in resources to support IDT presence at the front door are to take place. The discharge hub environment usage is to be reviewed to ensure that all those who need to work together to pursue complex discharges are able to do so, not just those specifically identified as IDT members or those working on a limited number of wards.

25. Opportunities are to be explored for all adult social care staff facilitating discharges to have access to NHS systems to share information about patients' requirements. Combining the IDT with red2green and (possibly the flow coordinators) would allow a wider resource to be focused on similar issues and responses e.g. being eyes and ears for each other's requirements, challenging decisions and progress in the same way.

26. The actions taken also include:
    - A review of the effectiveness of the continuing healthcare end to end process implemented within Community and Community Hospitals.
    - A phased implementation of the continuing healthcare end to end process for UHL with an assessor for Midlands and Lancashire CSU commencing in March to support the Complex Discharge Team.

Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month

27. Secondary User Statistics data for April 2017 – March 2018 shows 67,068 non-elective admissions. 48% of these were for older adults aged 65+. This translates to an average rate of 816.92 admissions per 100,000 pop, per month against a target of 737.92. The 2017/18 target was set based on the 2017/18 – 2018/19 operating plans submitted jointly by LLR CCGs on 23rd December 2016.

28. The overall performance on emergency admissions continues to be challenging for the whole of LLR and is rated as **red.** The new model of urgent care, which the BCF contributes towards, was commissioned with effect from April 2017 across LLR. However, the rate of admissions for Leicestershire has not reduced during 2017/18. An estimated 80% of the over-performance is due to a coding and counting change at UHL, where admissions to the Children's Admission Unit (CAU) are now being recorded as admissions. A recovery plan for non-elective admission was submitted to NHS England on behalf of LLR CCGs.

Health and Care Interface Dashboard

29. In relation to benchmarking overall performance the Department of Health and the Ministry of Housing, Communities and Local Government have developed a health and care interface performance dashboard. This brings together a range of metrics in relation to the interface between the NHS and Adult Social Care. Analysis has been published at a local authority level and of the 150 councils included Leicestershire is ranked 34th – in the top quartile, the second highest county council, and the highest when ranked against similar shire authorities. Details will be reported to the Committee when the dashboard is next updated.

New NHS England BCF Guidance

30. NHS England has confirmed that national BCF technical guidance for 2018/19 will be published soon. They have previously reported that the BCF outcome metrics will need to be updated but the narrative and expenditure plans do not have to be re-submitted.

31. The main focus will be on setting a new DTOC target for 2018/19. It is anticipated NHS England will be looking to set a more ambitious national target than in 2017/18. There will also be an opportunity, although not a mandatory requirement, to review the other BCF outcome metrics and decide whether these should be updated.

32. At the time of writing this report, the BCF guidance has not been published. An update will be provided at the meeting if this position has changed.

CCG Performance Dashboards - Appendix 1 and 2

33. NHS England's CCG Improvement and Assessment Framework (IAF) was introduced in 2016/17, it aligns key objectives and priorities and informs the way NHS England manages relationships with CCGs. For 2017/18 NHS England refreshed the IAF to replace the existing assurance process. An IAF for 2018/19 has yet to be released.

34. The framework provides a greater focus on assisting improvement alongside statutory assessment functions and is based on 4 areas of assurance for each CCG; Better Health, Sustainability, Leadership and Better Care. The full dashboards, as published in April 2018 by NHS England, showing CCG performance across all 4 domains, are reported in Appendix 1 (ELR) and Appendix 2 (WL).

35. The following table provides an explanation to each indicator 'at risk' where ELRCCG or WLCCG are RAG-rated as red. More up-to-date data has been provided in the table where available. Details of local actions in place in relation to these 'at risk' metrics are also shown.

Metric 'at risk' as per April 18 IAF and explanation of metric	**IAF national data and most recent local data**	**Local actions in place/supporting information**
AMR: Broad spectrum prescribing The purpose of this indicator is to encourage an improvement in appropriate antibiotic prescribing in primary care, in particular broad spectrum antibiotics.	**National Target <10%** **ELR** YTD Feb 18 - 10.6%	Overall prescribing of Antibiotics has reduced across both CCGs, and is meeting the nationally required standard. However, this metric relates to a specifically to Co-amoxiclav, Cephalosporins & Quinolones and ELR have yet to reach this % reduction. A toolkit for GPs clinical system to support the decision making process for prescribing continues.
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole	**National Target >85%** **ELR** (All Providers) 17/18 – 80% (828	Elective pause in Dec 17 and Jan 18 has impacted and continues to impact on performance

pathway from referral to first treatment covering the length of time from urgent GP referral, first outpatient appointment, decision to treat and finally first definitive 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.	referrals out of 1030 treated within 62days) **WL** (All Providers) 17/ 18 – 80% (862 referrals out of 1083 treated within 62days) **UHL** (All patients) 17/18 – 78% (2017 referrals out of 2574 treated within 62days) UHL have stated this metric should be achieved from July 2018.	**UHL Actions:** Improved data provision and analysis to support better forecasting and introduce early warning signs for tumour sites issues. Reconfiguration of theatre capacity to ensure appropriate capacity provision for tumour sites with high demand Working in partnership with Cancer Alliance to progress the RAPID Prostate and Optimal Lung Cancer Pathways Cancer Nurse Specialists now attend the Cancer Action Board to support patient engagement Ongoing weekly validation of the backlog through a QA process with the Cancer Centre and at the weekly Cancer Action Board in addition to the PTL meetings held by the tumour sites Quarterly 62 day thematic reviews are undertaken and presented to the Cancer Board.
A&E admission, transfer, discharge within 4 hours A&E waiting times form part of the NHS Constitution. This measure aims to encourage providers to improve health outcomes and patient experience of A&E. The 17/18 national operating standard is that 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This is the current indicator and measures the flow through the UEC system. Indicator development work is taking place as part of the UEC agenda and therefore new measures are likely to emerge to better reflect the transformed UEC system for inclusion in the framework.	**<u>17/18 National Target >95%</u>** **UHL** % All UHL+UCC < 4Hrs – 17/18 - 80% **UHL ED only** 17/18 - 78% (181,319 patients admitted, transferred or discharged within 4hrs out of 233,213 total patients) **5 LLR Urgent Care Centres only** 12/11/17 to 31/3/18 only - 97% (35,679 patients seen within 4hrs out of 36,794) The national ambition in 18/19 is to achieve above 90% in September 2018, and that the majority of providers are achieving the 95% standard for the month of March 2019	Challenges remain with flow in and out of beds as the main issue with regard to performance. **UHL Actions:** Trialling 2 additional SHOs in Majors between the hours of 6pm and midnight to try and reduce the Wait to be Seen overnight. Reviewing referral process from Primary Care stream to other specialties to streamline pathway. Preparing for trial of splitting the GP Assessment Unit activity to be able to increase the ED Ambulatory activity. Continued intensive Red2green in speciality medicine with integrated discharge lead support for escalation of delays. Stranded patient reviews with individual case management of the > 20 day stranded patients with daily tracking of progress against outcome. Trust wide focus on top 50 patients with the longest length of stay. A focus on the delays involved with complex discharges to identify issues.

		Increased focus on 'next steps' for outlying patients and unblocking delays
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.	**17/18 NationalTarget >92%** **ELR (All Providers)** March 18 – 85% (of 20,661 patients waiting at the end of March 18,17,637 were waiting less than 18weeks) **WL (All Providers)** March 18 – 87% (of 23,384 patients waiting at the end of March 18, 20,308 were waiting less than 18weeks) **UHL (All Patients)** March 18 – 85% (of 64,751 patients waiting at the end of March 18, 55,153 were waiting less than 18weeks) For 18/19 the national ambition is that the Waiting List should be sustained at March 2018 levels in March 2019.	Elective activity remained reduced throughout March due to the continuing high emergency demand on available bed capacity. Throughout March only cancer, clinically urgent and 52 week breach patients were listed for surgery as routine elective operations remain on hold. This continued as of mid-April and caused a significant increase in the UHL backlog. The largest overall backlog increases were within Orthopaedic Surgery, General Surgery and Ophthalmology. Ability to meet the 18/19 trajectory is dependent on system partners supporting the use of external capacity in the Independent Sector. Due to the risk of long wait breaches, daily checks by the UHL Performance Team to track patients and support in booking are occurring. Key Actions Required: • Right sizing bed capacity to increase the number of admitted patients able to receive treatment. • Improving the average case per list through reduction in cancellations and increased theatre throughput. • Demand reduction with primary care as a key priority to achieving on-going performance for our patients to receive treatment in a timely manner. • Utilising available external capacity in the Independent Sector.

Areas of Recent CCG Improvement

36. There are several areas which are worth commenting on that have improved in 17/18, these are;

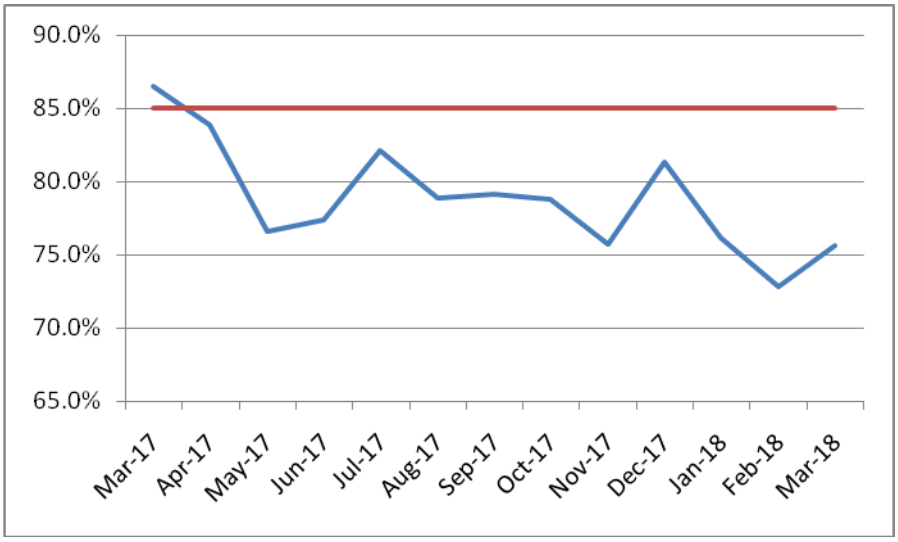
- Dementia Diagnosis – ELR and WL CCG's have achieved the national standard that over 67% of the expected number of dementia patients now have a dementia diagnosis within primary care.
- Cancer - Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer has achieved the 93% threshold each month for over a year.

- Cancer - Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis has achieved the 96% target across 17/18.
- Delayed transfers of care - levels remain within tolerance levels at UHL, and are the lowest across Acute Providers in the area.
- IAPT Recovery – The national target relating to the percentage of people who are assessed as 'moving to recovery' has been achieved for ELR & WL patients.

Cancer 62 day performance and cancellations

37. Patients who are referred to University Hospital of Leicester under the NHS constitution have a right to 8 standards of care: the three main ones relating to cancer treatment are:
    - being first seen to begin their pathway within 2 weeks (target is 93%): *UHL delivered 95.6% in March 2018;*
    - 31 days from diagnosis to treatment for first treatment (target is 96%): *UHL delivered 93.75 in March 2018*
    - 62 days from referral to first treatment (target is 85%): *UHL delivered 75.6% in March 2018.*

38. The trend in 62 day performance is shown below.



39. The primary drivers of UHL failing the standard are below:
    - due to winter pressures UHL cancelled a high volume of patients at the start of 2018. These patients waited longer than they should have done for treatment, although UHL identified no cases of physical harm when they were reviewed;

    - UHL have seen a growing number of patients referred with suspected cancer but no more patients being diagnosed with cancer. UHL investigate these patients on an accelerated pathway but the more patients who are referred

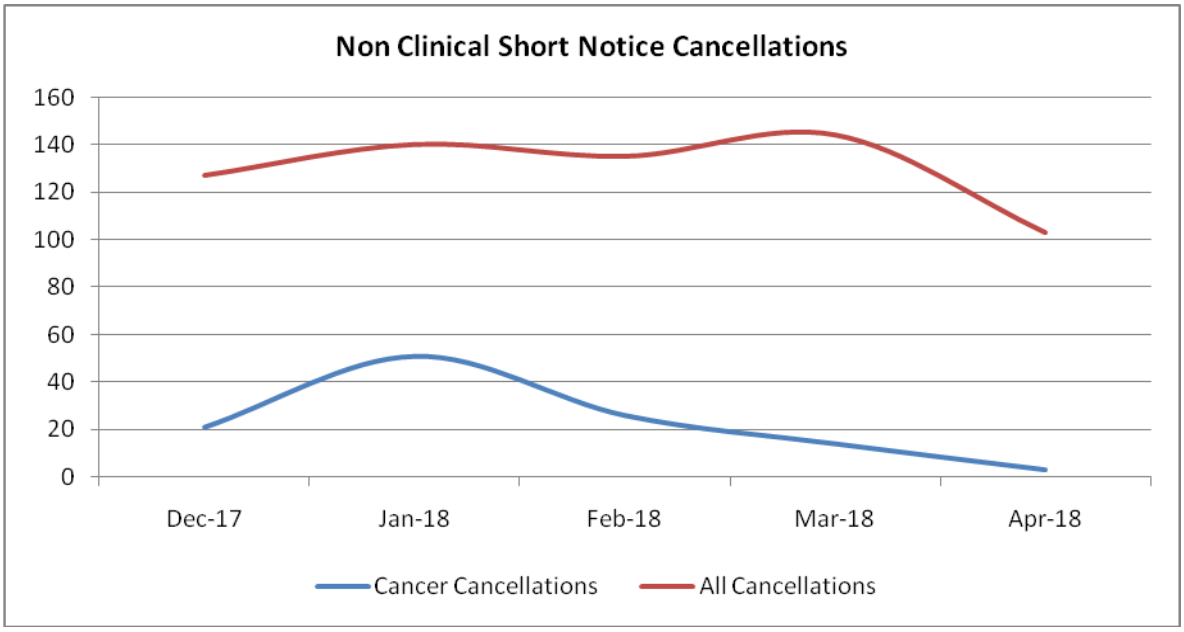
into this accelerated stream, the more constrained the capacity for these patients becomes;

- UHL have challenges with patient choice where patients choose to delay their care because of holidays or personal circumstances;
- some of the administration arrangements within existing care pathways build in unnecessary delays between the patients' steps of care.

40. UHL plans to improve this can be summarised as follows:
    - in addition to the cancellation policy described below UHL are working with the critical care team to look at utilising Intensive care beds more flexibly by increasing the Consultant workforce;
    - UHL review referrals weekly with GP leaders to understand the themes of referrals and to provide more support in primary care;
    - UHL have developed and rolled out a 'Next Steps' programme which seeks to ensure that no cancer patient leaves without knowing the 'what, where and when' of the next steps on their pathway.

41. UHL introduced a new cancellations policy in April 2018. A bespoke cancer patient treatment list is produced every morning by the Trust's Deputy Head of Performance highlighting all cancer patients due in for a procedure that day and this is circulated to the Operational Command Distribution list so the operational teams are sighted to all cancer patients coming in on a daily basis. The list highlights if any patients have been previously cancelled and the bed type required, either inpatient bed or ITU/HDU bed. UHL holds three daily Operational Command Meetings, where the risk of cancellations is highlighted by each clinical specialty at each meeting. Any risk of cancellation is discussed with all options explored and actions prioritised to avoid the cancellation of a cancer patient.

42. Only the Chief Executive Officer can authorise the cancellation of cancer patients to ensure every step is taken to avoid the cancellation if at all possible. If a patient is cancelled, they are tracked with the aim of a new date to be offered within 24 hours of a cancellation. The patient is then linked back to the daily cancer patient treatment list. On Fridays, the patient treatment list includes all weekend patients and is sent to the weekend Director on Call and Silver Command on call so that they can obtain positive assurance that each individual patient is treated and any risks of potential cancellation are identified.



43. All cancer patients whose treatment was cancelled during January and February 2018 have since received their treatment.

Public Health Outcomes Performance – Appendix 4

44. Appendix 4 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 39 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 and 'red' worse than England value.

45. Analysis shows that of the comparable indicators, 18 are green, 12 amber and 2 reds. There are 7 indicators that are not suitable for comparison or have no national data. Of the 18 green indicators, the following indicators, under 18 conceptions, new sexually transmitted infections and smoking status at time of delivery have shown significant improvement over the last few years. There are no significant changes for child excess weight in 4-5 year olds and for child excess weight in 10-11 years. Breast cancer screening coverage and cervical cancer screening coverage has shown a trend of worsening performance.

46. Of the 12 indicators that are amber, chlamydia detection rate has shown significant improvement, whereas there are no significant changes for successful completion of drug treatment for non-opiate users. Successful completion of drug treatment for opiate users has shown a trend of worsening performance.

47. The two red indicators include – children free from dental decay which shows Leicestershire is ranked 15th out of 16 of the CIPFA nearest neighbours (1 being the best); Take up of NHS health checks, Leicestershire ranked 12th out of 16. 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.

48. The indicator presented to examine diabetes in the Public Health Outcomes Framework has altered in methodology. The updated indicator presents the estimated diabetes diagnosis rate expressed as the observed number of people with a formal diagnosis of diabetes as a proportion of the estimated number with diabetes. The latest data for Leicestershire estimates 78.6% of individuals in Leicestershire with diabetes have been diagnosed in Mar 2016 - Feb 2017. This is similar to the national percentage of 77.1%.

49. HIV late diagnosis (%) for 2014-16 for Leicestershire has no value presented as the data is supressed due to disclosure issues. Breastfeeding initiation and breastfeeding prevalence at 6-8 weeks for Leicestershire has no value presented due to data quality reasons.

List of Appendices

Appendix 1 and 2 – CCG Performance Dashboards
Appendix 3 – BCF Performance Metrics
Appendix 4 – Public Heath Performance Dashboard

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/

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