Agenda Item 12

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 15 JANUARY 2020

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE AT DECEMBER 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 December 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 Oversight Framework

3. At a national level the health performance reporting model is now influenced by a new NHS Oversight Framework, issued in August 2019. The Framework summarises a new interim approach to oversight for 2019/20 and work that will be done during 2019/20 for a new integrated approach from 2020/21. The interim Framework has informed changes to the reporting related to CCG performance set out later in this report.

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

Changes to Performance Reporting Framework

5.   As well as changes brought about by the new Oversight Framework a number of changes have been made to the way performance is reported to the Committee in recent times to reflect comments at previous meetings, including inclusion of a wider range of cancer metrics and Never Events and Serious incidents related to UHL. The overall framework will continue to evolve to take account of the above developments as well as any particular areas that the Committee might wish to see included.

6.   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

7.   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).

8.   A refresh to the BCF Policy Framework for 2019/20 was published in April 2019. The BCF guidance was published in July 2019 along with final financial allocations. There was an expectation that the target for delayed transfers for end of September 2018 would be maintained or exceeded thereafter. A review of other BCF outcome metrics has been carried out and these have been updated accordingly.

9.   The four BCF outcome metrics for 2019/20 remain the same as in previous years. The **non-elective admissions** target is based on the CCG operating plans. As in previous years this includes a small percentage of bordering CCGs. The target for the Leicestershire BCF plan is to achieve no more than 72,313 non-elective admissions during 2019/20.

10.   The **delayed transfers of care (DTOC)** target has been set by NHS England. The national target remains to achieve below 4,000 delays per day across England. For Leicestershire, the DTOC target is to achieve no more than 42.8 delays per day. Which equates to 7.88 average days delayed per day per 100,000 population.

11. The two BCF social care metrics were refreshed during the main BCF refresh process. The target for the number of **permanent admissions of older people (aged 65 and over) into residential and nursing care homes** is for fewer than 850 admissions during 2019/20. The target for the **proportion of older people who were still at home 91 days after discharge** has been set at 88%.

12. 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.

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

13. The BCF target for permanent admissions to care for those aged 65+ during 2019/20 is a maximum of 850 admissions. There were 473 permanent residential admissions between April 2019 and September 2019. The current full year forecast of 899 is predicted, a full year variance of +49. Performance is RAG-rated red and is significantly worse than the target.

Over 65 YTD Admissions Against Monthly Benchmark

2019/20 Max Admissions Milestone: 850
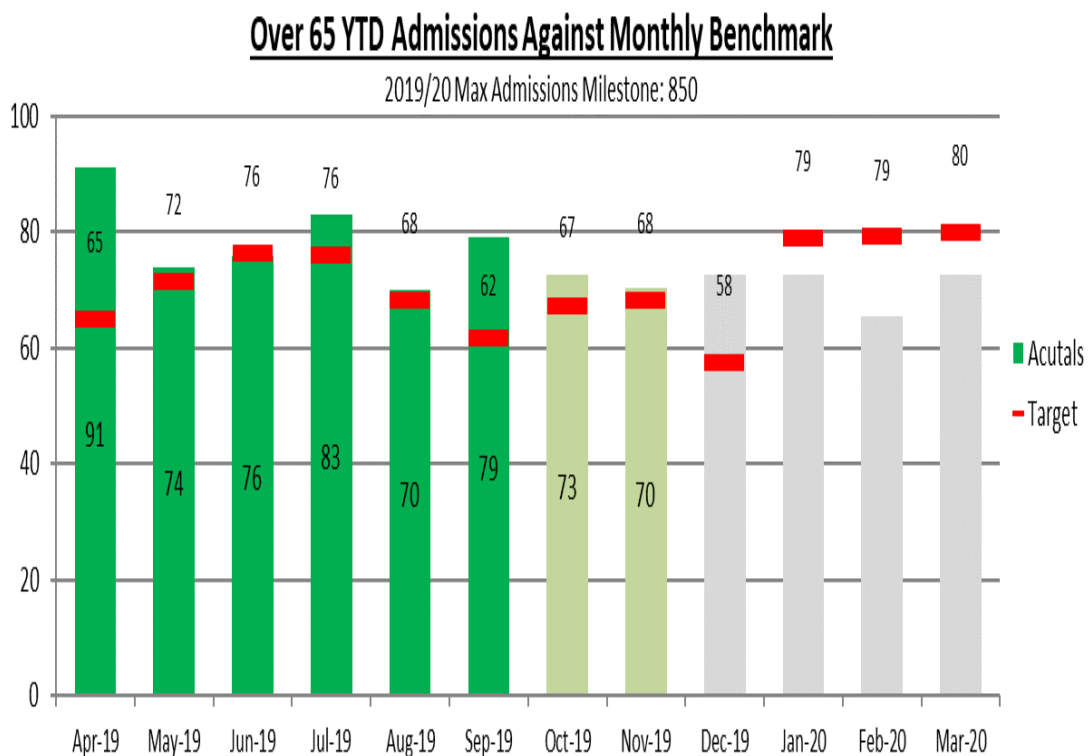
Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

14. For hospital discharges between June 2019 and August 2019, 86.4% of people discharged from hospital into reablement/rehabilitation services were still at home after 91 days. This is below the 2019/20 target of 88%. Performance is RAG-rated amber and is statistically similar to 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.

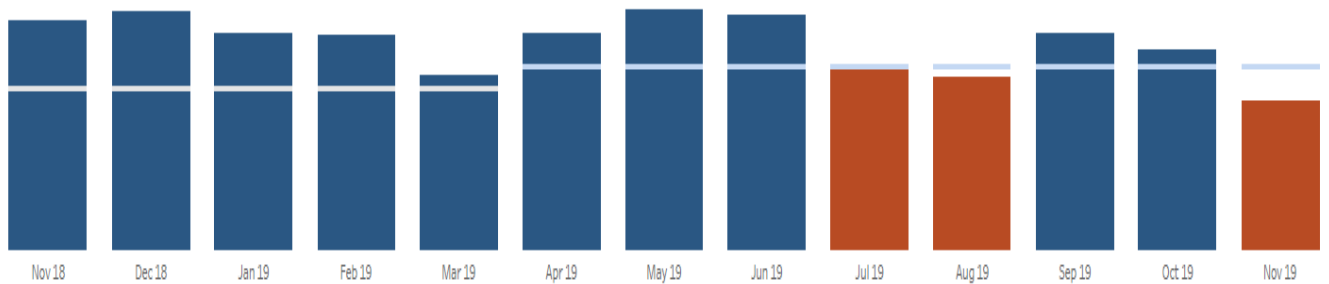| Hospital Discharges	Jun 2018 to Aug 2018	Jul 2018 to Sep 2018	Aug 2018 to Oct 2018	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019	May 2019 to July 2019	June 2019 to Aug 2019
Number 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	535	523	532	538	561	571	582	581	553	546	542	560	544

| Living at home 91 days later	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019	May 2019 to July 2019	June 2019 to Aug 2019	July 2019 to Sep 2019	Aug 2019 to Oct 2019	Sep 2019 to Nov 2019
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	481	472	475	480	491	510	526	523	486	477	484	496	470

ASCOF2B - Monthly Results

Discharge Date	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	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019	May 2019 to July 2019	June 2019 to Aug 2019
91st Date	Sep 2018 to Nov 2018	Oct 2018 to Dec 2018	Nov 2018 to Jan 2019	Dec 2018 to Feb 2019	Jan 2019 to Mar 2019	Feb 2019 to Apr 2019	Mar 2019 to May 2019	Apr 2019 to June 2019	May 2019 to July 2019	June 2019 to Aug 2019	July 2019 to Sep 2019	Aug 2019 to Oct 2019	Sep 2019 to Nov 2019
Total SU's NOT at home	54	51	57	58	70	61	56	58	67	69	58	64	74
SU Deceased	30	29	31	32	44	33	30	29	39	35	30	32	38
SU in Hospital	21	20	21	23	24	22	23	25	24	30	27	30	34
SU in Permanent Care	3	2	5	3	2	6	3	4	4	4	1	2	2

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

15. 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. This target is to be maintained during 2019-20.

16. Overall there were 8,093 days lost to delayed transfers of care in Leicestershire between April and October 2019; a 12% increase on the same period last year. For delays attributable to adult social care there were 1,296 days delayed an increase on the same period last year. With UHL down but both LPT and out of county significantly higher.

Days Delayed (18+)

Days Delayed (per 100,000 population - 18+)
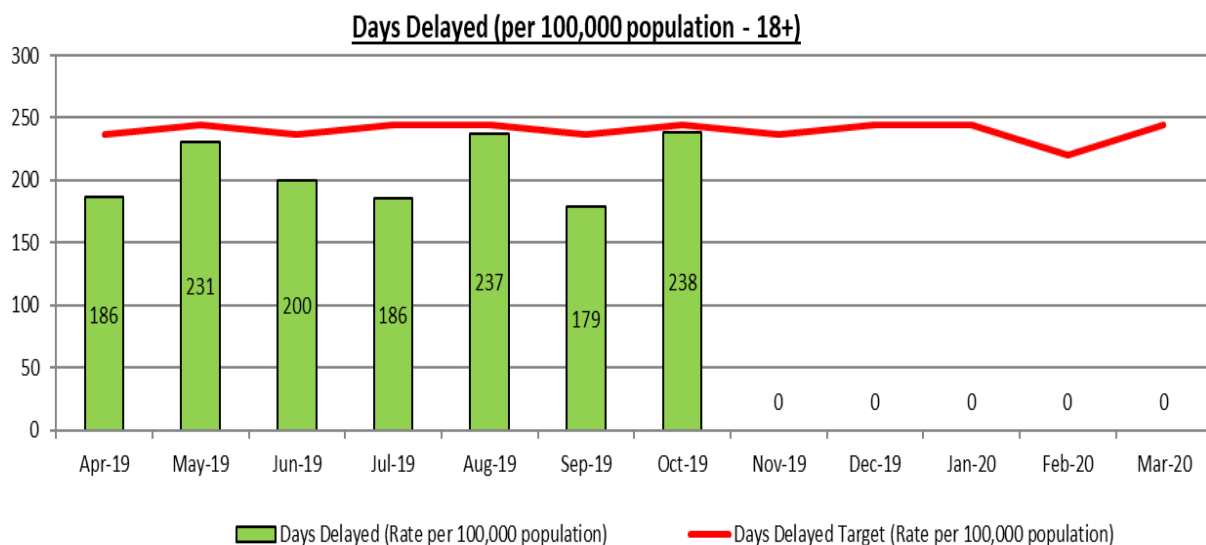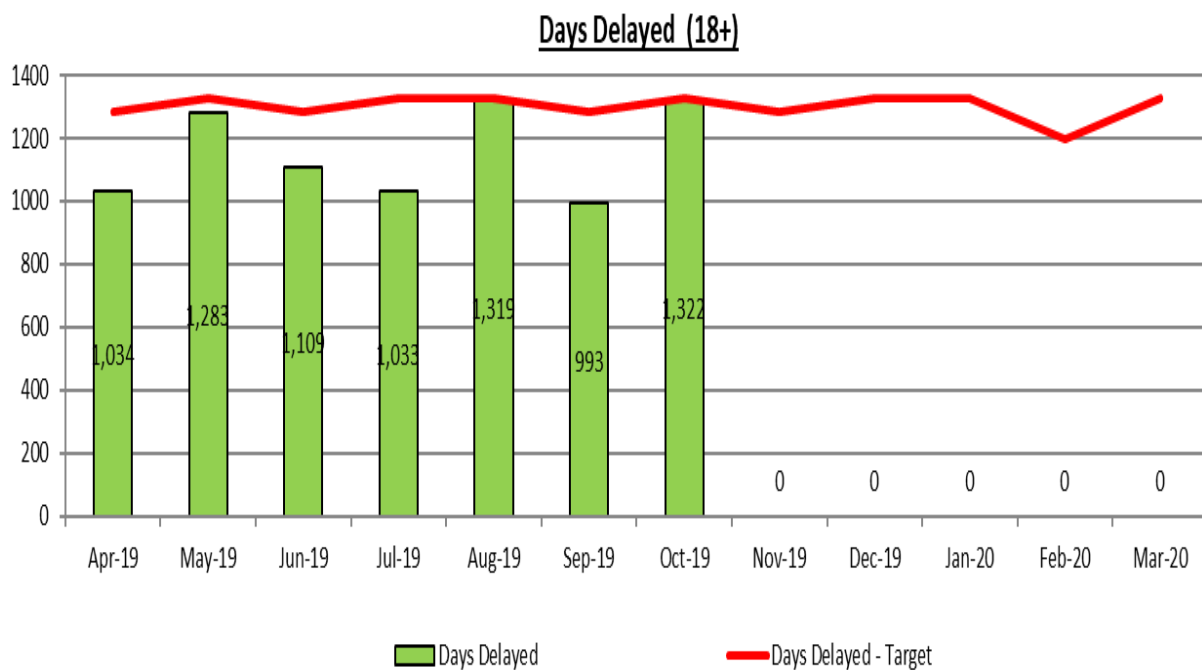
Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month

17. Secondary User Statistics data for April 2019 to September 2019 shows 34,987 non-elective admissions. This is a variance of -472 against a month 6 target of 35,459. The target has been achieved in 6 out of 6 months. A full year forecast of 71,841 has been predicted and rag rated green. Non-elective admissions are prominent within 65+ adults at 49.6% compared with 39.2% for 18-64 and 11.3% for children.

18. We also have a local metric on injuries due to falls in people aged 65 and over. There were 1,392 non-elective admissions for falls related injuries between April 2019 and September 2019. This a variance of +170 against the Q1 target of 1,222 and an increase of 16.2% compared to the same period last year.

Non-Elective Admissions

Non-Elective Admissions (per 100,000 population)
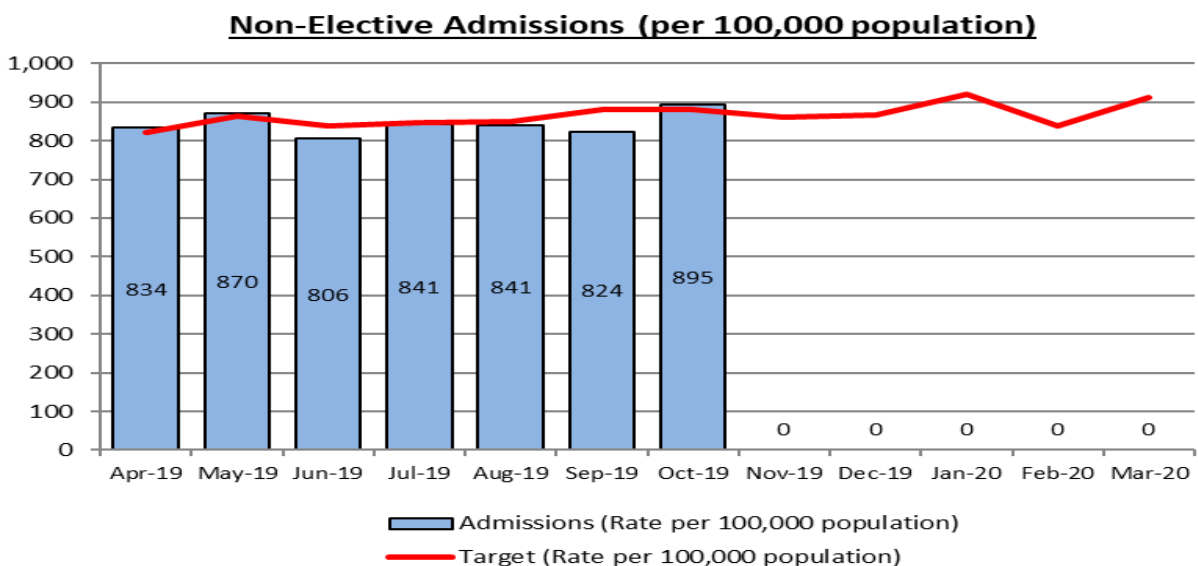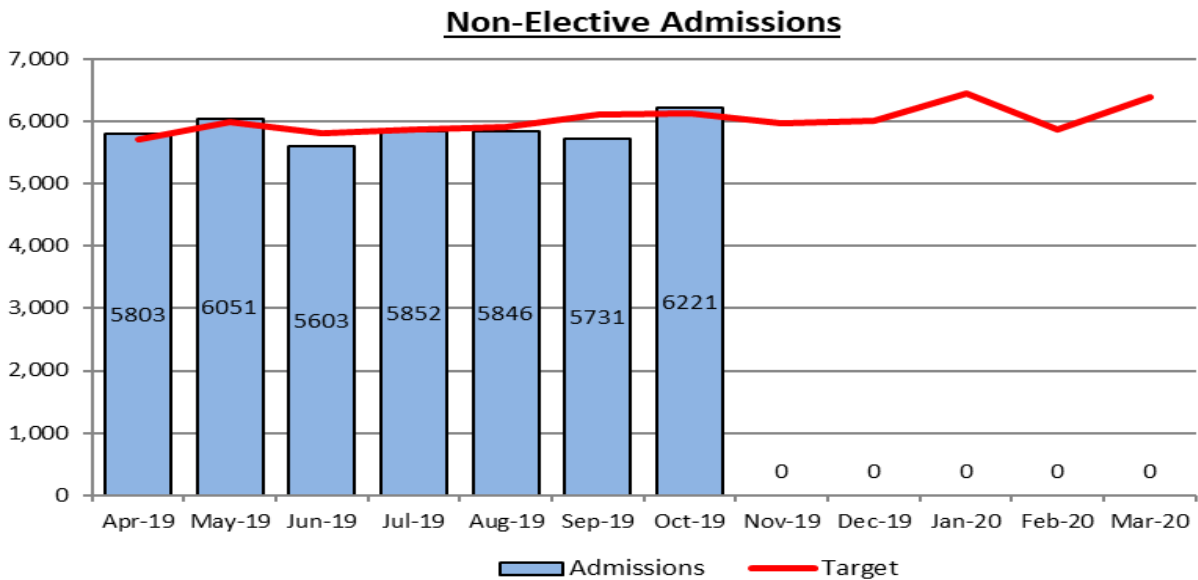
CCG Performance Dashboard - Appendix 2

19. NHS England and NHS Improvement's (NHSE/I) new NHS Oversight Framework (OF) 2019/20 was introduced at the end of August 2019. The new approach to oversight sets out how regional NHS teams will review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). There is a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. With a suggestion of greater autonomy for systems with evidenced capability for collective working and a track record of delivery of priorities. The Framework aims to support ICSs to take on greater collaborative responsibility for use of NHS resources, quality of care and population health. With ICSs and emerging ICSs increasingly involved in the oversight process and support of organisations in their system.

20. The specific dataset for 2019/20 broadly reflects existing provider and commissioner oversight and assessment priorities. The 2019/20 framework is based on 5 areas of assurance:
   - New service models including integrated primary and community services, acute care and care transfers and personalisation/choice;
   - Preventing ill health and reducing inequalities;
   - Quality of care and outcomes – 31 metrics across a range of areas;
   - CCG Leadership and workforce;
   - CCG Finance and use of resources.

21. The full dashboard, as published in October 2019 by NHSE/I, showing CCG performance across all 5 domains, is reported in Appendix 1 for West Leicestershire and East Leicestershire and Rutland CCGs. The dashboard within the appendix of this report mirrors the overall format of the 2019/20 Oversight Framework.

22. 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.

NHS Constitution metric 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); Oct 19 – 80% **WL** (All Providers); Oct 19 – 79% **UHL** (All patients); Sept 19 – 75%	The Trust continue to concentrate on recovering this standard. However, the backlog position is static. The majority of the backlog sits within Urology. The impact from the Head and Neck pressures currently facing UHL are likely to continue to impact on the 62-day position into at least end October. Patients continue to be tracked until treated and the CCG are appraised daily on the latest status. Weekly Cancer Action Board to review individual patient pathways. Escalation is via the Director of Operational Improvement / Heads of Operations Cancer Navigators track all patients with a confirmed or suspected cancer across all tumour sites irrespective of length of wait. Local UHL Key Actions for Next 6 Months • Demand and Capacity Review • Map out best possible performance position and agree improvement trajectory to recover cancer standards Urology Deep Dive looking into the findings of the Intensive Support Team review of the Rapid Prostate timed pathway
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	**19/20 National Target > 95%** **UHL A&E + UCC's local Target Nov 19 – 86%** **UHL ED + UCCs** Nov 19 - 74%	There has been an upward trend in attendances since September 2018, partly associated with changes to the paediatric emergency pathway changes implemented in July 2018 and partly reflecting overall increases in demand for urgent and emergency services across the LLR system and more widely. The Accident and Emergency Delivery

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.	**UHL A&E only local Target Nov 19 82%** **UHL ED only** Nov 19 - 64% **LLR Urgent Care Centres only** Nov 19 - 99%	Board (AEDB) continue to oversee the urgent care demand management plan including: • Improved utilisation of primary care extended access to alleviate pressure on ED • Accelerated progression of new Same Day Emergency Care services • Actions to target ED attendances in the 18-25 year age bracket • Focus on the 40% of ambulance conveyances which are not subsequently admitted (to understand reasons for non-conveyance and potential community alternatives) • Post-discharge support to prevent re-attends / readmissions • Improving the multi-agency approach to frequent attenders • Increase ambulance conveyances direct to admissions units (e.g. Clinical Decision Unit) rather than routing patients via ED • Rapid cycle testing for community and primary care advice service (successor to Consultant Connect) in frailty, ambulance assessment, and GPAU/medical assessment.
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. 19/20 National Target >92% of patients to start treatment with 18 weeks from referral In 19/20 the national ambition is also that the Waiting List should be sustained at March 2018 levels in March 2020.	**Latest Performance** **ELR (All Providers)** Oct 19 – 83% 20,661 patients waiting at the end of March 18 21,541 patients waiting at the end of Oct 19. **WL (All Providers)** Oct 19 – 84% 23,384 patients waiting at the end of March 18 25,366 patients waiting at the end of Oct 19 **UHL (All Patients)** UHL are not expecting to meet the national standard of 92% in	Actions undertaken by CCG Contracts Team • Referral support service live and further specialities being added throughout the year • The Planned Care team is working to increase the use of PRISM significantly and increase advice and guidance to support GPs to manage patients in the community rather than refer to secondary care • Capacity alerts are live on e-RS with NHSE and UHL for diversion to alternative providers at the point of referral • The backlog numbers are being analysed by individual weeks for weeks 40-51 to establish the potential numbers that are likely to fall in the 52week breach category and what actions can be done to avoid a 52week breach Actions by UHL are; • Sub-contracting with Independent Sector to provide additional capacity for long wait patients • Contingency plans to mitigate urgent care

	19/20. Oct 19 – 82% 64,751 patients waiting at the end of March 18. 66,474 patients waiting at the end of Oct 19.	pressures • Work with commissioners to support demand management • Maximize the use of Trust capacity e.g. outpatient tracker & theatre utilization

Other Cancer Metrics

23. The latest performance (October 2019) for the Cancer Wait Metrics is below: -

Metric	Level	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times					
The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	CCG	Oct-19	93%	92.101%	90.254%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	Oct-19	93%	96.5%	97.5%
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	Oct-19	96%	94.9%	95.1%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	Oct-19	94%	93.0%	89.4%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	Oct-19	98%	100.0%	100.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	Oct-19	94%	93.9%	87.9%
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	Oct-19	85%	79.6%	79.3%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	Oct-19	90%	70.6%	80.0%
% 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	Oct-19		63.6%	90.3%

UHL Never Events and Serious Incidents

24. There have been 5 never events in the last 12 months at UHL, the latest taking place in September 2019, which related to a retained foreign object post procedure. Actions undertaken by UHL include to review the safer surgery checklist, as the object was not classed as an accountable item, and the patients' parents have also met with the Director of Safety and Risk to discuss their concerns. In addition there is general sharing of learning from Never Events and Serious Incidents through the CMG Quality and Safety Boards, CQRG, Patient Safety Portal and learning bulletins. Incidents are used in training programmes such as the Patient Safety Essentials, Step Up course, MSc and Medical School Years 1 and 2. Any themes identified are triangulated so that chief issues of concern can be understood.

Areas of Improvement

25. There are several areas which are worth commenting on, that have shown recent improvement;
    - Diagnostic 6 week wait – standard achieved for 14 consecutive months at UHL and both CCGs are within the highest performing quartile in England.
    - 52+ weeks wait – has been compliant for 16 consecutive months at UHL, although there have been 4 ELR and 7 WL long waiters at Out of County providers in 2019/20.
    - Delayed transfers of care - remain within the tolerance levels at UHL.
    - Pressure Ulcers - 0 Grade 4, 0 Grade 3 and 6 Grade 2 reported during October at UHL.
    - ELR were in the highest performing quartile in England for the number of GPs and Practice Nurses and other clinical staff working in primary care 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.

Future Reporting

26. From 2020/21, the metrics for oversight and assessment purposes will include the headline measures described in the new NHS Long Term Plan Implementation Framework (https://www.longtermplan.nhs.uk/implementation-framework/), against which the success of the NHS will be assessed. These Long-Term Plan measures will be used as the cornerstone of the mandate and planning guidance for the NHS for the next five years.

27. As such the format of assurance reporting is likely to change from April 2020. Wherever possible this will be mirrored in future reports to CCGs and the Health Overview and Scrutiny Committee.

Public Health Outcomes Performance – Appendix 2

28. Appendix 2 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 England value or benchmark.

29. Analysis shows that of the comparable indicators, 19 are green, 12 amber and 3 red. There are 5 indicators that are not suitable for comparison or have no national data.

30. 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. The prevalence of overweight (including obesity) for both reception and year 6 children have shown a significant declining (worsening) performance over time. This declining trend, for both indicators, is witnessed nationally. This pattern is also true for breast cancer screening coverage and cervical cancer screening coverage.

31. Of the 12 indicators that are amber, successful completion of drug treatment for opiate users has shown a trend of worsening performance. There are no significant changes for successful completion of drug treatment for non-opiate users.

32. 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 9th out of 16 of the CIPFA nearest neighbours (1 being the best), however, the recent trend shows a significant improvement over the last 7 years. For the uptake of NHS health checks for the time period 2014/15-2018/19, Leicestershire is ranked 13th out of 16. The indicator for percentage of physically active adults in Leicestershire is ranked 15th 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 the Health and Wellbeing Strategy implementation and the public health service plan development process.

33. 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. 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.

34. Of the 11 indicators that are amber, successful completion of drug treatment for opiate users has shown a trend of worsening performance. There are no significant changes for successful completion of drug treatment for non-opiate users.

35. Of the four red indicators, these include – chlamydia detection rate which shows Leicestershire has declined to be worse than the benchmark goal and is ranked 9th out of 16 of the CIPFA nearest neighbours (1 being the best); Take up of NHS health checks for the time period 2014/15-2018/19, Leicestershire ranked 14th out of 16. The percentage of physically active adults in Leicestershire is ranked 15th 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.

36. 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 2017/18 for Leicestershire has no value due to the number of cases being too small.

37. 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 – CCG Oversight Framework Dashboard
Appendix 2 – 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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