



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
19 JANUARY 2022

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 health system performance in Leicestershire and Rutland based on the available data at the end of December 2021.

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

Changes to Performance Reporting Framework

5. 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 Covid-19 locally:
 - b. CCG Performance for the East and West Leics CCG areas:
 - c. Quality - UHL Never Events/Serious incidents:
 - d. Leicestershire public health outcome metrics and performance: and
 - e. Performance against metrics/targets set out in the Better Care Fund plan.

Coronavirus and Covid-19 Contextual Intelligence

7. Due to the impact and prioritisation of the Covid-19 response, usual data collection and reporting were 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, vaccinations, 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 from 1 March 2020 up to 29 December 2021. 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 and rates by middle super output area and Ward.
10. Appendix 2 covers the week 51 position (data on 4 January) in terms of local Covid-19 related deaths, excess deaths, areas with a higher percentage of deaths, and weekly incidence rates, a district level summary, the vaccination uptake position and admissions to UHL with Covid-19. There were no excess deaths in LLR in the latest week though that is likely to be due to delays in reporting over the Christmas period. There has been a modest level of excess deaths reported in most weeks during the autumn period. There were 5 deaths

mentioning Covid-19 on the death certificate in the latest week, down from 11 in week 50. There has so far been a total of 1,767 deaths involving Covid-19 recorded in Leicestershire.

11. As of 2 January 2022, Leicestershire has recorded a total of 149,694 lab-confirmed cases of Covid-19. From January 2021 to the beginning of May 2021 cases had been decreasing. From then to mid-July the cases increased, before decreasing in w/c 19 July. Since then the weekly counts have shown an increasing trend with the exception of the weeks between 20 September and 1 November. Over the last 8 weeks the weekly counts of cases have shown an increasing trend. The latest weekly data shows 12, 285 cases have been confirmed in Leicestershire in the last week. Over the last 4 weeks the data has moved from 4,115 to 6151, to 8677 and now 12, 285. Having been around 2 to 3 thousand cases during the autumn.
12. The incidence rate in Leicestershire (1691.9 per 100k pop) was slightly higher than the national rate (1588.1 per 100k pop) as at 27 December 2021. As of week 50, to 19 December, Leicestershire was ranked 63rd highest of 149 upper tier local authorities and ranked 6th highest out of its CIPFA similar areas. In week 52 to 1 January 2022 there were 123 admissions with covid-19 made to UHL by Leicestershire residents (compared with 80 and 43 in the 2 weeks prior); 58 (48%) of these admissions were patients aged 60+.

CCG Performance

NHS Oversight Framework

13. The CCG Performance Overview section of this report provides an update on Leicestershire, and Rutland operational performance against key national standards.
14. Leicestershire cannot currently be identified separately to Rutland as national performance metrics are reported publicly by Clinical Commissioning Group (West Leicestershire and East Leicestershire and Rutland) or Integrated Care System (Leicester, Leicestershire and Rutland).
15. Detailed performance reporting on the NHS System Oversight Framework 2021/22 (<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>) is being presented quarterly to the LLR Integrated Care System Quality and Performance Improvement Assurance Committee (QPIAC) and for the first time in early January 2022.
16. Each month QPIAC receives a high-level overview around the areas which are most under scrutiny by regulators. This focuses on primary care, Priority 2 patients, elective long waiters, cancer, ambulance handovers, urgent care, mental health and covid vaccinations.

17. The following table provides an explanation for key Constitutional indicators. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	Latest 2021/22 Performance	Local actions in place/supporting information
<p>Cancer 62 days from referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment.</p> <p>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.</p>	<p><u>National Target</u> >85% October 2021</p> <p>East Leicestershire & Rutland CCG (ELR) patients at all providers 39%</p> <p>West Leicestershire CCG (WL) patients at all providers 47%</p>	<p>Monthly cancer tumour site meetings are in place to support services with recovery, transformation, and escalation. These are system-wide collaborative meetings to ensure end-to-end pathway review and all opportunities for development are explored. Robust action plans are in place. Maintaining clinical priority for Priority 1 and Priority 2 cases.</p> <p>Continued utilisation and further opportunity of the Independent sector, the Alliance and Primary care including dermatology and breast.</p> <p>Funding has been allocated to support Chemotherapy and Radiotherapy until April 2022. A long-term plan has been agreed for these services to ensure stability and to accommodate the increasing activity requirements.</p>
<p>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.</p> <p>This measure aims to encourage providers to improve health outcomes and patient experience of A&E.</p>	<p>National Target: % of patients treated, admitted or discharged >95%</p> <p>November 2021 UHL A&E department and LLR Urgent Care Centres 64%</p> <p>UHL A&E only 54% (22,080 pts seen/ treated in Nov</p>	<p>There is a focus on flow through hospital and improving discharge processes.</p> <p>Root causes include: Crowding in Emergency Dept due to poor outflow: High inflow of both walk-in and ambulance arrivals: and High UHL bed occupancy.</p> <p>Actions in place include: Overnight Emergency Dept consultant locum shift available: Additional funding provided via</p>

	21) LLR Urgent Care Centres only 91% (10,640 pts seen/treated in Nov 21)	winter monies for registrars: Number of redirection and pre-hospital actions in place to reduce occupancy and overall attendances: and maximising the use of the on-site UTC
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.	<u>National Target</u> % of patients treated within 18weeks >92% ELR & WL patients at all Providers 54% October 2021 <hr/> Total Number of ELR & WL patients waiting at all Providers 74,844 at the end of October 2021 Total Number of ELR & WL patients waiting over 52weeks 8,383 at the end of October 2021 Total number of ELR & WL patients waiting over 104weeks 724 at the end of October 2021.	The system has an agreed and jointly owned 104 week recovery trajectory to be achieved by March 2022. Weekend insourcing is underway in multiple specialties including maxillofacial, urology and paediatric surgery. Further conversations are happening for theatre capacity for orthopaedics in December and January 2022. University Hospitals Coventry and Warwickshire have agreed to take additional patients off the UHL waiting list, UHL will be looking to identify more patients where appropriate.
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	Number of adults accessing IAPT services Sept 2021 1400 ELR & WL patients accessing IAPT services in Sept 2021, against a target of 1435 % of people who complete treatment who are moving to	IAPT access rates (the number of people entering IAPT services) have been improving since the start of the financial year with the commencement of the new LLR provider. The percentage of patients moving to recovery (where a patient is not classed as a clinical case at the end

inform service development	recovery National target >50% Sept 2021 64% ELR 55% WL	of their treatment, measured by scores from questionnaires tailored to their specific condition) continues to achieve the national standard of 50%.
Dementia Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations	National Target >66.7% Leicestershire - November 2021 60.5%	Dementia Board now represented fully at Mental Health design group. Additional post to support Dementia, with key deliverables to increase County diagnosis and to work jointly with local authorities. Care homes subgroup engaged in conversations to ensure equity of access. Grant schemes to be managed by Dementia Board include care homes equity of access as an outcome measure.

Other Cancer Metrics

18. The latest October 2021 performance for the Cancer Wait Metrics is set out below: -

Metric	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	Oct-21	93%	80%	79%
Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Oct-21	93%	56%	50%
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	Oct-21	96%	83%	80%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Oct-21	94%	75%	73%
31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Oct-21	98%	97%	100%
31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Oct-21	94%	75%	85%
The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Oct-21	85%	39%	47%
Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Oct-21	90%	38%	65%
% 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.	Oct-21	No national target	72%	65%

Never Events at UHL

19. There have been 6 Never Events from April 2021 to Sept 2021 at University Hospitals Leicester. In 2020/21 UHL reported 7 Never Events and in 2019/20 UHL reported 2 Never Events. Most recently 2 Never Events occurred in September 2021, one for Wrong Site Surgery and one for Retained Foreign Object Post Procedure. Appropriate immediate actions and full investigations to identify further learning took place. A Never Event reduction plan has been discussed at the Executive Team meeting and with System colleagues – a detailed action plan was presented to the November 2021 Quality Committee. The trust-wide 'Time to Train' half day on 13 October 2021 focused on Safer Surgery and Interventional Procedures and Never Event learning.

Areas of Improvement

20. There are some areas which are worth commenting on, that have shown recent improvement:

- There has been an overall increase in the number of GP appointments across Leicester, Leicestershire & Rutland (LLR) in October 2021 to 614,249, the highest number since October 2019.
- In addition, the number of face-to-face appointments in LLR has also increased and accounted for 420,246 appointments in October 2021 (68% of all appointments).
- IAPT recovery has achieved target over the past 12 months.

Future Reporting

21. The format of the CCG performance improvement report has changed due to the move to become an Integrated Care System, resulting in reporting at System, Place and Neighbourhood level. LLR ICS Quality and Performance Improvement Assurance Committee (QPIAC) receives System Level documents. Work is also progressing on a new Place level dashboard linked to the new County Health and Wellbeing Strategy. Therefore, moving forwards, the Committee can:

- continue to receive the format of this report, covering West Leicestershire and East Leicestershire & Rutland CCG high level performance until CCG level reporting ceases:
- receive a similar report to that presented at the ICS Public Board, being aware that this will cover LLR only, and therefore include Leicester City performance:
- progress discussions around Place Led Plans and reporting for the County with updates to the Health and Wellbeing Board and Scrutiny:
- receive a combined report from a combination of these data sources.

Public Health Outcomes Performance – Appendix 3

22. 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.

23. Analysis shows that of the comparable indicators, 18 are green, 13 amber and 2 red. There are 5 indicators that are not suitable for comparison or have no national data. Of the eighteen green indicators, the following indicators; 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.

24. More recent data has been published for life expectancy at birth (2018-20). This shows Leicestershire continues to perform significantly better than the national average for males and females. Compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.2 years for females, a similar pattern has been witnessed nationally. Other indicators related to life expectancy such as healthy life expectancy and inequality in life expectancy are still to be published.
25. The under 18 conception rate in Leicestershire remains significantly better than the national average, however in 2019 an increase has been witnessed compared to the previous year, whereas nationally a decrease has been witnessed.
26. With regards to the two red indicators; smoking status at time of delivery in Leicestershire is ranked 8 out of 16 in 2020/21, and chlamydia detection rate per 100,000 persons aged 15-24 years in Leicestershire is ranked 10th out of 16 for in 2020. 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 new Health and Wellbeing Strategy implementation and the public health service plan development process.
27. 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

28. A new updated Better Care Fund Plan for Leicestershire was submitted to NHS England for 2021/22 by the deadline of 16 November 2021. The plan includes ambitions associated with five Better Care Fund (BCF) metrics and includes targets and current data. In relation to improving outcomes for people discharged from hospital the BCF Plan focuses on improvements in the key metrics of 'reducing length of stay in hospital for longer than 14 and 21 days' and 'improving the proportion of people discharged home, using data on discharge to their usual place of residence.'

29. The framework also retains two existing metrics from previous years BCF Plans: -

- Effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).
- The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

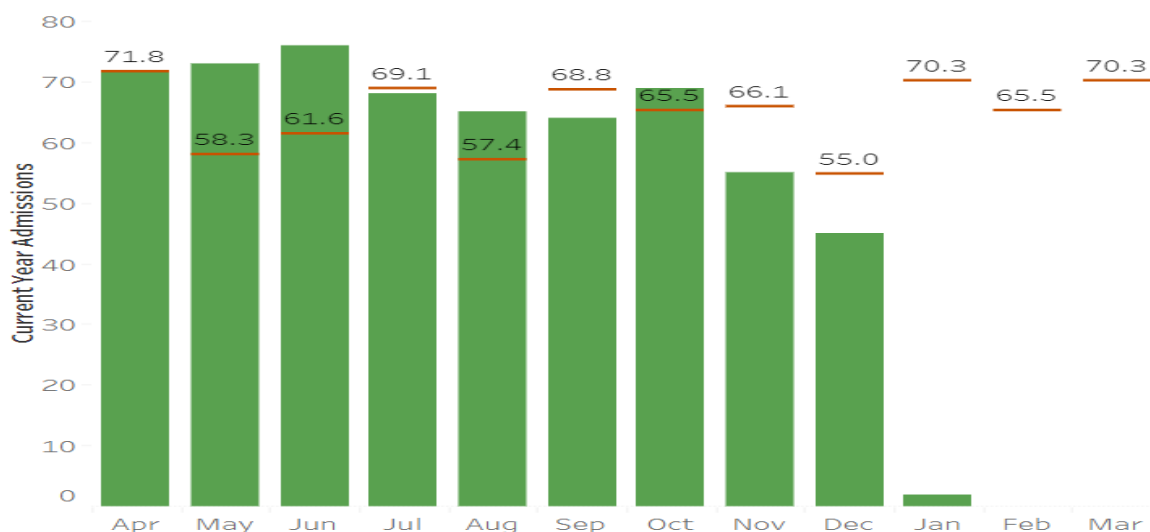
30. In addition to the two metrics in paragraph 28 and the two in 29 above, local systems also have to agree targets associated with a fifth metric – reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

31. In relation to the targets they involve: -

- a 7% reduction on 2019/20 figures for unplanned admissions for chronic ambulatory conditions:
- 85.1% of older people still at home 91 days after hospital discharge via reablement:
- 93.1% discharged from acute hospital to their normal place of residence:
- 10% in hospital for 14 days+ and 4.6% for 21 days+: and
- 519 aged 65+ admitted to residential/nursing care per 100k (a 3% reduction on the 2019/20 figure).

32. In relation to the 2 metrics in para 29 the latest information is included here. Permanent admissions of older people to residential and nursing care homes per 100k pop is currently forecast at 550.2.

65+ YTD Admissions Against Monthly Benchmark
2021/22 Max Admissions Milestone: 780



33. The % of those discharged from hospital into reablement and at home 91 days after is 91.8% against a target of 85% as at the end of November 2021.

List of Appendices

Appendix 1 and 2 – Coronavirus and Covid-19 Contextual Information
Appendix 3 – Public Health 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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