Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 11 NOVEMBER 2020

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and Clinical Commissioning Group (CCG) performance in Leicestershire and Rutland based on the available data at October 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 has been influenced by the NHS Oversight Framework, issued in August 2019. The Framework summarised the interim approach to oversight. 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 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 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.

8. 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.

9. Attached as Appendix 1 is the weekly covid-19 intelligence report showing data up to 24 October 2020. This shows the wider context of Covid-19 in Leicestershire including pillar 1 and 2 cases, age profile of cases, district breakdown and per 100k population, cumulative cases per 100k, cases by middle super output area.

10. Appendix 2 covers week 41 (20 October position) in terms of local covid-19 related deaths, excess deaths, areas with a higher percentage of deaths, and

weekly incidence rates and a district level summary. There were no excess deaths in LLR in the latest week and in 14 of the last 16 weeks. There were 8 deaths mentioning Covid-19 on the death certificate in the latest week, up from 5 the week before. UHL are operating within ventilator capacity but are currently experiencing increasing demand.

11. At the time of writing, Leicestershire has a higher rate (but not significantly) of weekly incidence rates for COVID-19 cases than nationally. Despite this, Leicestershire has 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. However due to progressive local increases as the second wave has developed, the LLR Covid-19 SAGE Alert Group raised the local alert level from 3a to 3b on 26 October. UHL alert level was also raised from level 2 to Level 3 on 26 October. The 7-day average for confirmed Covid-19 cases across LLR is now above 500, with over 600 cases each day between 19 and 22 October.

CCG Performance

Governance and System-wide working

12. As part of LLR CCGs Quality and Performance Improvement Strategy, the CCGs have drawn together separate meetings to form an LLR CCGs' Joint Quality and Performance (Q&P) Committee. The purpose of the committee is to seek assurance and adopt an integrated approach to quality assurance and performance improvement, ensuring the CCGs are compliant with their statutory duties and obligations.

13. In addition to this, a System Quality and Performance Group will be focused on quality assurance and improvement, through continuously improving the performance and delivery of healthcare services, aiming to provide better outcomes to the people of Leicester, Leicestershire and Rutland, ensuring that those services delivered are of high quality, clinically safe and effective, within available resources. The first meeting of the group was held on 22nd October 2020.

14. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups. The form and function of these clinically led Design Groups will be developed as they are established. The nine groups are outlined in the following diagram.

15. 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 reflected previous provider and commissioner oversight and assessment priorities.

16. There has been no update to the NHS Oversight Framework for 2019/20 or 2020/21, which comprises a set of 60 indicators. The metrics are aligned to priority areas in the NHS Long Term Plan.
https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

17. NHSE/I were due to update the NHS Oversight Framework dashboard on the 23rd April 2020, however due to the prioritisation of the COVID-19 response, some national data collection and reporting has been temporarily suspended by NHSE/I. As a result, there has been no further updates to the dashboard since the publication in February 2020. As there has been no additional information provided by NHSE/I since the last report to HOSC (June 20) the full set of metrics

is not included in this section of the report. Locally sourced data is routinely updated and presented to the CCG Quality and Performance Committee and Board.

18. The following table provides an explanation for the key constitutional indicators not being achieved. Locally sourced 2020/21 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	**Latest 2020/21 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. 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%** August 2020 **ELR (All Providers)** 76% **WL (All Providers)** 78% **UHL (All patients)** 76%	The cancer backlog has been impacted by the current COVID 19 position and is being monitored via the Cancer Design Group and Independent Sector (IS) Cell. The +104 day backlog has reduced. Referrals have returned to pre COVID levels Urgent priority 1 and 2 patients are being seen. Patients are being clinically prioritised in line with national guidance and activity is shifting to the IS providers to support recovery, which is being overseen by the IS Cell. Work is currently ongoing to look at the activity/demand by tumour site and capacity available. Reviewing the gap and planning actions to address capacity needs as capacity will be challenged due to social distancing, donning, and doffing of PPE and air exchange, between patients.
A&E admission, transfer, discharge within 4 hours The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&E department. This measure aims to encourage providers to improve health	**National Target >95%** September 2020 **UHL A&E + UCC's** 79% **UHL ED only** 70% **LLR Urgent Care Centres only** 100%	Performance for September shows a decline compared to August, as attendance has increased. In response to COVID 19, pathway and site changes have been made within UHL. Admission and discharge profiles are currently having minimal delays due to UHL responding to COVID 19. Non-admitted breaches are at a lower rate than expected due to COVID 19 response, however, there has been a rise as ED attendance increases.

outcomes and patient experience of A&E.		
18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.	**National Target >92%** August 2020 **ELR (All Providers)** 51% Total Waiting; 22,036 against a target of <21,309 (Aug plan) of which 946 patients are waiting +52weeks. **WL (All Providers)** 51% Total Waiting; 25,936 against a target of <25,033 (Aug plan) of which 960 patients are waiting +52weeks.	The impact of the COVID-19 pandemic has led to the RTT performance reducing as non-essential activity was cancelled to reduce footfall on hospital sites and free emergency medical bed capacity. There was a rapid change to utilise telephone appointments for patients who have been clinically assessed to not require to physically attend an outpatient appointment. Validation of the waiting list continues to align with national guidance and Trust policy. UHL's Weekly Activity Management meeting in place with each service to support management of their waiting list. Day case and outpatient work continues with the Independent Sector and Alliance, with a weekly call to ensure capacity is utilised and patients are treated in order.
Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure improvements in access to psychological therapy services for people with depression and/or anxiety disorders Recovery levels are a useful measure of patient outcome and helps to inform service development	**% adults accessing IAPT services, from a defined prevalence** **LLR/NHSE/I target >17.3%** YTD July 2020 ELR – 12.3% WL - 13.3% **% of people who complete treatment who are moving to recovery** **National target >50%** July 2020 ELR – 58% WL – 55%	The service has implemented a remote/home working model, offering telephone (assessment and treatment appointments) and online (IESO and Silvercloud) support. In addition, the service is implementing Microsoft Teams live events. A text message has been sent to all patients on waiting lists to let them know the service is still open and working and that the team will be in contact soon to discuss the options open to each patient. Communication has also gone out to GPs as a reminder that the service is still open to referrals. There is significant promotion work on social media and websites to increase referrals.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care,	**National Target >66.7%** Sept 2020 ELR – 62% WL – 64%	There has been an expected dip in the dementia performance over recent months, due to the effect of COVID-19 on services, for example: Memory Assessment Services being paused, Routine CT scanning paused, Face to face assessments commencing in August 2020, Families,

expressed as a percentage of the estimated prevalence based on GP registered populations		carers and patients not presenting to primary care services due to the risks of COVID19. Locally and regionally these issues have been noted and support is being provided, however it will take months to recover to the national ambition, particularly whilst the social distancing directive remains in force and those with a memory concern in many cases falling into a shielding group.

Other Cancer Metrics

19. The August 2020 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	August 20	93%	89.4%	91.0%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	August 20	93%	94.0%	96.4%
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	August 20	96%	88.2%	97.5%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	August 20	94%	77.8%	92.9%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	August 20	98%	100.0%	100.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	August 20	94%	97.9%	96.0%
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	August 20	85%	76.2%	78.3%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	August 20	90%	25.0%	-
% 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	August 20	No national standard	92.9%	80.0%

Never Events at UHL

20. During 2020/21, there have been 3 never events, most recently one in August 2020 for the wrong route administration of a prescription drug. The patient was notified and monitored for over an hour for any possible effects of the incorrectly administered medication. There did not appear to be an impact on the patient. Actions have been put in place with the member of staff and departments.

Areas of Improvement

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

- a small increase in the percentage of patients being treated within 18 weeks of referral in August;
- two week waits for breast screening has achieved the target for August;
- MRSA – 0 cases reported at UHL;
- 12-hour ED trolley wait - 0 breaches reported at UHL.

Future Reporting

22. The format of performance assurance reporting is likely to change as the new Quality and Performance Committee and system-wide groups request additional information. Wherever possible and appropriate Health Overview and Scrutiny Committee will receive reports similar to that sent to CCG public boards.

Public Health Outcomes Performance – Appendix 3 and 4

Benchmarking Update

23. In relation to public health, final end of year performance data and comparative cost information is used to compare Leicestershire's performance position across 33 county areas. The analysis uses 31 adult health indicators and 16 child health indicators. For most metrics 2018/19 end of year data has been used. Looking at the position for adult health, Leicestershire is ranked 8th in performance terms, whereas for child health Leicestershire is ranked 11th. For net spend per head, the county is placed 3rd lowest of 33 comparator areas. Appendix 3 uses scatter charts to show the relationship between spend and performance.

2019/20 End of Year Performance Update

24. The Council's draft Annual Delivery Report and Performance Compendium covers the performance of the County Council over the last 12 months or so and

is being considered by Cabinet on 20 November. The Compendium includes dashboards (included as Appendix 4 and 5) which set out year end results for key performance indicators. The report also outlines some of the work of the Public Health Service against key outcome areas over the last year or so – attached as Appendix 6.

Explanation of Performance Indicator Dashboards (Appendix 4 and 5)

25. The dashboards show 2019/20 year-end outturn against performance targets (where applicable) with brief commentary. Where it is available, the dashboards indicate which quartile Leicestershire's performance falls into. The 1st quartile is defined as performance that falls within the top 25% of relevant comparators. The 4th quartile is defined as performance that falls within the bottom 25% of relevant comparators. The comparator group used is explained at the bottom of each dashboard. A red circle indicates a performance issue, whereas a green tick indicates exceptional performance. The direction of travel arrows indicate an improvement or deterioration in performance compared to the previous result. A summary of the results with reference to the previous year is set out below.

Adult Public Health

26. This dashboard covers 23 indicators, of which 7 show an improvement compared to the previous period, 4 display a deterioration, 7 show no change and data is not available for 5 indicators. The indicators that have improved cover health inequalities, smoking, drug treatment and physical activity. The indicators displaying lower performance cover healthy life expectancy, mortality from preventative causes and adult obesity. The indicators with similar results cover life expectancy, mortality from CVD, cancer and respiratory disease, hospital admissions for alcohol related causes and mortality attributable to air pollution. The number of indicators in each performance quartile are set out below.

1st (Top) quartile	2nd quartile	3rd quartile	4th (bottom) quartile
9	9	2	0

Best Start in Life (Child Health)

27. This dashboard covers child health and early years services. Looking at the 12 indicators, 6 show an improvement compared to the previous period, while 1 deteriorated and 3 show similar results. Data was not available for 2 indicators. The indicators that have improved cover smoking during pregnancy, breastfeeding, dental decay among 5 year-olds, take up of free education by 2 year olds and child obesity. The indicator displaying lower performance is the chlamydia diagnosis rate, for which the aim is to improve detection. The 3

indicators showing little change are the % of early years providers assessed as good or outstanding, take-up of free early education by 3 and 4 year olds and under 18 conceptions. The number of indicators in each performance quartile are set out below. The bottom quartile indicator is take-up of free early education by 2 year olds

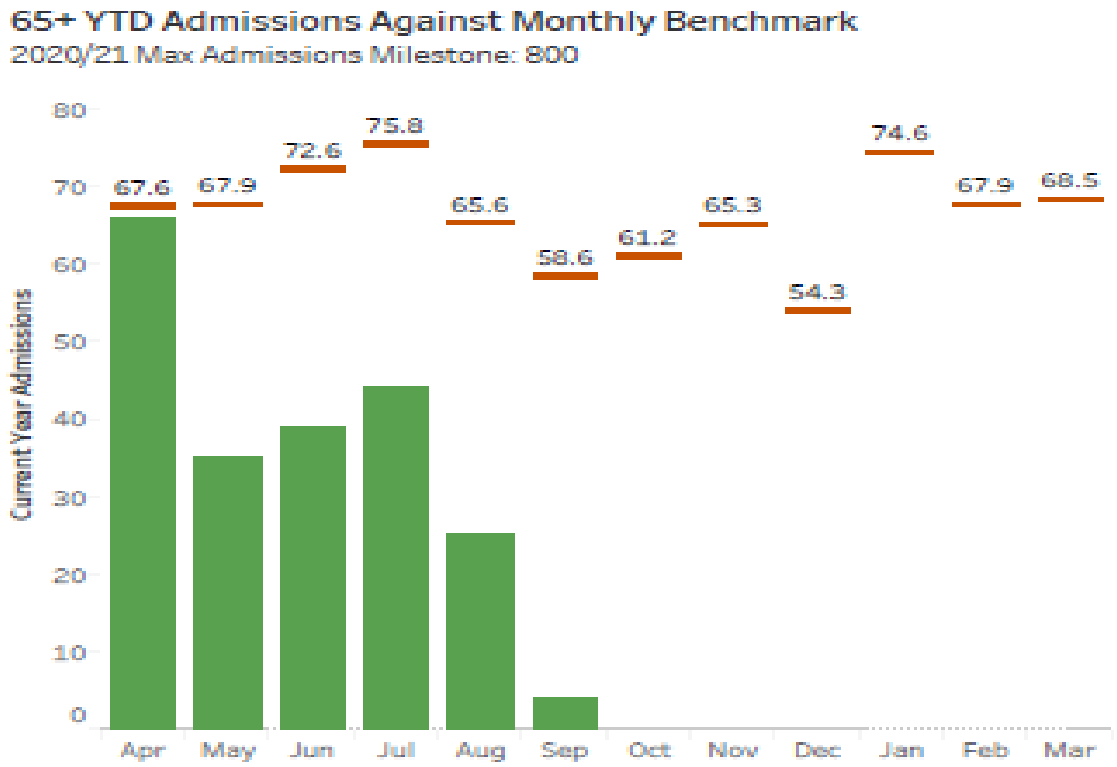
1st (Top) quartile	2nd quartile	3rd quartile	4th (bottom) quartile
5	3	3	1

Health and Care

28. The dashboard covers work with health partners to reduce admissions to hospital and residential care, facilitate discharge from hospital and reablement. A number of the indicators have associated Better Care Fund (BCF) targets. Looking at the 9 performance indicators, 3 display improvement compared to the previous period. These cover admissions of older adults to residential and nursing care, service users finding it easy to find information and reablement. Two indicators show declining performance (hospital admissions due to falls and delayed transfers of care from hospital attributable to adult social care).

Better Care Fund and Adult Care Health/Integration Performance

29. In relation to the BCF focus areas permanent admissions of older people to residential and nursing care homes per 100k pop is currently forecast at 373.8 against a target of 552.1



30. The % of those discharged from hospital into reablement and at home 91 days after is 87.7% against a target of 88% as at the end of August 2020.

31. In relation to delayed transfers of care the latest information published is for February 2020, as previously reported. National data collection has been paused due to COVID-19.

32. In relation to non-elective admissions into hospital for the period Apr-20 to Jul-20 there have been 17,918 non-elective admissions compared to 23,338 for the same period in 2019, a variance of -5,420.

List of Appendices

Appendix 1 and 2 – Coronavirus and Covid-19 Contextual Information
Appendix 3 – Public Health Benchmarking Dashboard
Appendix 4 – Public Health Performance Dashboards 2019/20
Appendix 5 – Health and Care Performance Dashboards 2019/20
Appendix 6 - Public Health Delivery Narrative 2020.

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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