Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 18 MARCH 2021

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

HEALTH PERFORMANCE AND LLR HEALTH SYSTEM GOVERNANCE AND DESIGN GROUP 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 the end of February 2021.

2. The report also outlines the latest position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group Formation. As the Clinical Commissioning Groups (CCGs) move from three CCGs to an Integrated Care System (ICS). The governance reflects the move to work towards a shared vision and ownership of health solutions.

Policy Framework and Previous Decisions

3. 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.

4. At the November 2020 Health Overview and Scrutiny Committee the LLR Assistant Director for Performance Improvement verbally spoke around some of the governance changes which were underway. The Committee requested a more formal update on the new structures that would be in place, as things developed further.

Background - LLR Health System Governance, Structure and Design Group Formation

5. Delivering safe, high quality health, social care and support to patients and citizens in Leicester, Leicestershire and Rutland (LLR) is at the centre of NHS ambitions. Combining quality of care alongside performance improvement at System, Place and Neighbourhood levels is a key driver to delivering assurance. Placing performance and quality at the centre of plans to transform services within the nine Design Groups is crucial to delivering long term and meaningful change. The Design Groups are models of care at system level for transformation, service delivery and quality. Moving towards a culture of inclusivity, collaboration and sharing of funds is intended to result in improved outcomes for patients and citizens.

6. As strategic commissioners, the LLR Clinical Commissioning Groups (CCGs) need to balance this collaborative approach with the requirement to assure themselves and others of the quality of provider organisations and their ability to provide safe, high quality healthcare to our populations. The Committee will receive a short presentation (Appendix 4) describing how the CCGs will discharge this responsibility through system and CCG mechanisms and is intrinsically linked to the vision for clinical leadership across LLR. The changes in structure, governance and the new model of work outline the cultural shift away from traditional work under a contractual framework to transformation through a population health management lens.

NHS Oversight and Reporting Frameworks

7. 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.

8. 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

9. 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.

10. The following 4 areas therefore form the basis of reporting to this committee: -

a. Some contextual information related to Corona Virus 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.

Corona Virus and Covid-19 Contextual Intelligence

11. 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.

12. 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.

13. Attached as Appendix 1 is the weekly Covid-19 intelligence report showing data up to Week 7 - 2 March 2021. This shows the wider context of covid-19 in Leicestershire including deaths involving Covid-19, excess deaths, counts of cases, district breakdown per 100k population, comparison with statistical neighbour counties, and cases by middle super output area. The cases count saw a large increase in cases to reach a 7 -day average peak on 4 January and has seen a significant reduction since the 2nd national lock down, though at a slower rate than nationally. At the time of writing, Leicestershire is ranked 35 highest out of 149 upper tier local authorities and ranked 3rd highest of its CIPFA similar areas. North West Leicestershire is the third highest area nationally, with Leicester second.

14. Due to progressive local increases as the second wave developed, the LLR Covid-19 SAGE Alert Group raised the local alert level to the highest level – Level 5 (risk of services being overwhelmed) on 16 December and the status

has been maintained at the level ever since and through the latest national lockdown. The situation has had a significant impact on health and care services and this, informed by the relevant data, will need careful consideration as the area looks to move towards a pandemic recovery phase.

CCG and Health System Performance

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 2020/21, so the 2019/20 version remains in place, 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 updated the NHS Oversight Framework Dashboard in December 2020 (see Appendix 2), although some datasets are out of date compared with local data. 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.	**National Target >85%** December 2020 **ELR (All Providers)** 77% (72/94pts) **WL (All Providers)**	The Independent Sector (IS) is being utilised and cancer patients prioritised. There has been a significant amount of work between UHL; Spire and Nuffield locally to ensure cancer activity is maximised (diagnostics and treatment). PCL and Alliance are also supporting with diagnostic work so that

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.	73% (77/106pts) **UHL (All patients)** 73% (166/226pts)	UHL can prioritise cancer diagnostics. CCG staff have been supporting and working collaboratively with UHL to look at options and opportunities to support and improve capacity. This has included working with the Pharmacy team to unblock barriers by increasing capacity within the provision of chemotherapy at home and the utilisation of cancer funding to support additional diagnostic capacity. There continues to be a focus on the high-volume tumour sites, with the CCG supporting in identifying short-medium and long-term transformational goals, together with monitoring of 2 week wait referrals and analysis of shortfalls in expected levels of activity. Work is continuing regarding engaging with patients to present worrying symptoms to their GP.
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 outcomes and patient experience of A&E.	**National Target >95%** February 2021 **UHL A&E + UCC's** 77.4% **UHL ED only** 68.7% (14,007 pts seen/treated) **LLR Urgent Care Centres only** 99.9% (5,446pts seen/treated)	UHL continue to run a dual Emergency Department (ED) (Covid and non-covid). In response to Covid, pathway and site changes have been made within UHL. Admission and discharge profiles are currently having some delay. Ambulance handover issues are being managed and an action plan is in place to improve ambulance handover delays. The CCG UEC team is working with EMAS and UHL to improve system flow, i.e. getting patients to the right area/SDEC/ GPAU rather than ED, to enable more efficient handovers.
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%** January 2021 **ELR (All Providers) 58%** Total Waiting; 25,180 against a target of <21,851 (Aug 20 plan) of which 2,374 patients are waiting +52weeks.	Elective surgery has been significantly impacted by Covid. Currently there are a very limited number of theatre lists running due to the requirement of additional ITU capacity. Long waiters are starting to be seen within the independent sector following the prioritization of cancer and urgent patients. Alliance weekly capacity call setup to ensure patients are treated in the correct order. Position over trajectory (likely case scenario) due to growth in urgent care. NHSE has released national guidance for how local areas should manage waiting

	WL (All Providers) 58% Total Waiting; 29,854 against a target of <25,874 (Aug 20 plan) of which 2,800 patients are waiting +52weeks.	lists in light of Covid. This includes developing a local process for managing patients who are on waiting lists but do not wish to have treatment at the time due to Covid. Ophthalmology was identified as an area of concern after triangulating intelligence (performance, patient safety, feedback from stakeholders). A paper was presented to the LLR System Q&P in February summarising concerns and the transformation work taking place to achieve quality and performance improvements.
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 Nov 2020 ELR – 13.9% (2,555 pts entering treatment since April 20) WL – 14.8% (3,280 pts entering treatment since April 20) **% of people who complete treatment who are moving to recovery** **National target >50%** Nov 20 ELR – 56% WL – 52%	Referral rates are at pre-covid levels. Due to the prolonged lockdown in parts of LLR there was a reduction in GP referrals. Increased acuity in referrals as yet unquantified. DNA rates reduced by 4-5% due to online access to treatment. Mobilisation for a new provider underway to commence 1st April 2021. Currently the service is being promoted widely and within the service specification for 2021 onwards there are specific requirements to address inequalities within LLR. Extra training places for high intensity workers are being made available. Integration with community mental health transformation planned. Patients 'moving to recovery' continues to achieve the national standard.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the	**National Target >66.7%** Jan 2021 ELR – 60% (2,916pts) WL – 62%	The current risks are in line with the national picture of dementia prevalence rates declining in line with Covid. This was particularly relevant for April and May 2020 when referrals into the service declined and health services across primary, secondary and community care pivoted towards emergency and urgent care only. People were shielding also and not

estimated prevalence based on GP registered populations	(2,998pts)	attending health and social care services. Post diagnosis support is commissioned and provided by The Alzheimer's Society for Leicestershire and Leicester City and Age UK and Admiral Nursing within Rutland. A procurement programme is underway for a new post diagnostic service for Leicestershire and Leicester City to commence April 2021.

Other Cancer Metrics

19. The December 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	Dec-20	93%	94.0%	93.4%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	CCG	Dec-20	93%	94.9%	93.2%
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	Dec-20	96%	94.9%	95.1%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	CCG	Dec-20	94%	83.8%	79.6%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	CCG	Dec-20	98%	100.0%	100.0%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	CCG	Dec-20	94%	95.5%	92.0%
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	Dec-20	85%	76.6%	72.6%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	CCG	Dec-20	90%	96.0%	66.7%
% 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	Dec-20	No national standard	70.4%	84.6%

Never Events at UHL

20. There have been 6 never events in the past 12 months at UHL, most recently two in December 2020. The issues related to: -

- Wrong implant/prosthesis; an incorrect stent deployed at Glenfield Hospital Coronary Care Unit. Immediate Actions taken were: all staff in catheter lab made aware of incident. Support/interviews by CMG/PS Team.
- Wrong site surgery; Botox injection administered to incorrect leg a of child with Cerebral Palsy. Parents assured that the injection should have no long-

term consequences. The child's medical records obtained and reviewed. Statements requested from staff involved in the incident.

Areas of Improvement

21. There are also some areas which are worth commenting on that have shown recent improvement including: -
    - Both two week waits for urgent cancer and breast symptoms metrics have achieved the national target in December 2020;
    - The number of LLR cancer patients waiting (backlog) at 62 days is the 2nd lowest across STPs across the Midlands;
    - The Faster Diagnosis standard relating to cancer patients receiving a diagnosis within 28 days continues to exceed the national standard;
    - Endoscopy activity is at 96% of pre-Covid levels; and
    - IAPT Waiting Times and Recovery continue to achieve the national standards across LLR.

Future Reporting

22. The format of CCG performance improvement reporting is changing for CCG Quality and Performance Committee and CCG Board in March 2021. These groups will have reporting provided at Leicester, Leicestershire & Rutland (LLR) level only. Therefore, the Health Overview and Scrutiny Committee can either:
    - continue to receive the format of this report, covering WL & ELR CCG high level performance, or
    - receive a similar report to that presented at CCG Public Board, being aware that this will cover LLR only, and therefore include Leicester City performance.

Public Health Outcomes Performance – Appendix 3

23. 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' indicates worse than the England value or benchmark.

24. Analysis shows that of the comparable indicators, 18 are green, 12 amber and 3 reds. There are 5 indicators that are not suitable for comparison or have no national data.

25. Of the eighteen green indicators, the following indicators; under 18 conceptions, Prevalence of overweight (including obesity) persons aged 4-5 years, Cancer screening coverage-bowel cancer (persons, 60-74 years old), Cancer screening coverage-cervical cancer (females, 25-49 years old) and New STI Diagnoses (exc Chlamydia aged <25) have shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old) and cervical cancer screening coverage (females, 50-64 years old) have shown a significant declining (worsening) performance over the last five time periods.

26. Of the twelve indicators that are amber, only smoking status at time of delivery, successful completion of drug treatment for opiate users and successful completion of drug treatment for non-opiate users have trends presented, which all show no significant change over the last 5 time periods.

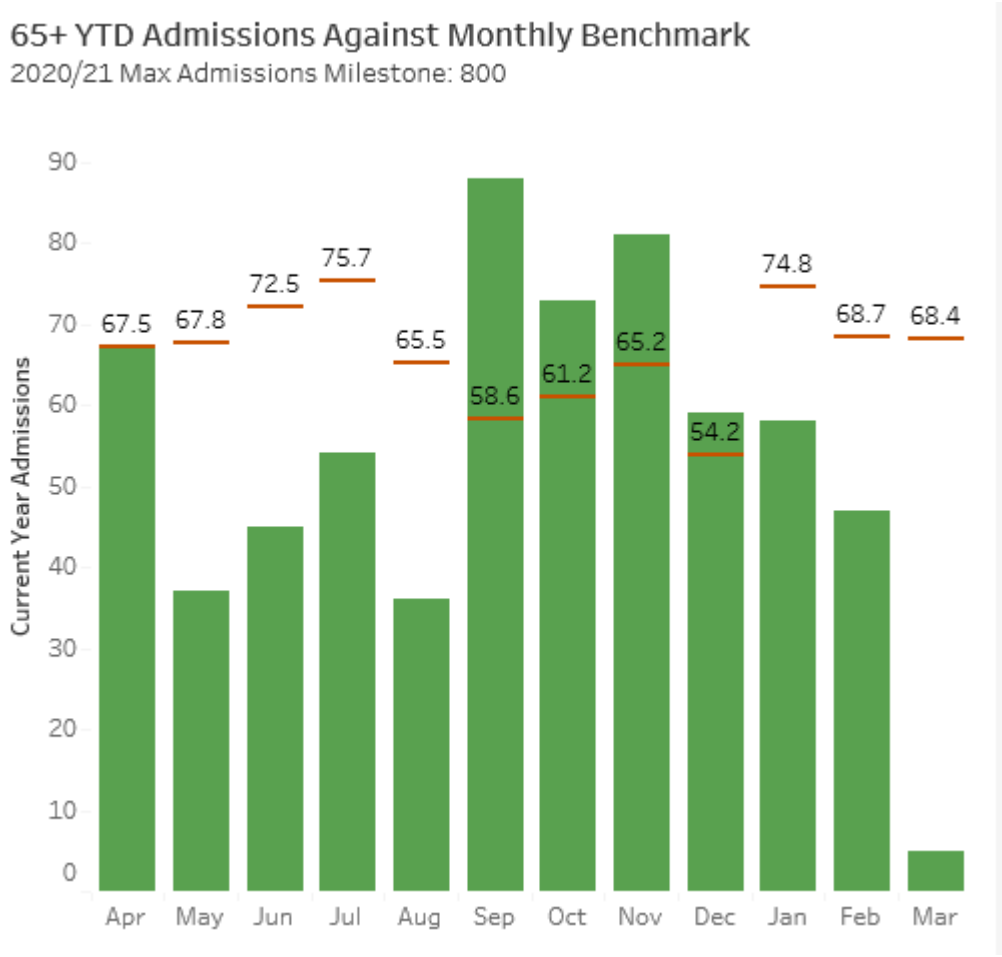
27. Of the three red indicators, the percentage of adults in Leicestershire classified as overweight or obese for the time period 2018/19 is ranked 11th out of 16 compared to CIPFA neighbours. For take up of eligible NHS health checks in those aged 40-74 years old in the time period 2016/18-2019/20, Leicestershire ranked 13th out of 16. Leicestershire is ranked 11th out of 16 for chlamydia detection rate per 100,000 persons aged 15-24 years for 2019. 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.

28. HIV late diagnosis (%) for 2017-19 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 2019/20 for Leicestershire has no value due to the number of cases being too small. The value for breastfeeding prevalence at 6-8 weeks after birth has not been published due to data quality reasons. For the time period 2017-19, inequality in life expectancy at birth for both Males and Females in Leicestershire falls within the 2nd best Quintile of the country. Leicestershire and Rutland have combined values for the following

two indicators - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

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 494.0 against a target of 552.1



30. The % of those discharged from hospital into reablement and at home 91 days after is 88.6% against a target of 88% as at the end of January 2021. 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.

31. In relation to non-elective admissions into hospital for the period Apr-20 to Jan-21 there have been 48,012 non-elective admissions compared to 59,244 for the same period in 2019/20, a variance of -11,232.

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/

Powerpoint Presentation: Design Groups and System Governance in Leicester Leicestershire and Rutland – March 2021 by Rachna Vyas Executive Director for Integration and Transformation, LLR CCGs

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None

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List of Appendices

Appendix 1 – Coronavirus and Covid-19 Contextual Information
Appendix 2 – CCG/Health Performance Dashboard
Appendix 3 – Public Health Performance Dashboard
Appendix 4 – Presentation slides

Equalities and Human Rights Implications

The Councils, health system and CCGs are working collaboratively to continue to improve the availability of data to be able to identify and help address any health inequalities issues arising. The lack of equalities information on death certificates was flagged as an issue nationally and work is underway to address this gap.