Agenda Item 14

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 15 JUNE 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 on 17 May 2022.

2. The report also outlines the 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.

3. Also included within this report is an update on Health Inequalities, with the LLR Health Inequalities Framework included in Appendix 1. An update is also provided on the NHS System Oversight Framework.

Background

4. 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.

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 system developments, as well as any particular areas that the Committee might wish to see included. This report includes a number of

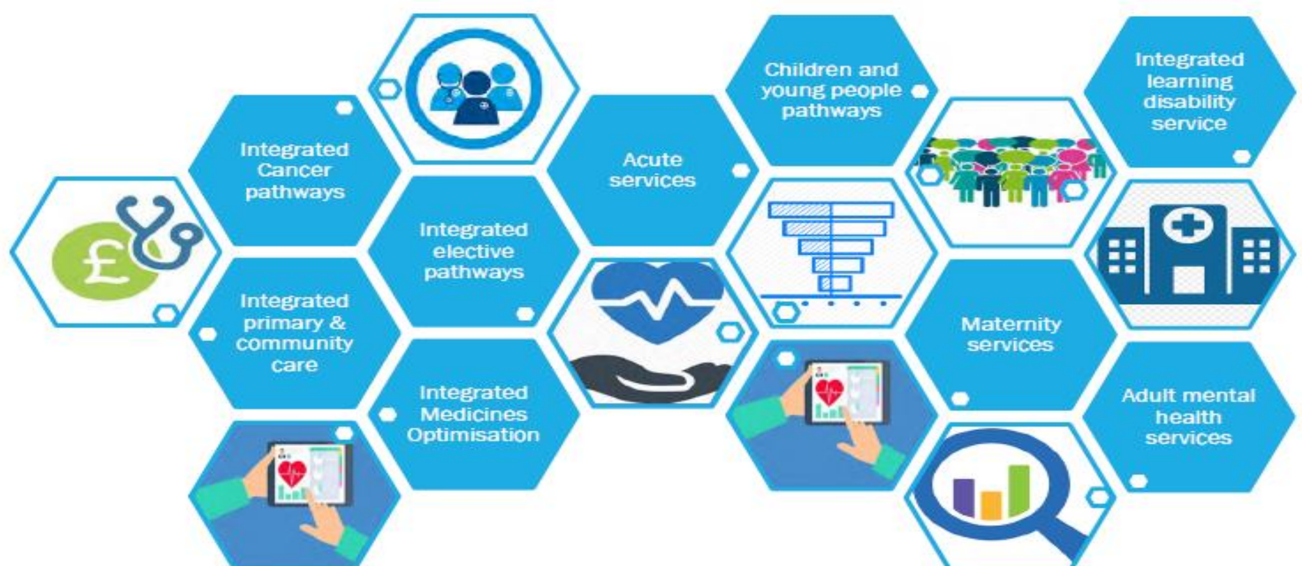
recent changes including a new Outcome Dashboard and metrics (Appendix 2) which underpin the Leicestershire Health and Wellbeing Strategy.

6. The following 4 areas therefore form the main basis of reporting to this Committee:
    a. CCG Performance for the East and West Leicestershire areas;
    b. Quality - UHL Never Events/Serious incidents;
    c. Leicestershire Health and Wellbeing Strategy outcome metrics and performance; and
    d. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Group Formation

7. On 1st July 2022 the Leicester, Leicestershire and Rutland Clinical Commissioning Groups become an Integrated Care Partnership working with system partners for improved care and outcomes. As part of the ICS development there have been governance changes bringing quality and performance improvement conversations into a newly formed ICS System Quality Group who are meeting for the first time on 16th June 2022. This has health and care representatives alongside local authority, health inequalities and patient colleagues. The purpose of the group is to provide a strategic forum to facilitate engagement, intelligence-sharing, learning and quality improvement across the ICS and it will report into a Quality, Safety and Assurance Committee separating the operational and assurance functions. This also fits with the requirements of the National Quality Boards and ensures the LLR ICS is compliant with their statutory duties and obligations.

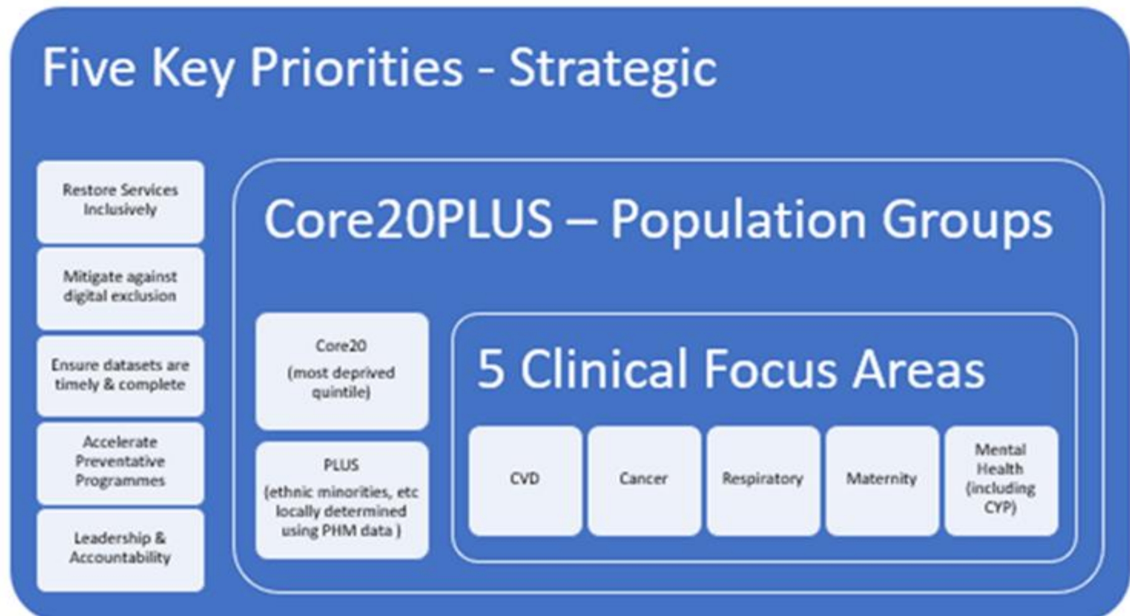
8. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups, soon to be Collaboratives. These are system groups; planning, designing and transforming services. They will take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below.



Health Inequalities

9. Reducing health inequalities is a core priority for the LLR Integrated Care System (ICS) and a programme of work to reduce health inequalities will be guided by the 12 principles within the LLR Health Inequalities Framework (see Appendix 1) with a focus on addressing the five priorities in the 2021/22 and 2022/23 NHS Operational Planning Guidance and the Core20Plus5 approach.

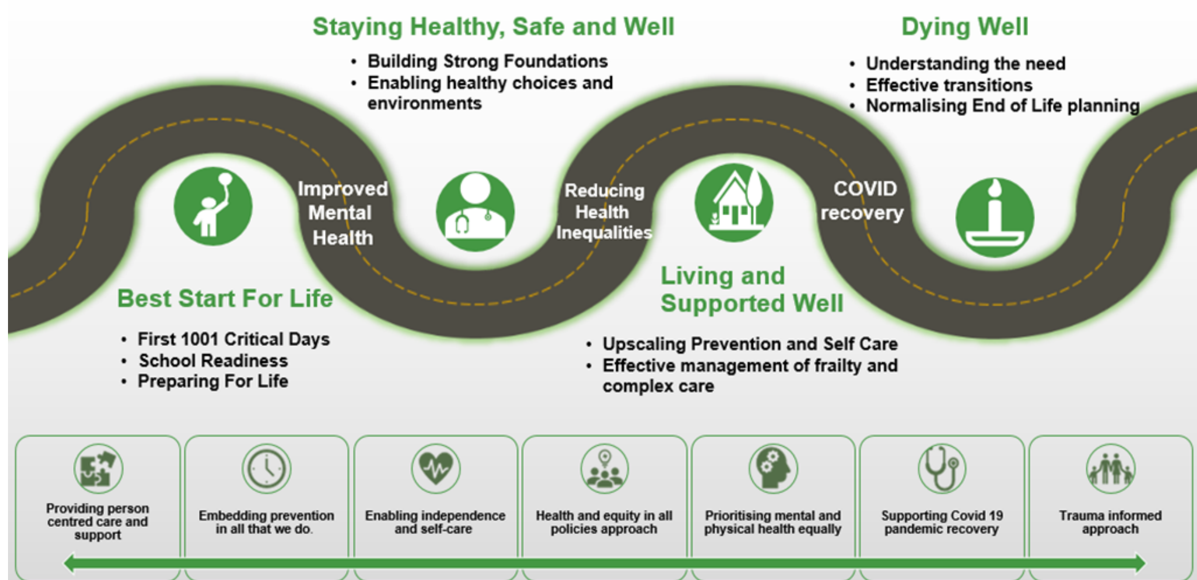
Health Inequalities Improvement Programme Prioritisation - Core20PLUS5



2021/22 priorities and operational planning guidance: Implementation guidance
https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf

10. The local NHS will collaborate with partners to address the wider determinants of health and deliver against Core20Plus5 national targets. Successful programmes to improve access, experience and outcomes requires not just the NHS, but all system partners working together. At system level, reporting on and governance of actions will be through the LLR Prevention and Health Inequalities Reduction Board (chaired by the Director of Public Health, Leicestershire County Council) and the Integrated Care Board/Integrated Care Partnership (ICB/ICP).

11. In Leicestershire, it will be through the Health and Wellbeing Boards and Director of Public Health, as outlined in the delivery of the Leicestershire Joint Health and Wellbeing Strategy. At neighbourhood level, it will be through local neighbourhood Community Health and Wellbeing Plans which will include delivery partners such as Primary Care Networks, Integrated Neighbourhood Teams and district and borough councils. The recently approved Joint Health & Wellbeing Strategy for Leicestershire has health inequalities as a cross cutting theme across all the life course stages.



12. The Leicestershire Health and Wellbeing Board is required to 'Do' specific Leicestershire, place-based action (such as work on the wider determinants of health as led by the Staying Healthy Partnership) and 'Sponsor' wider LLR NHS initiatives that reduce health inequalities in Leicestershire.

NHS System Oversight Framework

13. The CCG Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards. The CCG/CSU cannot currently exclude the Rutland elements of the figures as national performance metrics are reported publicly by Clinical Commissioning Group (West Leicestershire and East Leicestershire & Rutland) or Integrated Care System (Leicester, Leicestershire & Rutland). Though work is continuing to be able to provide disaggregated figures in the future.

14. 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 new LLR ICS System Quality Group (SQG) and was presented in May 2022 to the LLR ICS Quality and Performance Improvement Assurance Committee.

15. Each month the System Quality Group 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. 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
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%** March 22 **East Leicestershire & Rutland CCG (ELR) patients at all Providers** 51% **West Leicestershire CCG (WL) patients at all Providers** 50%	Referrals remain high and continue to directly impact on the 62-day cancer standard. Weekly cancer tumour site Patient Tracking List (PTL) meetings are in place to support services with recovery, transformation, and escalation. Work with East Midlands Cancer Alliance (EMCA) and regional providers to seek mutual aid where possible to support equitable access for all patients. The Trusts continue to clinically prioritise all patients on the cancer pathway where ready for treatment. Continued utilisation and further opportunity of the Independent sector.
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: % of patients treated, admitted or discharged >95%** **April 22** **LLR Urgent Care Centres only** 96% (9848 pts seen/treated in Apr 22) **UHL A&E only** 56% (19,409 pts seen/treated in Apr 22) **North-West Anglia NHS Foundation Trust** 57% **University**	There is a focus on flow through hospital and improving discharge processes. Root causes include: Crowding in ED due to chronic and sustained lack of outflow High inflow of both walk-in and ambulance arrivals UHL bed occupancy >85% Actions in place: Mobile UTC on LRI site working well to support deflection of patients away from ED front door- extended until end of May. Emergency medicine flow action plan in place to focus on reduction in non-admitted breaches and adherence to new UEC standards.

	Hospitals of Derby and Burton 62% **George Eliot** 72% **University Hospital Coventry and Warwickshire** 67%	
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 % of patients treated within 18weeks >92%** **ELR patients at all Providers** 51% March 22 **WL patients at all Providers** 52% March 22 --- **Total Number of ELR & WL patients waiting at all Providers** 84,954 at the end of March 22 **Total Number of ELR & WL patients at all Providers waiting over 52weeks** 9,419 at the end of March 22 **Total number of ELR & WL patients at all Providers waiting over 104weeks** 812 at the end of March 22 (753 at UHL)	The total waiting list size for WL and ELR CCG at the end of March was 84,954. This is an increase of 4038 patients from February which stood at 80,916. Insourcing, use of Independent Sector capacity and Mutual Aid continues to be sourced to support recovery. Offer of choice to appropriate patients waiting 104+ weeks. Protection of Leicester General Hospital (LGH) elective bed base Insource / ring-fence surgical beds for General Surgery and Urology at LGH
Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure	**Number of adults accessing IAPT services** Feb 22	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

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	1245 ELR & WL patients accessing IAPT services in Feb 22, against a target of 1452 **% of people who complete treatment who are moving to recovery** **National target >50%** Feb 22 61% ELR 51% WL	provider. The percentage of patients moving to recovery (where a patient is not classed as a clinical case at the end 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** April 22 59.1%	Transformation Officer has been in post from Jan 2022. Reconfigured leadership governance and fully representative on Homefirst, care homes, frailty and older persons sub-groups to strategically connect dementia agenda across the system alongside the Mental Health design Group. System working across the partnership to increase dementia diagnosis rate. Inclusive work to scope referral pathways to be undertaken to identify gaps/health inequalities. Recovery plan to be developed for memory assessment clinic to address long waiting lists

Other Cancer Metrics

16. The latest March 2022 performance for the Cancer Wait Metrics is set out below: -

Metric	Period	Target	East Leicestershire and Rutland CCG	West Leicestershire CCG
Cancer Waiting Times				
% Patients seen within two weeks for an urgent GP referral for suspected cancer The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Mar-22	93%	80.60%	76.72%
% of patients seen within 2 weeks for an urgent referral for breast symptoms Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Mar-22	93%	66.67%	31.25%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis 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	Mar-22	96%	93.75%	87.56%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Mar-22	94%	76.19%	68.00%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Mar-22	98%	91.67%	95.24%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Mar-22	94%	95.31%	89.29%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Mar-22	85%	51.43%	50.00%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Mar-22	90%	66.67%	57.14%
% of patients receiving treatment for cancer within 62 days upgrade their priority % 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.	Mar-22	No national target	77.14%	61.76%

Never Events at UHL

17. There were 9 Never Events in 2021/22. In 2020/21 UHL reported 7 Never events and in 2019/20 UHL reported 2 Never Events. Two Never Events occurred in March 2022:
    - Retained foreign object post procedure - a retained fragment of ribbon gauze post mandibular osteotomy.
    - Administration of medication by wrong route - oral methadone was administered subcutaneously via a syringe driver.

18. No patient harm occurred in either event and all appropriate immediate actions were undertaken. The Trust has worked with the LLR System Patient Safety Specialists and Imperial Healthcare to develop a Never Event reduction plan which is tracked through the Trust Board Quality Committee.

Areas of Improvement

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

    - There has been an overall increase in the number of General Practice appointments across Leicester, Leicestershire & Rutland (LLR). In April 2022 there were 502,049 appointments, more than in April 2020 and April 2021.
    - The number of patients waiting over 104 weeks for elective treatment has reduced each month from a January 2022 peak.
    - IAPT recovery continues to achieve the national target.
    - LLR is the only ICS in the Midlands to have no 'Inappropriate adult acute mental health Out of Area Placements (OAPs)' in the last 7 months. An OAP is inappropriate if the reason is non-availability of a local bed.

Public Health Outcomes Performance – Appendix 2

20. Appendix 2 sets out current performance against a range of outcomes set in the newly established performance reporting for the Leicestershire Health and Wellbeing Strategy. The Strategy sets out a range of outcome priorities under a number of priority themes and cross-cutting themes including: -

    Best Start for Life
    Staying Healthy, Safe and Well
    Living and Supported Well
    Dying Well
    Mental Health
    Health Inequalities
    COVID Recovery

21. Some of the headline performance elements for each theme are set below with the supporting detailed metrics in Appendix 2.

Best Start for Life

22. Out of all the comparable indicators presented for best start in life, 11 are red, eight are amber and 24 are green. Looking at trend over the last five time

periods where presented, two indicators are decreasing and getting worse, six indicators are increasing and getting worse, 14 indicators have no significant change, three indicators are decreasing and getting better, and four indicators are increasing and getting better.

23. Of the 24 green indicators, Leicestershire ranks 1st (best performing) when compared to its similar neighbours for the following indicators:

- Hospital admissions as a result of self-harm (10-24 years) - Persons
- Hospital admissions as a result of self-harm (10-24 years) - Females
- Hospital admissions as a result of self-harm (10-24 years) - Males

24. There are currently eight indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing): -

- Caesarean section %;
- A&E attendances (Under 1 year) Persons;
- A&E attendances (Under 1 year) Males;
- School readiness: Percentage of children with free school meal status achieving a good level of development at the end of reception Persons;
- School readiness: Percentage of children with free school meal status achieving a good level of development at the end of reception Males;
- Child development - percentage of children achieving a good level of development at 2-2 ½ years
- Child development - percentage of children achieving the expected level in communication skills at 2-2 ½ years
- Child development - percentage of children achieving the expected level in personal-social skills at 2-2 ½ years

Staying Healthy, Safe and Well

25. Out of all the comparable indicators presented for staying healthy, safe and well, 10 are red, 11 are amber and 12 are green. Looking at trend over the last five time periods, where presented, two indicators are decreasing and getting worse, one indicator is increasing and getting worse, 10 indicators have no significant change, two indicators are increasing and getting better, and one indicator is increasing.

26. Of the 12 green indicators, Leicestershire did not rank 1st (best performing) when compared to its similar neighbours for any indicators. There are currently

two indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):

- Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate – Persons;
- Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate – Females.

Living and Supported Well

27. Out of all the comparable indicators presented for living and supported well, three are red, three are amber and three are green. Looking at trend over the last five time periods where presented, six indicators have no significant trend. Of the three green indicators, Leicestershire ranks 1st (best performing) when compared to its similar neighbours for the following indicators:

- Emergency Hospital admissions due to falls in people aged 65 and over – Persons;
- Emergency Hospital admissions due to falls in people aged 65 and over – Females.

28. There are currently three indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):

- Hip fractures in people aged 65 and over – Persons;
- Hip fractures in people aged 65 and over – Female;
- Hip fractures in people aged 65 and over – Males.

Dying Well

29. Out of all the comparable indicators presented for dying well, one indicator is significantly higher, one indicator is similar, and one indicator is significantly lower. Looking at trend over the last five time periods where presented, one indicator is significantly increasing, one indicator is significantly decreasing, and one indicator has no significant trend.

Mental Health

30. Out of all the comparable indicators presented for supporting mental health, seven are red, six are amber and 13 are green. Looking at trend over the last five time periods where presented, three indicators are increasing and getting

worse, six indicators have no significant trend, and two indicators are decreasing and getting better.

- Of the 13 green indicators, Leicestershire ranks 1st (best performing) when compared to its similar neighbours for the following indicators:
- Suicide rate – Persons;
- Suicide rate – Males;
- Hospital admissions as a result of self-harm (10-24 years) – Persons;
- Hospital admissions as a result of self-harm (10-24 years) – Females;
- Hospital admissions as a result of self-harm (10-24 years) – Males;
- Hospital admissions for mental health conditions – Females.

31. There are currently two indicators where, when compared to similar areas, Leicestershire performs in the bottom three (worse performing):

- Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate – Persons;
- Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate – Females.

Health Inequalities and Covid Recovery

32. Out of all the comparable indicators presented for health inequalities, two are green and two are amber. Of the two green indicators, Leicestershire ranks 8th (best performing) when compared to its similar neighbours for Life expectancy at birth (females) and 6th for Life expectancy at birth (males). Of the two amber indicators, Leicestershire ranks 12th (best performing) for both Healthy life expectancy at birth (females) and Healthy life expectancy at birth (males). For inequality in life expectancy at birth, Leicestershire ranks 2nd (best performing) when compared to its similar neighbours for males and 3rd for females.

33. The final section of the Appendix sets out the latest position on a number of Covid metrics.

Better Care Fund and Adult Care Health/Integration Performance

34. Nationally, the Better Care Fund (BCF) plan for 2021/22 for Leicestershire was officially approved by NHS England in January 2022. The plan included ambitions associated with five BCF metrics and included targets and current data. In relation to improving outcomes for people discharged from hospital, the BCF Plan focused

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.'

35. The framework also retained 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.

36. In addition to the two metrics above, local systems also had to agree targets associated with a fifth metric – reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.

37. 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).

BCF Metrics

38. The below table shows the BCF metrics for this financial year, the targets and projected outturns for the 2021/22 financial year (projections are required as year-end national data has yet to be released):

Metric	Target	Projected Outturn	Commentary
Unplanned admissions for chronic ambulatory care-sensitive conditions.	775	735.1	The target for this indicator is projected to have been exceeded by approximately 5%. Therefore, fewer non-planned admissions occurred than predicted.
Proportion of older people (65 and over) who were	85%	89.4%	This metric is on track exceed the target by approximately 4.3%. The focus on reablement in hospital

still at home 91 days after discharge from hospital into reablement/ rehabilitation services			and the community has improved performance against this metric within the financial year. ASC teams have been restructured to maximise the reablement function.
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)	93.1%	92.3%	This metric is slightly off target (0.8%). However, it was an ambitious target for post-pandemic recovery. It does, however, represent an improvement on both previous years' data.
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more	Weighted data = 14+ days = 10% 21+ days = 4.6%	14+ days = 11.2% 21+ days = 5.4%	Both targets have been missed by approximately 1%. With data for 14+ days at 11.2% and 21+ days at 5.4%. This has been reflected on as a system acknowledging a focus on those with more acute needs being in hospital for longer. There will be a review of actions across LLR to impact on this during the 2022/23 BCF planning.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Planned rate of 519	574.7 (per 100,000 population)	Currently data suggests that this is not on target and will miss this be approximately 10%. Additional use of residential care settings has led to increased admissions. Support has been requested from health colleagues on the focus on reablement and to ensure that community teams are better placed to case manage people in their own homes with a fully operational Home First model of care. The population rate has not been published as yet, so this may reduce the rate when known.

<u>List of Appendices</u>

Appendix 1 - Health Inequalities Framework for LLR
Appendix 2 – Health and Wellbeing Strategy Outcomes Report Update

<u>Background papers</u>

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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