Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 13 MARCH 2019

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE AT FEBRUARY 2019

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on health performance in Leicestershire and Rutland based on the available data at February 2019.

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) and the Better Care Fund (BCF) is subject to separate guidance.

Changes to Performance Reporting Framework

4. A small number of changes have been made to the way performance is reported to the Committee to reflect comments at the last meeting including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take

account of the above developments as well as any particular areas that the Committee might wish to see included.

5. The following 4 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;
   c. Quality - UHL Never Events/Serious Incidents; and
   d. An update on wider Leicestershire public health outcome metrics and performance.

Better Care Fund Performance

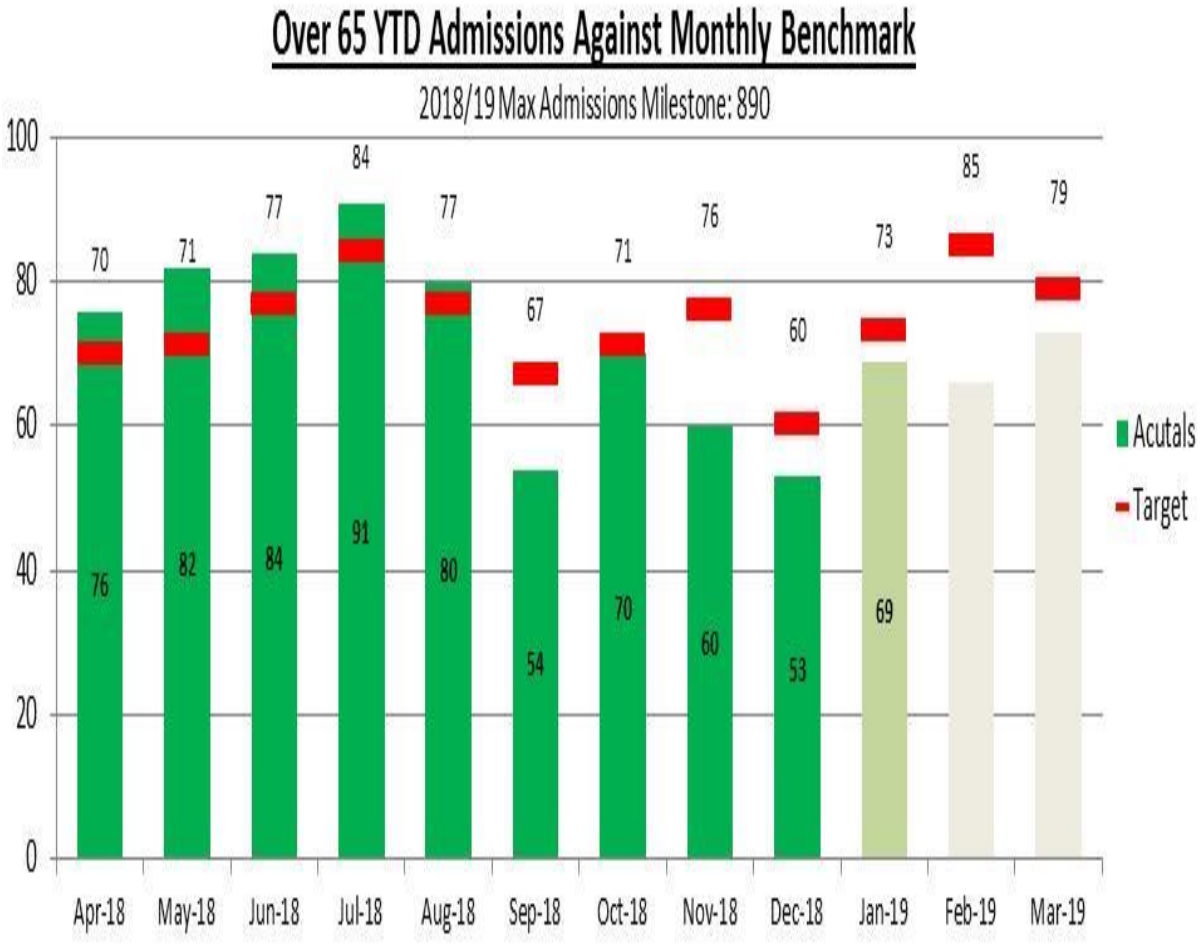
6. BCF planning guidance, released in July 2017, reduced the number of BCF metrics from six to four. The guidance contained a requirement for all areas to reduce the number of delayed transfers of care (DToCs).

7. A refresh to the BCF 2017/19 operating guidance was published on 18th July 2018. There is an expectation that the target for delayed transfers of care will be met by the end of September 2018 and this level will be maintained or exceeded thereafter. A review of other BCF outcome metrics has been carried out and these have been updated accordingly.

8. 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

9. The BCF target for permanent admissions to care for those aged 65+ during 2018/19 is a maximum of 890 admissions. There have been 650 permanent residential admissions between April and December 2018. The current full year forecast of 858 is predicted- a full year variance of -32. Performance is RAG-rated green and is statistically similar to the target.



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

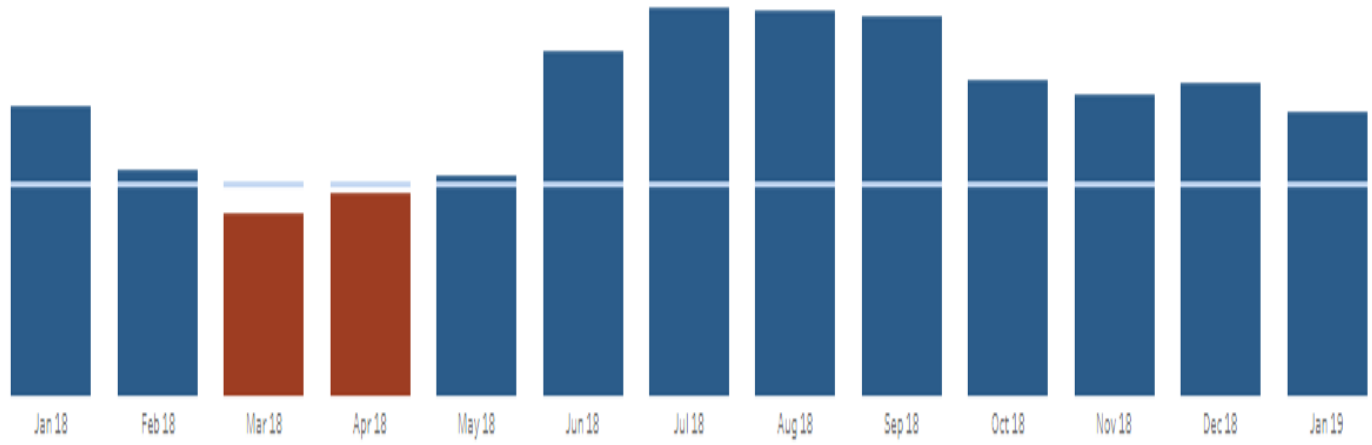
10. For hospital discharges between Aug and Oct 2018, 90.3% of people discharged from hospital into reablement/rehabilitation services were still at home after 91 days. This is above the 2018/19 target of 87%. Performance is RAG-rated green and is statistically significantly better than the target.

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

	Aug 2017 to Oct 2017	Sep 2017 to Nov 2017	Oct 2017 to Dec 2017	Nov 2017 to Jan 2018	Dec 2017 to Feb 2018	Jan 2018 to Mar 2018	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018
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	589	596	569	593	546	552	519	540	541	538	535	523	532

	Nov 2017 to Jan 2018	Dec 2017 to Feb 2018	Jan 2018 to Mar 2018	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019
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	527	521	489	514	476	504	481	500	500	486	481	472	475

ASCOF2B - Monthly Results

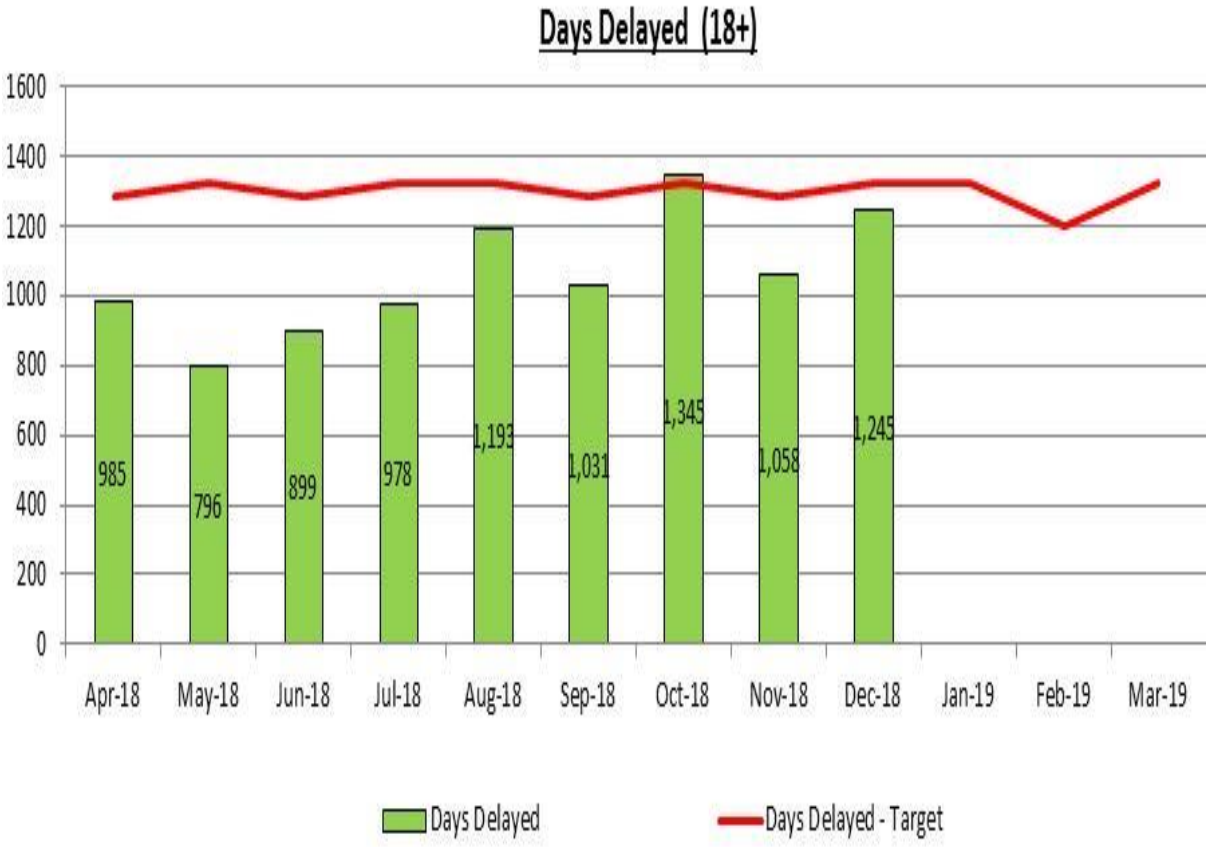


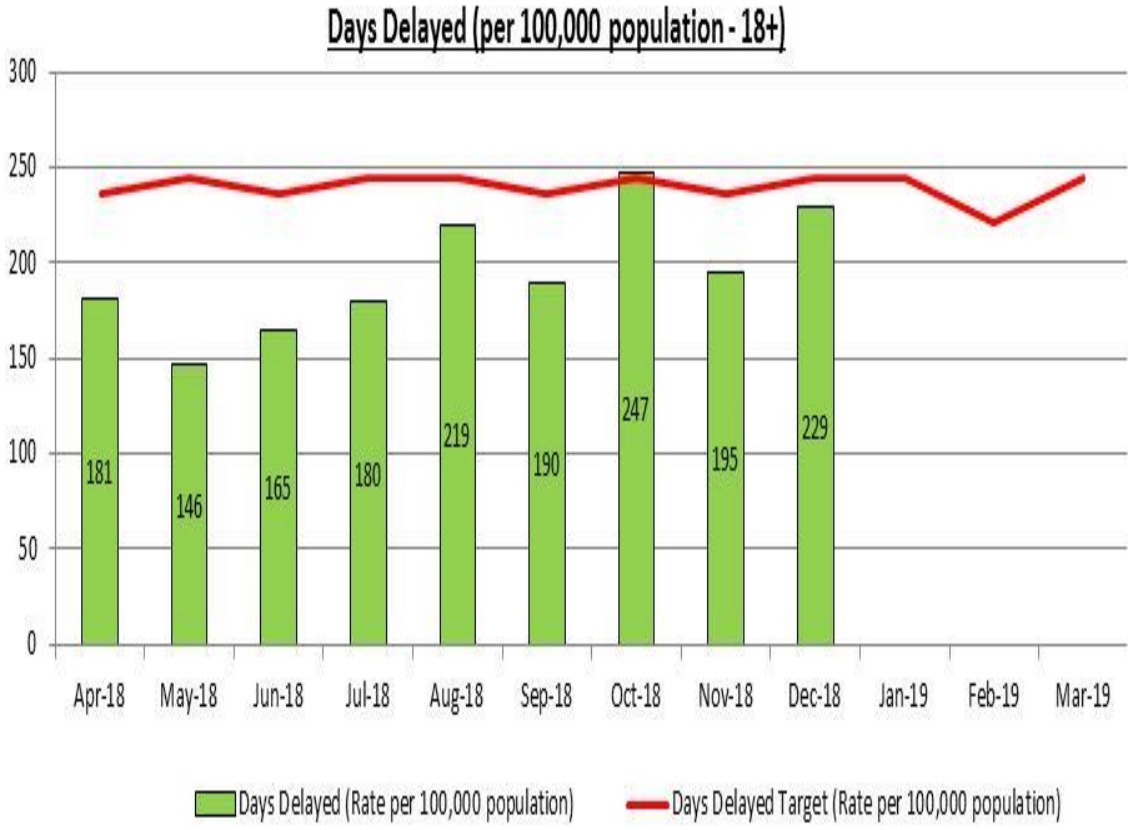
Discharge Date	Jul 2017 to Sep 2017	Aug 2017 to Oct 2017	Sep 2017 to Nov 2017	Oct 2017 to Dec 2017	Nov 2017 to Jan 2018	Dec 2017 to Feb 2018	Jan 2018 to Mar 2018	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018
91st Date	Oct 2017 to Dec 2017	Nov 2017 to Jan 2018	Dec 2017 to Feb 2018	Jan 2018 to Mar 2018	Feb 2018 to Apr 2018	Mar 2018 to May 2018	Apr 2018 to Jun 2018	May 2018 to Jul 2018	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018
Total SU's NOT at home	52	62	75	80	79	70	48	38	40	41	52	54	51
SU Deceased	30	36	41	43	48	47	33	23	19	17	26	30	29
SU in Hospital	20	22	28	28	25	18	11	10	15	18	22	21	20
SU in Permanent Care	2	4	6	9	6	5	4	5	6	6	4	3	2

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

11. The Government's mandate to the NHS for 2018-19 has set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018. For Leicestershire this equated to DTOCs not exceeding 7.88 in every 100,000 population per day.

12. In December there were 1,245 days delayed for Leicestershire residents. For April 2018 to December 2018 there was a total of 9,530 delayed days, 1753 per 100,000 and an average of 6.37 per day per 100,000. The target was achieved in 8 out of 9 months. Performance is RAG-rated green and is statistically significantly better than the target. This is a 32% reduction in delayed bed days compared to the same period in 2017/18. In relation to delayed bed days between April and December 8246 were due to NHS reasons, 650 ASC and 634 due to both.





13. The reduction in the number of delayed beds days is attributed to a concentrated effort 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.

14. 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

15. 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.

16. 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.

17. 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.

18. 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.

19. 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.

20. 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.

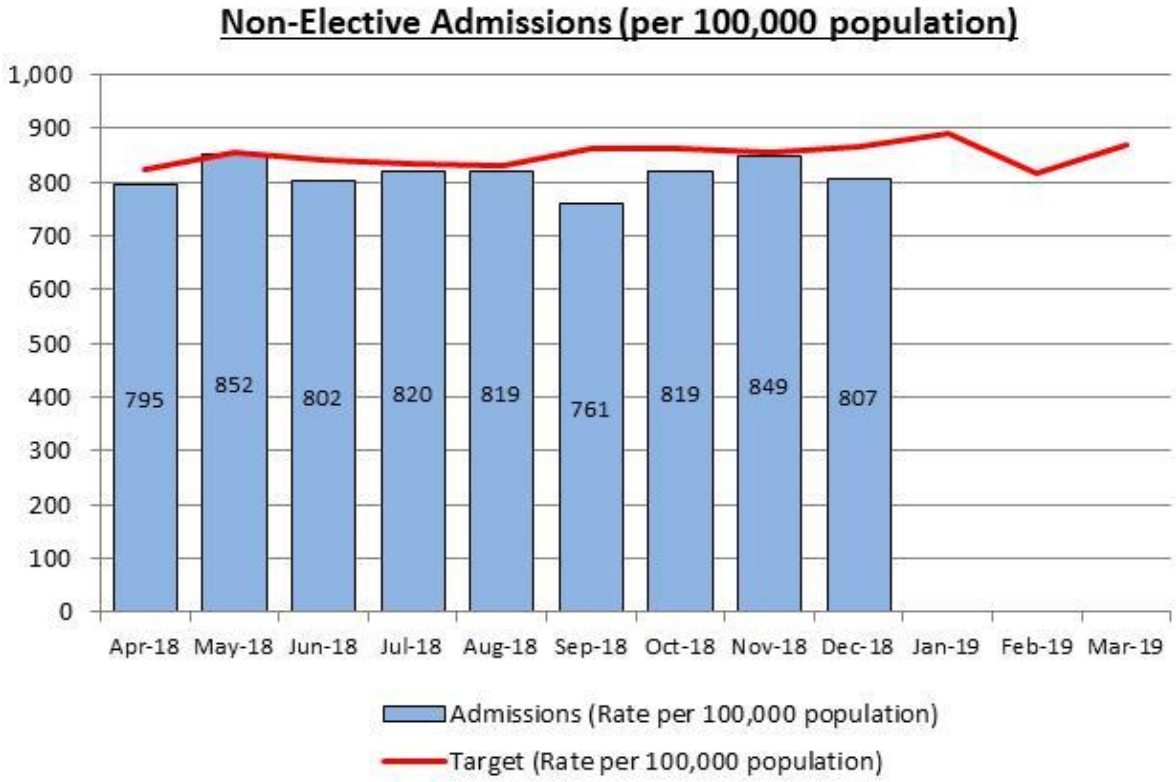
Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month

21. Secondary User Statistics data for April 2018 – December 2018 shows 50,560 non-elective admissions. This a variance of -2,087 against a month 9 target of 52,647. The target has been achieved in 9 out of 9 months. A full year forecast of 68,482 has been predicted – variance of -2,087 and rag rated green. Non-elective admissions are prominent within 65+ adults at 48.2% compared with 39.3% for 18-64 and 12.5% for children.

22. We also have a local metric on injuries due to in people aged 65 and over. There were 1800 non-elective admission for falls related injuries between April and December. This a variance of -33 against the Q3 target of 1833 and a reduction of 5% compared to the same period last year.

23. The overall performance on emergency admissions continues to be challenging for the whole of LLR but is rated as **green.** 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 and 2018/19.



CCG Performance Dashboards - Appendix 1 and 2

24. 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. In November 2018 NHS England refreshed the Improvement and Assessment Framework for CCGs for 2018/19.

25. This 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 January 2019 by NHS England, showing CCG performance across all 4 domains, are reported in Appendix 1 (ELR) and Appendix 2 (WL). The dashboards within the appendices of this report mirror the format of the 2018/19 IAF.

26. The following table provides an explanation for the key IAF constitutional indicators not being achieved. Up-to-date data has been provided in the table where available. Details of local actions in place in relation to these metrics are also shown.

Constitution metrics 'at risk' as per January 19 IAF and explanation of metric	Most recent local data	Local actions in place/supporting information
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment 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.	**National Target >85%** **Latest Performance** **ELR** (All Providers); April 18 – Dec 18 79% (688 referrals out of 873 treated within 62days). It is worth noting ELR achieved the national target in the month of December 2018. **WL** (All Providers); April 18 – Dec 18 77% (684 referrals out of 892 treated within 62days) **UHL** (All patients); April 18 – Dec 18 76% (1632 referrals out of 2155 treated within 62days)	Focus on reducing the backlog and maximising capacity continues. Urology continues to have the biggest backlog at UHL. Late tertiary referrals continue to have a significant impact in this tumour site. UHL working with Nottingham and NHS England to explore a combined approach to service provision allied to Consultant vacancies in Radiology and Oncology. Preparations for the shadow reporting of the new 28 Day Faster Diagnostic Standard from 1st April 2109 are progressing. System wide deep dive into the findings of the Patient Experience Survey to develop action plans to support areas of improvement. Reviewing alternative skill mix to free up critical roles (Radiology, Oncology). Weekend lists in place for treatment and diagnostics.
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 standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department.	**18/19 National Target >90% in September 18, and 95% in March 19** **UHL** % All UHL+UCC < 4Hrs – April 18 – Feb 19 83% **UHL ED only** April 18 – Feb 19 77% (172,448 patients admitted, transferred or discharged within 4hrs out of 223,592 total patients)	Primary challenges to 4hr standard delivery are largely affiliated with the volume of attendances into ED, increases in walk-in and ambulance conveyances. There remain variances between admission/discharge profiles Monday to Sunday impacting flow and disabling quick recovery at points of surge and heightened pressure (particularly low discharge at weekends but busiest inflow on Mondays). Non-admitted breaches remain higher than expected and a priority area of focus and improvement, however non-elective admissions at UHL has reduced comparatively. High attendances on Mondays remain.

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	**5 LLR Urgent Care Centres only** April 18 – Feb 19 98% (84,402 patients seen within 4hrs out of 85,741)	Front door performance continues to vary. There has been an improvement in filling the number of rota gaps and UHL and DHU continue to work closely to monitor any gaps.
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. 18/19 National Target >92% of patients to start treatment with 18weeks from referral In 18/19 the national ambition is also that the Waiting List should be sustained at March 2018 levels in March 2019.	**Latest Performance** **ELR (All Providers)** Dec 18 – 86% 20,661 patients waiting at the end of March 2018 21,462 patients waiting at the end of December 2018. **WL (All Providers)** Dec 18 – 87% 23,384 patients waiting at the end of March 2018 24,343 patients waiting at the end of December 2018 **UHL (All Patients)** UHL are not expecting to meet the national standard of 92% in 18/19. Dec 18 – 85% 64,751 patients waiting at the end of March 18. 65,613 patients waiting at the end of December 18.	UHL are transferring patients to the independent sector at the point of referral and capacity alerts have gone live on the e-Referral Service for gynaecology, urology, dermatology and liver/GI to divert patients at the point of referral to providers with capacity in those specialities. The theatre productivity programme should increase productivity ensuring capacity is fully utilised and reduce cancellations. Work is on-going with IS providers to streamline the transfer process through use of information sharing agreements and standard operating procedures. ELR are expected to achieve a slightly lower waiting list in March 2019 compared with March 2018, however West Leicestershire are expecting a higher number of waiters in March 2019 than in March 2018. This is in the main due to Out of County Providers around the West Leicestershire area contributing adversely to the waiting list. Actual waiting list numbers in March 2019 will not be known until mid-May.

Areas of Improvement

27. There are several areas which are worth commenting on, that have improved in 2018/19: -
    - there have been no patients waiting longer than 52 weeks for treatment at UHL since June 2018;
    - there have been no 12 hour trolley waits since March 2018 at UHL (report to Dec 18);
    - there has been just 1 MRSA (avoidable) case at UHL in 2018/19;
    - delayed transfers of care levels remain within tolerance levels at UHL, with particularly low levels in November 2018;
    - at the end of Q2, ELR & WL were in the highest performing quartile for the number of Personal Health Budgets per population;
    - ELR and WL CCG's continue to achieve the national standard that over 67% of the expected number of dementia patients now have a dementia diagnosis within primary care.

Cancer Metrics

28. The following table outlines the most recent performance for all 9 national Cancer metrics. It can be seen that the two 2 week wait metrics are not achieving the national standard, and neither is the 31 day treatment (surgery) metric. The 62 day metric is outlined in the table above.

Summary - Performance Report 2018-19

Metric	Level	Period	Published Status	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Preventing People from Dying Prematurely						
Cancer Waiting Times						
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	CCG	Q3 2018-2019	Published	93.00 %	89.37 %	89.85 %
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	Q3 2018-2019	Published	93.00 %	56.74 %	67.16 %
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	CCG	Q3 2018-2019	Published	96.00 %	97.35 %	97.24 %
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	Q3 2018-2019	Published	94.00 %	93.22 %	85.71 %
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	Q3 2018-2019	Published	98.00 %	100.00 %	100.00 %
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	Q3 2018-2019	Published	94.00 %	98.77 %	99.52 %
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	CCG	Q3 2018-2019	Published	85.00 %	82.48 %	75.79 %
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	Q3 2018-2019	Published	90.00 %	78.26 %	95.00 %
1878: % of patients receiving treatment for cancer within 62 days upgrade their priority (QUARTERLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority	CCG	Q3 2018-2019	Published		84.21 %	87.01 %

2 Week Wait Cancer Metrics

29. Due to the backlog clearance during November and December 2018, there was a significant impact on UHL's performance against this standard. UHL cleared the 2 week wait breast backlog which is being reflected in the performance position for both November and December. Patients are now being booked within 14 days. To ensure the improved backlog position, UHL has established a Working Group to look at transformational change. Trust visits to Peer Group Trusts (Barts and Nottingham) are being planned to support transformational change.

30. Capacity constraints continue to impact on the service. Year to date growth is 4.3% higher than same period last year. Additional clinics at the weekend to provide extra sessions are currently in place. The Breast Awareness campaign in October has impacted on referrals. The expectation is that the 2 week wait standard is predicted to recover in January 2019.

31day (surgery) Cancer Metric

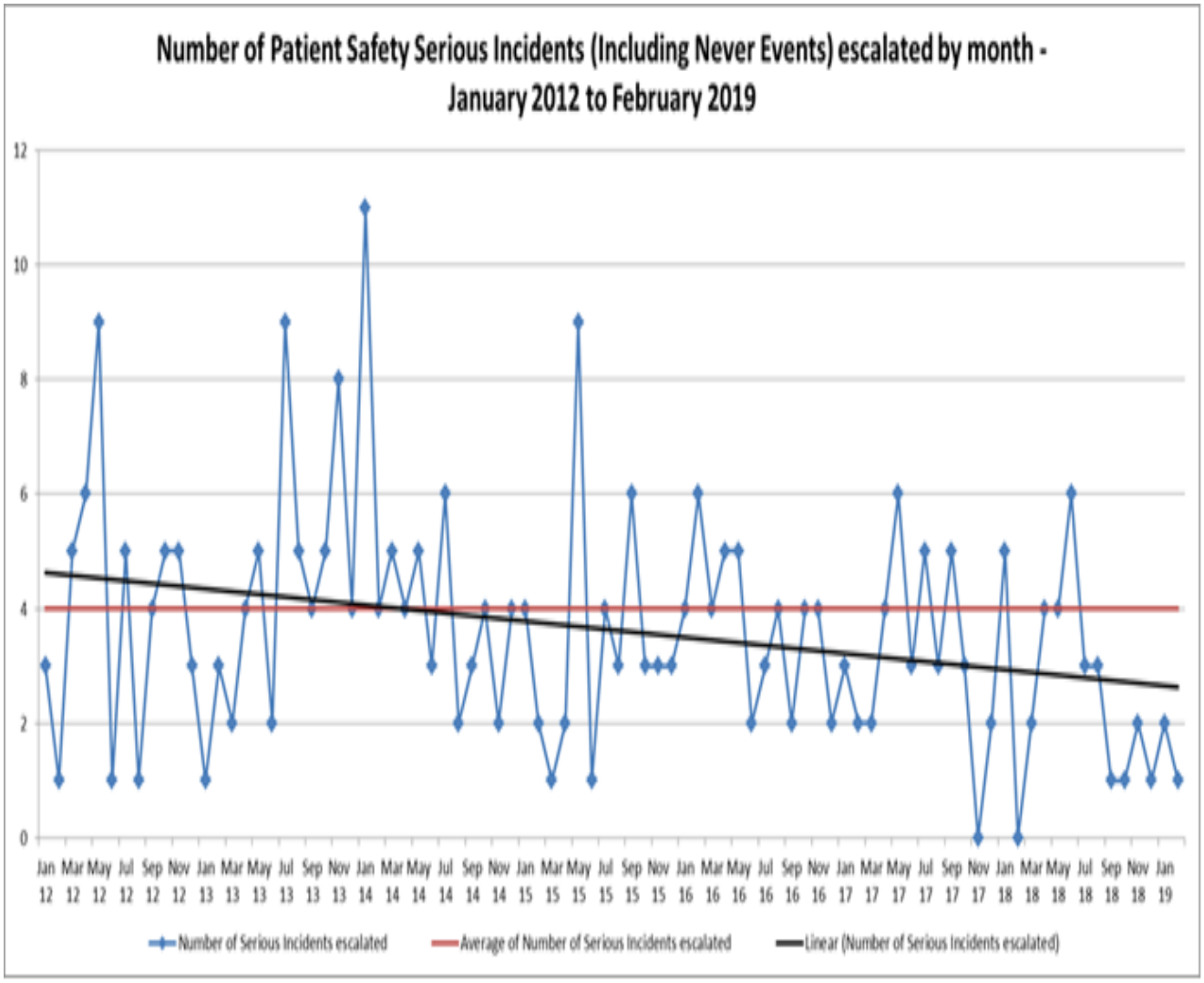
31. The majority of the breaches are in Urology. Tertiary referrals remain a concern specifically for Urology (robotic surgery) and late tertiary referrals to Lung. HDU/ITU constraints is a contributing factor for the current performance

Never Events and Serious Incidents (SI) at UHL

32. To date in 2018/19 UHL have escalated 6 Never Events; 4 wrong site surgery, 1 wrong implant/prosthesis and 1 unintentional connection of a patient requiring oxygen to an air flow meter. The table below shows how UHL compare with some local Trusts and others Trusts of a similar size. Each Never Event type has the potential to cause serious patient harm or death.

Reported Never Events by Categorisation April 2018 to January 2019	Wrong site surgery	Retained foreign object post procedure	Wrong implant/prosthesis	Unintentional connection of a patient requiring oxygen to an air flowmeter	Misplaced naso- or orogastric tubes	Administration of medication by the wrong route	Overdose of insulin due to abbreviations or incorrect device	Misselection of high strength midazolam	Total
Walsall Healthcare NHS Trust			12	1					**13**
Barts Health NHS Trust	4	5	1	1	1				**12**
King's College Hospital NHS Foundation Trust	3	2		2		1	1		**9**
Royal Free London NHS Foundation Trust	4	2	1	2					**9**
University Hospitals Birmingham NHS Foundation Trust	1	2	1	2	2		1		**9**
University Hospitals of Derby and Burton NHS Foundation Trust	3	1		3		1			**8**
Guy's and St Thomas' NHS Foundation Trust	5			1			1		**7**
University Hospitals of Leicester NHS Trust	4		1	1					**6**
Leeds Teaching Hospitals NHS Trust	1		1	2	1				**5**
United Lincolnshire Hospitals NHS Trust	2				1			2	**5**
Total	**27**	**12**	**17**	**15**	**5**	**2**	**3**	**2**	**83**

33. During this same time period the Trust has escalated 28 Serious Incidents. There is no nationally set target placed on a Trust for the maximum number of Serious Incidents, however UHL have set an internal target of no more than 37 in 2018/19. The graph below shows the number of Serious Incidents escalated per month since January 2012 to date, this shows a decreasing trend.



34. The UHL Never Event action plan details some of the work being undertaken within the Trust to reduce Never Events and patient harm. This action plan has been carefully monitored at the Trust's Executive Quality Board and Quality and Outcomes Committee. UHL have a structured programme of work to ensure that they learn and improve and will continue to work with NHS Improvement, HSIB (Health Safety Investigation Branch) and other groups to maximise their efforts.

CCG Planning Round 2019/20

35. There are several new performance indicators that CCGs are in the process of finalising as part of the NHS Planning Round for 2019/20. These are;

- An LLR wide Primary Care Workforce Plan;
- Proportion of the population with access to GP online consultations;
- Primary Care Extended Access Appointment Utilisation;

- 111 directly booking appointments into the primary care extended access services;
- People with a severe mental illness receiving a full annual physical health check and follow-up interventions;
- IAPT Workforce (IAPT trainees and Therapists co-located in primary care).

36. These may or may not be included within the 2019/20 CCG IAF and therefore will be included in future HOSC reports as appropriate.

Public Health Outcomes Performance – Appendix 3

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

38. Analysis shows that of the comparable indicators, 19 are green, 11 amber and 3 reds. There are 5 indicators that are not suitable for comparison or have no national data.

39. Of the 19 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. Breast cancer screening coverage and cervical cancer screening coverage has shown a significant declining (worsening) performance over the last five years. This declining trend, for both indicators, is witnessed nationally. Data is now available for breastfeeding prevalence at 6-8 weeks due to improved data quality. This shows Leicestershire performs significantly better (45.0%) than the national average (42.7%) in 2017/18.

40. More recent data has been published for indicators relating to life expectancy. This shows Leicestershire continues to perform significantly better than the national average with regards to life expectancy and healthy life expectancy for both genders. Compared to the previous year's data, life expectancy has increased for both genders but healthy life expectancy has remained stable for males and declined for females (albeit only marginally by 0.1 years). Inequality in life expectancy (the range in years of life expectancy across the social gradient within each area, from most to least deprived) has widened for both males and females, from 6.2 years to 6.6 years in males and 5.1 years to 5.5

years in females. Despite this, since recordings (in 2010-12) Leicestershire has continued to have a smaller inequality in life expectancy for both genders compared to nationally.

41. Of the 11 indicators that are amber, the proportion of five-year old children free from dental decay in Leicestershire for 2016/17 has significantly increased compared to the data from the previous survey. 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; however more recent local data has shown improvements.

42. Of the three red indicators, these include – chlamydia detection rate which shows Leicestershire has declined to be worse than the benchmark goal and is ranked 4th out of 16 of the CIPFA nearest neighbours (1 being the best); Take up of NHS health checks for the time period 2013/14-2017/18, Leicestershire is ranked 13th 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.

43. The latest data for the child excess weight indicators in 2017/18 show a significant increase (worsening) compared to the previous year for both excess weight indicators for 4-5 year olds and 10-11 year olds in Leicestershire. In particular, these figures show higher levels than would normally be expected in both reception year children and Year 6 children in Hinckley and Bosworth. LPT have carried out a thorough investigation and the results indicate a data quality issue and an error in the calibration of the height measuring equipment used for children in this district. LPT has taken all the necessary steps to ensure that all height measures in use by school nursing teams are appropriately calibrated so that this inaccuracy will not be repeated in future.

44. HIV late diagnosis (%) for 2015-17 for Leicestershire has no value presented as the data is supressed due to disclosure issues. Breastfeeding initiation for Leicestershire has no value presented due to data quality reasons. Self-reported wellbeing – people with a low worthwhile score for 2016/17 for Leicestershire has no value due to the number of cases being too small.

45. Leicestershire and Rutland have combined values for the following three indicators - smoking status at time of delivery, successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

List of Appendices

Appendix 1 and 2 – CCG Performance Dashboards
Appendix 3 – 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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