



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
4 JUNE 2025

REPORT OF THE CHIEF EXECUTIVE AND ICS 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 in April 2025.
2. The report contains the latest available data for Leicestershire and Rutland and LLR on a number of key performance metrics (as available in April 2025) and provides the Committee with local actions in place.

Background

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 ICS Commissioning Support Unit 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.

Future Changes to Performance Reporting Framework

4. In March 2025 NHS England (NHSE) published its new NHS Performance Assessment Framework for 2025/26 setting out a revised approach to assessing how success and areas for health performance improvement will be identified and how organisations will be rated. The new framework replaces the NHS System Oversight Framework 2021/22. NHSE are testing new ICS operational plan submissions against the new framework. The framework data will be first published at the end of quarter 1 (July 2025) in an interactive web-based public accountability tool.

5. The approach is based on assessing performance metrics across four domains of an integrated care system – Integrated Care Boards (ICBs) and acute care, mental health, community and ambulance providers. The extensive set of metrics cover a wide range of areas including national operating objectives in NHS planning guidance, finance and productivity metrics, public health and patient outcome metrics, quality and inequalities metrics, and priority system metrics.
6. A number of national and local priorities have been set for the health system for 2025/26 including: -
 - Improving referral to treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement. Improving performance against the cancer 62-day and 28-day Faster Diagnosis Standard to 75% and 80% respectively by March 2026.
 - Improving Accident and Emergency waiting times with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
 - Improving patients access to general practice, improving patient experience, and improving access to urgent dental care, providing 700,000 additional dental appointments.
 - Improving patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improving access to children and young people's mental health services, to achieve the national ambition for 345,000 additional children and young people aged 0 to 25 compared to 2019.
7. Delivery of the national priorities will aim to be achieved by focusing on -
 - Reducing demand through developing Neighbourhood Service models;
 - Making full use of Digital Tools;
 - Addressing inequalities and shifting towards secondary prevention;
 - Living within budget, reducing waste and improving productivity; Providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity.
 - Maintaining focus on the overall quality and safety of services.
8. The following 3 areas form the main basis of current reporting to this Committee, and they will continue to be revised as the new performance assessment approach takes shape:
 - a. ICB/ICS NHS System Priorities Performance Report – Appendix 1
 - b. Leicestershire Public Health Strategy outcome metrics and performance – Appendix 2.
 - c. Performance against metrics/targets set out in the Better Care Fund plan.

NHS System Oversight Framework

9. The Leicester Leicestershire and Rutland ICB position within the NHS Oversight framework is also reported in Appendix 1. This benchmarks the ICB against over 60 Key Performance Metrics (KPIs) and includes the best and worst 25% rank positions against ICBs in England. Set out at the end of the slide pack attached as Appendix 1. An executive summary is also set in slide 2 of the pack and performance priorities summarised in slides 3-5.
10. Performance reporting is also a key element of the LLR ICB Collaboratives, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year.

Summary of ICB/ICS Performance

11. The performance report attached as Appendix 1 aims to provide a high-level overview of the Leicester, Leicestershire and Rutland (LLR) achievement of the 2024/25 National NHS System Priorities. Slides 3-5 set out NHS priorities for 2024/25 together with planned/targeted performance, actual performance and supporting rag ratings for 34 areas. Of those currently reported, 12 are green/achieving, 5 amber/within 5% and 11 red/under. A range of supporting slides set out further detail on progress/performance in service areas.
12. Slides 54 and 55 set out the benchmark rank positions on 2023/24 performance for the LLR ICB against other reporting ICBs, with a number of red and green areas highlighted for that year. Red areas include the clostridium difficile infection rate, e.coli bloodstream infection rate, cervical cancer screening coverage, access rate for Improving Access to Psychological Therapies (IAPT) services, and people over 65 receiving a seasonal flu vaccination. Green areas include children and young people's mental health service access, and access rates to community mental health services for adults with severe mental illness.
13. A summary of some of the recent headline performance progress includes: -

Urgent Care

- Maximising Emergency Department (ED) Front Desk re-direction to community Urgent and Emergency Care (UEC) services. University Hospitals Leicester (UHL) re-directed 11,223 patients during 2024/25 – an increase of 18% on the previous year.
- East Midlands Ambulance Service (EMAS) Failed Pathways audit (Jul–Dec 2024) has identified key areas for transformation to improve access and reduce patient contact points. Initial conversations with UHL Same Day Emergency Care (SDEC) colleagues to improve direct access for EMAS crews on scene.

Primary Care

- Ongoing delivery of the Enhanced Access appointments increase access and offer a range of services. Multi-Disciplinary Team (MDT) focusing on preventative care. Increase in health care checks, medication reviews, learning disability health checks and flu vaccinations. As of March 2025, over 65,000 additional hours have been delivered across the 26 Primary Care Networks.
- To support winter pressures, almost an additional 10,000 on the day appointments were delivered between December 2024 and March 2025 in Primary Care across LLR.

Elective Care

- The UHL long waiter position is monitored daily in addition to weekly meetings with the Chief Operating Officer (COO) and the Deputy COO for the 78 week and 65 week wait patients.
- With the support of national 'Getting It Right First Time' (GIRFT) funding, by the end of March 2025 just under 1,000 patients were reviewed for their physiotherapy needs. A community assessment day is also planned for June which will aim to see a further 100 patients in one day.

Diagnostics

- Waiting times in March saw improvements across all modalities. '6 week' and '13 week' waits all decreased with significant reductions for Magnetic Resonance Imaging (MRI), computed tomography (CT), dual energy x-ray absorptiometry (DEXA) and adult sleep test.
- Clinical teams have visited the Hinckley Community Diagnostic Centre which is now in the final stages of completion.

Cancer

- Continued delivery of the Faster Diagnosis Standard for eighteen consecutive months.
- Clinical prioritisation of patients and review of next steps for >104-day patients.

Mental Health

- Talking Therapies (TT) reliable improvement for February is 66%, marginally under the target of 67% and Talking Therapies reliable recovery meets target of 48%, performance is 49%. New steering group set up to drive forward improvements.
- Mental Health Support for LLR Funded Voluntary, Community, and Social Enterprise (VCSE)-Pathway. Launch complete and intervention currently open for LLR Crisis Mental Health cafes. Ambition to expand the offer to reach other VCSE workforce in LLR.

Learning Disability

- National data confirms that LLR exceeded the Quarter 1, Quarter 2 and Quarter 3 Annual Health Checks (AHCs) target within our Operational Plan. National data for Quarter 4 and national ranking awaited. Local data indicates that 4403 AHCs completed equating to 82.1% of those aged 14+ on the Learning Disability register. LD register increased by 153 people during 2024/25.

Public Health Outcomes Performance – Appendix 2

14. Appendix 2 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 36 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' worse than the England value or benchmark.
15. Analysis shows that of the comparable indicators, 17 are green, 14 amber and 2 red. There are 3 indicators that are not suitable for comparison or have no national data. Of the seventeen green indicators, the following indicator: cancer screening coverage-bowel cancer, has shown significant improvement over the last five years. Breast cancer screening coverage, cervical cancer screening coverage (25-49 years old) and cervical cancer screening coverage (50-64 years old) have shown a significant declining (worsening) performance over the last five years. Year 6 prevalence of overweight (including obesity) has shown a significant increasing (worsening) performance.
16. Of the fourteen indicators that are amber, breastfeeding prevalence at 6 to 8 weeks and smoking status at delivery have shown significant improvement over the last 5 time periods. Successful completion of drug treatment: non opiate users has shown a significant declining (worsening) performance over the last five years.
17. Of the two red indicators – overweight (including obesity) prevalence in adults for the time period 2022/23, Leicestershire ranked 10th out of 16. HIV late diagnosis in people first diagnosed with HIV in the UK in 2021-23, Leicestershire ranked 15th out of 16. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of Health and Wellbeing Strategy implementation and the public health service plan development process.
18. Inequality in life expectancy at birth for both Males and Females in Leicestershire falls within the best quintile in 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

19. Nationally, the Better Care Fund (BCF) plan guidance for 2025/26 was published by NHS England (NHSE) in January 2025. Full Health and Wellbeing Board BCF Submissions were made by end of March 2025, with outcome letters due in May 2025.

20. The BCF performance framework for 2025/26 is set out in the table below: -

Emergency Admissions	
Indicator	Emergency admissions to hospital for people aged 65+ per 100,000 pop.
Supporting Metric	Unplanned hospital admissions for chronic ambulatory care sensitive conditions per 100,000 pop.
Supporting Metric	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
Discharge Delays	
Indicator	Average length of discharge delay for all acute adult patients
Indicator	Proportion of adult patients discharged from acute hospitals on their discharge ready date
Indicator	For those adult patients discharged on DRD, average number of days DRD to discharge
Supporting Metric	Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.
Supporting Metric	Local data on average length of delay by discharge pathway.
Residential Admissions	
Indicator	Long-term support needs of older people (age 65 and over) met by admissions to residential and nursing care homes, per 100,000 population.
Supporting Metric	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
Supporting Metric	The proportion of people who received reablement during the year, where no

	further request was made for ongoing support.
--	---

21. The table below shows the BCF metrics for the 2024/25 financial year, the targets and outturns where available:

Metric	Target	Actual	Commentary
Indirectly standardised rate (ISR) of emergency hospital admissions per 100,000 population	162.6	195.1	The focus for the LLR system will be on the development of community care models, particularly in expansion of current good performance to ensure capacity meets demand. Additional investment in neighbourhood models of care and step-up activity should mitigate the increase seen in this financial year.
Percentage of people, resident in the HWB area who are discharged from acute hospital to their normal place of residence.	93%	92.1%	For 2025-26 an increase in RRR provision from hospital is hoped to increase further the number of people that return to their normal place of residence. This includes care home environments being supported to have residents' return. There is a less than 1% variance from target to actual so has been reported as target met.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1756.9	1682.9	This metric has met the target. The falls sub-group are looking at proactive models of support in the community for falls reduction pathways along with improved performance within the DHU falls response car
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	494	583.8 (projected)	This metric is off target. Proactive care MDT's will be looking at ensuring people in high need population groups have got a care plan that will aim to support people to remain at home. This includes developing palliative care and VW service and therefore reducing the likelihood of long-term admissions to care homes.

List of Appendices

Appendix 1 – LLR NHS System Priorities Performance Report

Appendix 2 – Public Health Outcomes – Key Metrics

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/>

LLR Integrated Care Board meetings can be found at the link below

<https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/>

NHS Performance Assessment Framework for 2025/26.

Officers to Contact

Alison Buteux - NHS Midlands and Lancashire Commissioning Support Unit

alison.buteux@nhs.net

Victoria Rice - Public Health Intelligence Business Partner victoria.rice@leics.gov.uk

Philippa Crane, Better Care Fund Lead Intelligence Analyst,

Philippa.Crane@leics.gov.uk

Andy Brown – BI Team Leader, Andy.Brown@leics.gov.uk