Agenda Item 9

Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 JUNE 2020

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE - 2019/20

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on health performance in Leicestershire and Rutland for 2019/20 based on the available data at May 2020.

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 influenced by the NHS Oversight Framework, issued in August 2019. The Framework summarises the interim approach to oversight for 2019/20 and work that was to be done during 2019/20 for a new integrated approach from 2020/21. The interim Framework has informed 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 University Hospitals of Leicester NHS Trust (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 basis of reporting to this committee: -

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

Corona Virus and Covid-19 Contextual Intelligence

7. Due to the impact and prioritisation of the Covid-19 response, usual data collection and reporting have been paused in a number of areas. Some elements of national data collection and release, such as around delayed transfers of care, were put on hold to help providers focus on tackling the immediate coronavirus emergency, so previous data is not able to be reported in a small number of areas. For example, as a result of the Covid-19 response, there have been no further updates to the NHS Oversight Framework Dashboard, from end February and online data files have not be updated.

8. The national data in this report was therefore last updated in February 2020, so Appendix 2 has been updated to this point, which doesn't include or reflect impact from coronavirus. In a number of cases, though, metrics have been updated through local data. The report is therefore not, at this point, a complete 2019/20 out-turn position due to national reporting being paused. It must also be noted that this report represents performance during 2019/20 financial year only. Therefore, the impact of COVID-19 has not been significantly recognised in the data within this report given the impact occurring largely in the mid-March period onwards.

9. Business intelligence services have been redirected significantly to help the NHS, Local Resilience Forum, County Council and other agencies to better understand and help manage the response to the pandemic, including creating a

range of new analysis, intelligence sources, statistics, management reporting, system modelling and surveys. These range from covid-19 cases, deaths, excess deaths, bed capacity and modelling, health and care provider intelligence, testing, body storage and crematoria capacity, shielding of vulnerable individuals and vulnerable children's school attendance. Consideration is being given to holding a meeting of the Leicestershire, Leicester and Rutland (Joint) Health Overview and Scrutiny Committee meeting in July 2020 to consider the local health service response and impact of COVID-19, which will be able to draw on relevant elements of this intelligence.

10. In the meantime, attached as Appendix 1 are two dashboards showing the wider context of Covid-19 in Leicestershire including death occurrences by cause, district and place of death. Also, the percentage of deaths in Leicestershire by super-output area. At the time of writing Leicestershire has had a lower rate of deaths per 100,000 population than in many areas of the country, with the exception of parts of the south-west which have experienced the lowest rates. Admissions and discharges have been generally lower than were initially predicted at UHL and UHL has been able to operate within ventilator capacity. There has been an average of around 140 patients at UHL at the time of writing, down from a peak of 204.

CCG Performance Dashboard - Appendix 2

11. NHS England and NHS Improvement's (NHSE/I) NHS Oversight Framework (OF) 2019/20 was introduced at the end of August 2019. There is a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. The specific dataset for 2019/20 broadly reflects previous provider and commissioner oversight and assessment priorities. The 2019/20 framework is based on 5 areas of assurance: -

    1. New service models;
    2. Preventing ill health and reducing inequalities;
    3. Quality of care and outcomes;
    4. Leadership & workforce; and
    5. Finance and use of resources.

12. Due to the impact and prioritisation of the CovidD-19 response, data collection and reporting has been paused by NHSE/I. As a result, there has been no further updates to the NHS Oversight Framework Dashboard, from the last publication in February 2020, and online data files have not been updated.

13. The full dashboard, as published in February by NHSE/I, showing CCG performance across all 5 domains, is reported in Appendix 2 for West

Leicestershire and East Leicestershire and Rutland CCGs and mirrors the overall format of the 2019/20 Oversight Framework.

14. The following table provides an explanation for the key Constitutional indicators not being achieved. 2019/20 data has been provided in the table. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	**2019/20 Performance**	**Local actions in place/supporting information**
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment 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%** **ELR (All Providers);** 75% **WL (All Providers);** 75% **UHL (All patients);** 74%	The Covid-19 pandemic has meant that UHL has made some changes to the cancer pathways. These changes are in line with national recommendations to ensure that patients are safe and receive the time critical cancer treatments they require. There are governance systems in place to: 1) Oversee the service changes that are being implemented with dialogue to understand the decision-making processes undertaken; 2) Review patients daily to ensure the patients with the highest clinical need are operated on the following day. The Trust recovery plan for radiotherapy was to send patients for part of their treatment to Northampton General Hospital, however due to the Covid-19 restrictions the clinical team have decided this is no longer appropriate. There has however been a change to radiotherapy treatment which will provide additional capacity and recovery (staff availability dependent). Any patient who is more at risk of coming into hospital due to Covid-19 versus the risk of delaying their cancer treatment has had their pathway paused. These patients are under constant review by the clinical teams.
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	**National Target >95%** **UHL A&E + UCC's;** 79% **UHL ED only;** 69%	At the end of March, the Strategic Health Executive approved a number of temporary changes to UEC services in order to manage and reduce unnecessary patient flow into the Acute setting. It also helped to consolidate the clinical workforce to divert to the services with the most demand. The approved temporary changes and/or moves include temporary closures of five

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.	**LLR Urgent Care; Centres only** 99%	peripheral Urgent Care sites in ELR CCG, two GP extended access sites in WL CCG and two of the Healthcare Hubs in LC CCG. A report was presented to the April Collaborative Commissioning Committee to summarise the LLR service changes arising out of the response to Covid-19 within Acute, Urgent & Emergency Care. It should be noted that this is an evolving picture, with providers managing the implications of Covid in conjunction with system partners.
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 2019/20 the national ambition is also that the Waiting List should be sustained at March 2019 levels in March 2020.	**National Target >92%** **ELR (All Providers);** 78% 20,860 patients waiting at the end of March 2019 20,883 patients waiting at the end of March 2020 **WL (All Providers);** 78% 24,383 patients waiting at the end of March 2019 24,421patients waiting at the end of March 2020 **UHL (All Patients);** 76% 64,506 patients waiting at the end of March 2019 64,559 patients waiting at the end of March 2020	RTT waiting list size at UHL has increased as a result of the winter pressures, and this trend has also been observed at other acute providers. The system agreement to close an orthopaedic ward and convert the nursing workforce to support medical admissions over January-March 2020 affected the waiting list size. In addition to the orthopaedic capacity reduction, UHL have also reduced the volumes of booked surgery in ENT, General Surgery, Maxillo-facial, Paediatric Surgery and Paediatric ENT Surgery due to ongoing bed pressures. UHL had successfully avoided 52 week RTT breaches for over a year, however with the winter pressures, reduced elective capacity and impact of Covid-19, the risk of reportable breaches had increased. CCG and UHL teams are working jointly to estimate the likely impact of Covid-19 and the cancellation of all elective operations on RTT waiting list size and 52-week breach numbers. The UHL teams are stratifying patients by clinical need to ensure that emergency and cancer treatments are prioritised during this time.

Other Cancer Metrics

15. The 2019/20 performance for the Cancer Wait Metrics is set out below: -

Metric	Level	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times					
The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	CCG	19/20	93%	92.6%	92.8%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	19/20	93%	94.6%	93.5%
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	19/20	96%	95.1%	95.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	19/20	94%	87.8%	85.4%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	19/20	98%	99.4%	99.9%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	19/20	94%	88.3%	87.6%
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	19/20	85%	74.9%	75.0%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	19/20	90%	84.5%	84.6%
% 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	19/20	No national standard	80.3%	79.5%

UHL Never Events

16. There have been 2 never events in 2019/20 at UHL, in June 2019 and September 2019, which have been previously reported to the Committee.

Areas of Improvement

17. There are several areas which are worth commenting on, that have shown improvement in recent months;

- Both CCGs achieved the national target for Cancer Two Week Waits each month from December 2019 to March 2020 and also achieved the Two Week Wait Cancer Symptomatic Breast standard in at least 8 months of the 2019/20 financial year.
- Pressure ulcers - there were zero Grade 4 Pressure Ulcers reported during 2019/20 at UHL.
- Delayed transfers of care - remain within the tolerance levels at UHL.
- Dementia diagnosis - both CCGs continue to meet the national standard of over 66.7% of an expected prevalence of over 65s having a dementia diagnosis.
- The number of Mental Health Out of Area Placements (OAPs) continues to reduce. The national aim is that there will be no Out of Area Placements by the end of March 2021.

Future Reporting

18. 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.

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

Public Health Outcomes Performance – Appendix 3

20. 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 England value or benchmark.

21. Analysis shows that of the comparable indicators, 20 are green, 11 amber and 3 red. There are 4 indicators that are not suitable for comparison or have no national data. Of the 20 green indicators, the following indicators, under 18 conceptions, smoking status at time of delivery and Bowel Cancer Screening 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, successful completion of drug treatment by opiate users, cervical cancer screening coverage (aged 25 to 49) and New STI diagnoses. Breast cancer screening coverage and cervical cancer screening coverage (aged 50 to 64) has shown a trend of worsening performance.

22. Of the 11 indicators that are amber, no indicators have shown significant improvement or significantly worsened, whereas there are no significant changes for successful completion of drug treatment for non-opiate users. The remaining 10 indicators don't have a trend that can be calculated.

23. The three red indicators include – percentage of adults classified as overweight or obese which shows Leicestershire is ranked 11th out of 16 of the CIPFA nearest neighbours (1 being the best); Take up of NHS health checks, Leicestershire ranked 13th out of 16 and Chlamydia detection rate Leicestershire ranked 9th 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.

24. HIV late diagnosis (%) for 2016-18 for Leicestershire has no value presented as the data is supressed due to disclosure issues. Self-reported wellbeing-people with a low worthwhile score, for Leicestershire has no value presented due to data quality reasons.

Better Care Fund (BCF) and Adult Care Health/Integration Performance

25. 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).

26. 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.

27. 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.

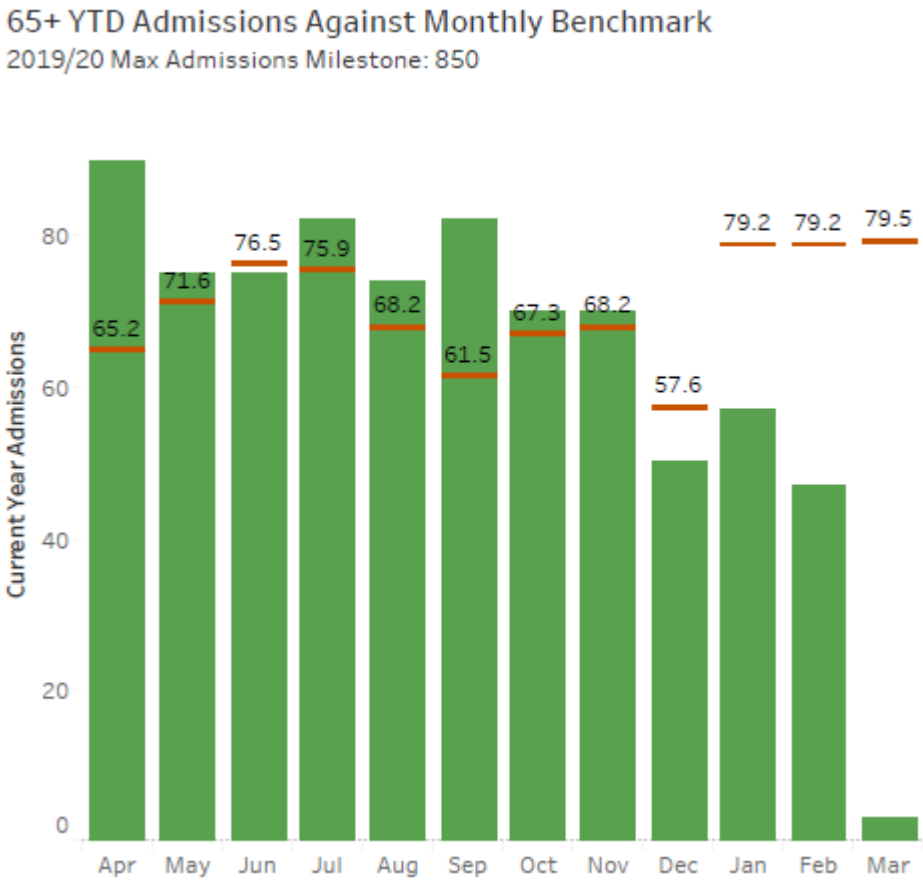
28. The **delayed transfers of care (DTOC)** target has been set by NHS England. The national target remains to achieve below 4,000 delays per day across England. For Leicestershire, the DTOC target is to achieve no more than 42.8 delays per day. Which equates to 7.88 average days delayed per day per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

29. 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%.

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

30. The BCF target for permanent admissions to care for those aged 65+ during 2019/20 is a maximum of 850 admissions. There were 775 permanent residential admissions between April 2019 and 11 March 2020. The current full year forecast of

858 is predicted, a full year variance of +8. Performance is RAG-rated amber and would be just worse than 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

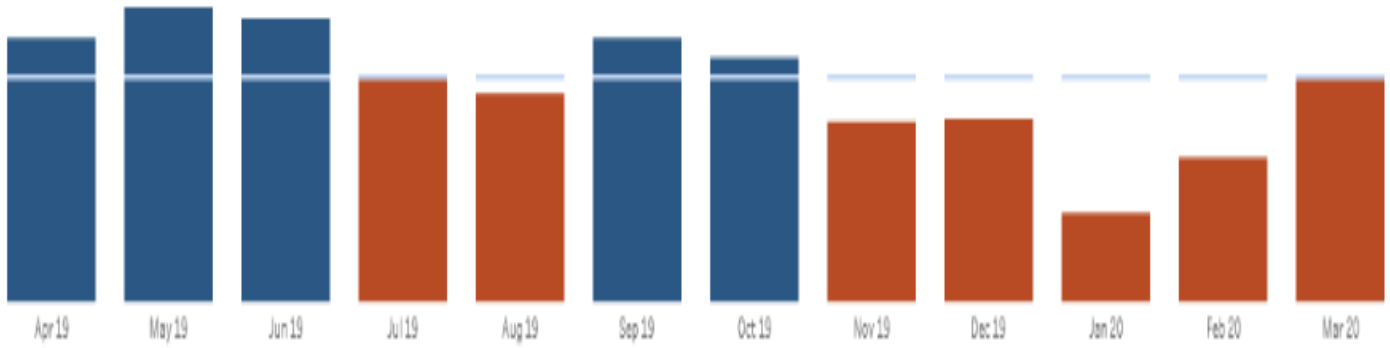
31. For hospital discharges between October 2019 and December 2019, 87.9% of people discharged from hospital into reablement/rehabilitation services were still at home after 91 days. This is just below the 2019/20 target of 88%. Performance is RAG-rated amber and is statistically similar to the target.

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	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	Oct 2019 to Dec 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	571	582	581	553	546	542	560	544	569	568	595	572

Living at home 91 days later	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	Oct 2019 to Dec 2019	Nov 2019 to Jan 2020	Dec 2019 to Feb 2020	Jan 2020 to Mar 2020
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	510	526	523	486	477	484	496	470	492	472	506	503

ASCOF2B - Monthly Results

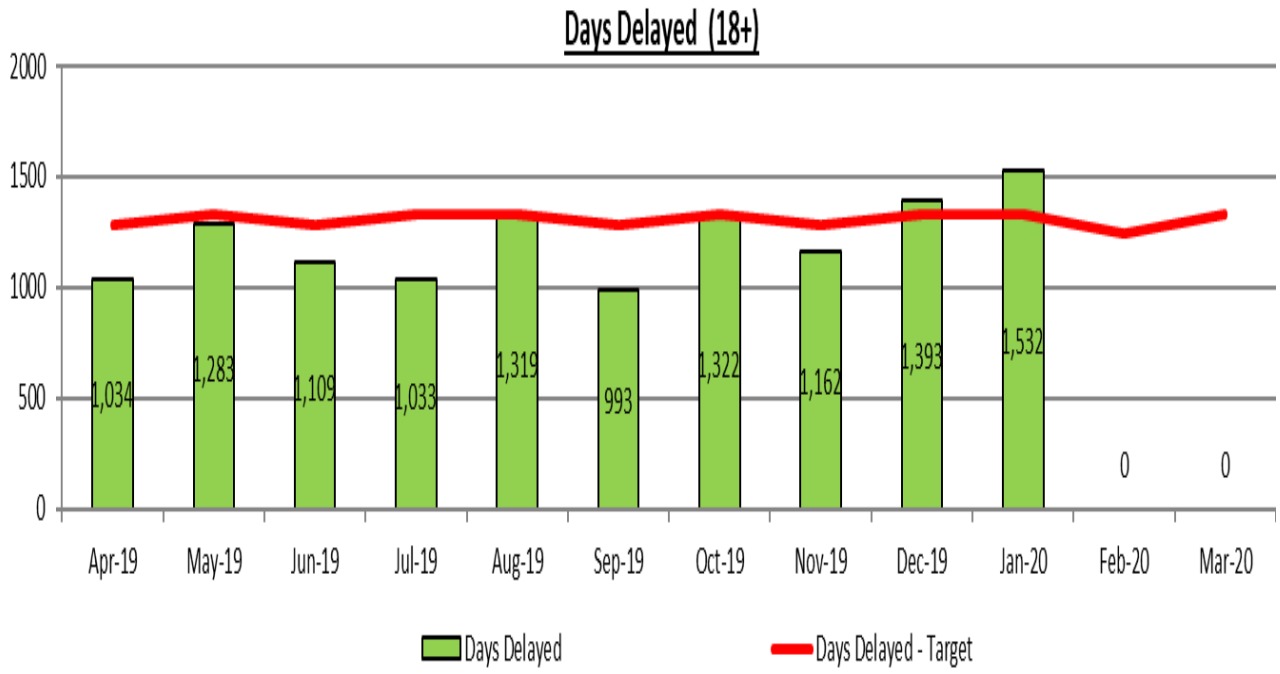


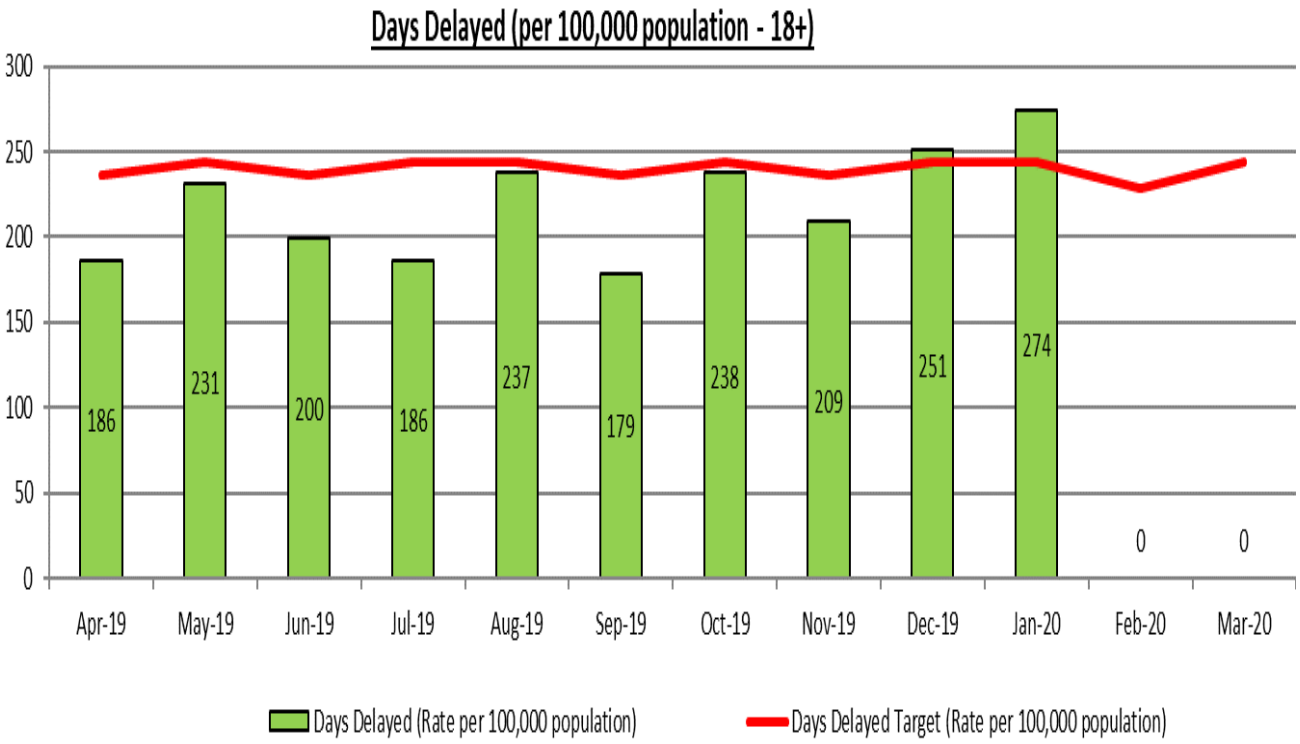
Metric 3: Delayed transfers of care from hospital per 100,000 population

32. 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.

33. Overall there were 12,180 days lost to delayed transfers of care in Leicestershire between April and January 2020; a 13% increase on the same period last year. For delays attributable to adult social care there were 1,847 days delayed an increase on the same period last year. With UHL down but both Leicestershire Partnership NHS Trust (LPT) and out of county significantly higher.

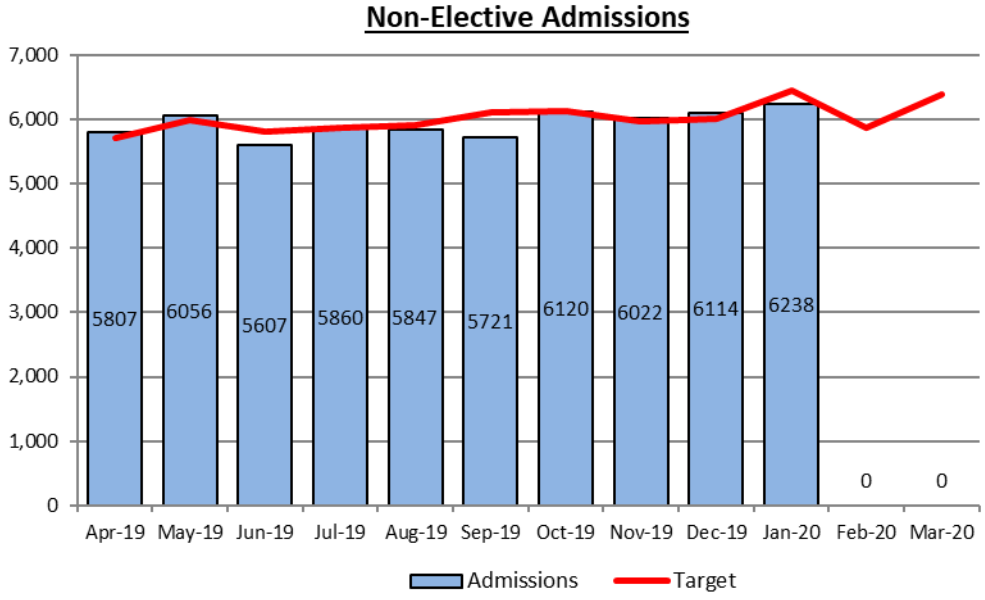
34. All requests for home care and adult care/nursing home placements have continued to be met during the covid-19 epidemic. Less than 9% of home care providers were unable to pick up new packages of care. At the time of writing there was sufficient capacity in the care home sector with over 500 (10%) care home beds available. All LLR, health and social care partners have been working together to establish the safest pathways for all residents for discharge using a range of options with patient safety as the paramount principle.

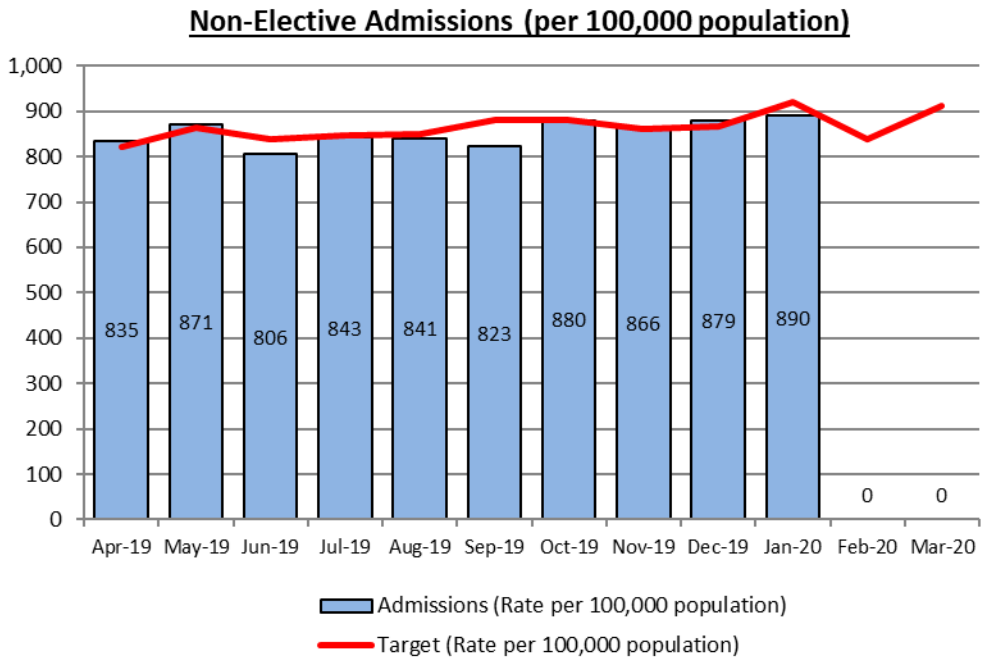




Metric 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month

35. Secondary User Statistics data for April 2019 to January 2020 shows 59,392 non-elective admissions. This is a variance of -652 against a month 10 target of 60,044. The target has been achieved in 6 out of 10 months. A full year forecast of 71,661 has been predicted and rag rated green. Non-elective admissions are prominent within 65+ adults at 49.6% compared with 38.5% for 18-64 and 11.9% for children.





List of Appendices

Appendix 1 – Coronavirus and Covid-19 Contextual Information
Appendix 2 – CCG Oversight Framework Dashboard
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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