



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
1 MARCH 2023

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 January 2023.
2. The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Collaborative Group formation.
3. The report contains information on Covid-19 vaccination uptake for Leicestershire residents to 9 February 2023. An update is provided on the NHS System Oversight Framework and local performance reporting. The report contains the latest available data for Leicestershire and Rutland on a number of key performance metrics (as available on 8 February 2023) and provides the Committee with details of local actions in place. Within the performance report there is also a detailed Cancer Performance section and recovery plan and governance framework that has been established to ensure that traction on continuous improvement is being maintained.

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 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.

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.

6. The following 5 areas therefore form the main basis of reporting to this Committee:
 - a. ICS Performance for the East and West Leicestershire areas;
 - b. A specific focus on cancer performance;
 - c. Quality - UHL Never Events/Serious incidents;
 - d. Leicestershire Public Health Strategy outcome metrics and performance;
 - e. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Group Formation

7. The Integrated Care Board (ICB) is the statutory organisation that was formally established on 1st July 2022. This is the health element of the Integrated Care System (ICS), which works with providers and partners to take decisions about how health and social care services are coordinated.
8. In line with the National Quality Board requirements the LLR ICB has reviewed the governance structures in place. Since July 2022 there has been a System Quality Group who meet and report into the Quality and Safety Committee around quality issues and topics. Performance is reported into the System Executive Group and escalated into the Integrated Care Board.
9. Also, as a system, there is a drive towards offering quality and performance improvement support to nine system-wide Design Collaboratives. These are system groups; planning, designing and transforming services. They take a whole pathway approach and work collectively together to deliver the change required. The nine groups are outlined below.



NHS System Oversight Framework

10. The ICS Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards. Leicestershire cannot currently be identified separately to Rutland for many performance metrics, as national reporting is only publicly available at sub-ICB boundaries (the former CCG boundaries of West Leicestershire and East Leicestershire & Rutland) or at ICB (Leicester, Leicestershire & Rutland) level. Though work is continuing to be able to provide disaggregated figures in the future.
11. A monthly performance report is presented to the System Executive Group (SEG), this is based on the Winter Plan, key performance priorities of the LLR System and high-level overview of the areas which most require improvement. Urgent and emergency care, ambulance handovers; elective waiters including 104 weeks; cancer and access to primary care, as some of the examples. A detailed performance report, based on the NHS System Oversight Framework (<https://www.england.nhs.uk/nhs-oversight-framework/>) was last presented on 27 January 2023 to the LLR ICB System Executive Committee.
12. Performance reporting is also a key element of the new Collaborative and Design Groups, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year to support their decision making around transformational priorities. The following table provides an explanation of the key performance indicators, the latest performance for Leicestershire & Rutland (as available on 8 February 2023) and details of some local actions in place.

NHS Constitution metric and explanation of metric	Latest 2022/23 Performance	Local actions in place/supporting information
<p>A&E admission, transfer, discharge within 4 hours</p> <p>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</p>	<p><u>National Target >95%</u></p> <p>January 23</p> <p>LLR Urgent Care Centres only 97% (11,648 pts seen / treated in Jan 23)</p> <p>UHL A&E only 57% (19,516 pts)</p>	<p><i>From UHL's Integrated Performance Report to the February 23 Trust Board</i> <i>(https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/)</i></p> <p>Root Causes -</p> <ul style="list-style-type: none"> • Crowding in ED due to chronic and sustained lack of flow • High Inflow of both walk in and ambulance arrivals • UHL bed occupancy >90% <p>Actions:-</p> <ul style="list-style-type: none"> • Overnight consultant in ED rota in place and increase uptake in shifts noted • LRI's Minor Injuries and Minor Illness

<p>and patient experience of A&E.</p>	<p>seen / treated in Jan 23)</p> <p>December 22</p> <p>University Hospitals of Derby and Burton 56%</p> <p>George Eliot 71%</p> <p>University Hospital Coventry and Warwickshire 58%</p> <p>North West Anglia NHS Foundation Trust 49%</p>	<p>(MiaMI) agreement to extend opening times from Mid 8a.m. to 12p.m.</p> <ul style="list-style-type: none"> • Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter Professional Standards • Implementation of pre-transfer unit at LRI • Extension of discharge lounge at LRI <p>80% of LLR residents use Leicester Royal Infirmary for their A&E service. The remaining 20% access A&E hospital services outside of Leicestershire (Coventry & Warwick, Derby & Burton, etc). The data shown is for <u>ALL</u> patients attending and cannot be split by LLR patients.</p>
<p>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.</p>	<p><u>National Target</u> >92%</p> <p>Leicestershire & Rutland patients at all Providers 48% in Dec 22</p> <p>Total Number of Leicestershire & Rutland patients waiting at all Providers 92,771 at the end of Dec 22</p> <p>Number of Leicestershire & Rutland patients waiting:</p> <p>Over 52 weeks 10,836 at the end of Dec 22 (9,596 at UHL)</p> <p>Over 78 weeks 2068 at the end of Dec 22 (1924 at UHL)</p>	<p>Root Causes -</p> <ul style="list-style-type: none"> • Crowding in ED due to chronic and sustained lack of flow • High inflow of both walk-in and ambulance arrivals • UHL bed occupancy >85% <p>Actions: -</p> <ul style="list-style-type: none"> • Overnight consultant in ED rota in place and increase uptake in shifts noted • LRI's Minor Injuries and Minor Illness (MiaMI) agreement to extend opening times from mid-September. <p>Emergency flow action plan focus on reduction in non-admitted breaches and adherence to new Inter-Professional Standards</p>

	<p>Over 104 weeks 67 at the end of Dec 22 (63 at UHL)</p>	
<p>Dementia</p> <p>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</p>	<p><u>National Target</u> >66.7%</p> <p>Leicestershire</p> <p>October 22 60.7%</p>	<p><i>Midland Mental Health High Level Reporting Dashboard Dec 22 – LLR ICS</i></p> <p>Northwest Leicestershire, Harborough & Rutland identified as biggest areas of widening gap in Dementia Diagnosis Rate since Covid. Plans to work with Memory Assessment Service (MAS) to develop a trajectory to target these areas to improve this via their waiting lists and new referrals.</p> <p>MAS have piloted Occupational Therapy (OT) as part of post diagnostic support, delivering functional assessments - funding for pilot ends March 23. MAS review is currently underway with different workstreams that will address the number of people waiting for assessment & diagnosis. Funding has been approved to operationalise weekend clinics from 14/01 - 30/03/23.</p>
<p>Cancer 62 days of referral to treatment</p> <p>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%</p> <p>Leicestershire & Rutland patients at all Providers</p> <p>45% in Dec 22</p>	<p>The Cancer 62-day target will remain challenged whilst the 62-day backlog position is recovering.</p> <p>Root Causes:-</p> <ul style="list-style-type: none"> • Capacity constraints across all points of the pathways • High backlog levels being treated and prioritised having a direct impact on performance. • Increases in the number of referrals. • Workforce challenges including recruitment and lack of Waiting List Initiative activity. <p>Actions:-</p> <ul style="list-style-type: none"> • Continue to clinically prioritise all patients. • Weekly Patient Tracking List (PTL) review including additional support in Urology. • Review national timed pathways and identify possible areas for

		improvement. <ul style="list-style-type: none"> • NHSE investment to support Oncology/Radiotherapy/Haematology • Increased Pathology provision.
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Cancer Performance

13. In November 2022, a summary of the cancer performance was presented to the Committee, resulting in a request for a more detailed report in March 2023. This report aims to provide an overview of the historic performance, the current performance and the measures that have been put in place to secure improvements in the management and governance of cancer activity across LLR.
14. In line with the revised governance structures adopted within the LLR ICB, a Cancer Design Group has been established, incorporating system wide membership which focuses on planning, designing and transforming services. The group takes a whole pathway approach and works collectively together to deliver the transformation changes required.
15. In addition to the Cancer Design group the following measures have also been put in place:
- Weekly Recovery Action Plan monitoring across all cancer tumour sites;
 - Daily cancer performance tracking reporting at tumour site level;
 - Weekly Patient tracking list reviews;
 - Long wait reviews at patient level by medical leadership.
16. The latest December 2022 performance for the Cancer Wait Metrics is set out below. The numbers in brackets show the number of patients seen/treated within the relevant time against the total number seen/treated. (*E.g., 1375 ELR patients were seen under the 2ww pathway in December, of which 1172 were seen within 2 weeks (85%)*).

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	Dec-22	93%	85% 1172/1375	85% (1283/1512)
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Dec-22	93%	50% 1/2	100% 6/6
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Dec-22	96%	81% 145/178	79% 138/174
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Dec-22	94%	82% 31/38	81% 29/36
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Dec-22	98%	87% 20/23	96% 27/28
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Dec-22	85%	44% 38/87	47% 48/103
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Dec-22	90%	72% 18/25	77% 10/13
% of patients receiving treatment for cancer within 62 days upgrade their priority	Dec-22		58%	59%

Cancer metrics included within the 2022/23 NHS Oversight Framework:

	22/23 System Oversight Framework reference	Metric	Threshold	Nov-21	Nov-22	Direction of performance
CANCER	S010a	Cancer 31 day First definitive treatment- Total patients treated for cancer compared with the same point in 2019/20	100%	Nov 20- 96.7% Nov 21- 80.7%	107.5%	↑
	S011a	Cancer 62 day waits - Total patients waiting longer than 62 days to begin Cancer treatment (UHL)	N/A	w/e 02/01/22- 13.9% 09/01/22- 15.2% 16/01/22- 14.7% 23/01/22- 13.5% 30/01/22- 13.1%	w/e 08/01/23- 18.9%	↑
	S012a	Proportion of patients (%) meeting faster diagnosis standard (All)	>75%	67.9%	72.5%	↑

SCREENING, VACCINATION AND IMMUNISATION	22/23 System Oversight Framework reference	Metric	Threshold	2020-21 Q3	2021-22 Q3	Direction of performance
	S048a	Bowel screening coverage, aged 60–74, screened in last 30 mths	Efficiency = 55%; Optimal = 60%	Dec 2019 Leicester- 50.1% Leicestershire -66.8% Dec 2020 Leicester- 52.9% Leicestershire-67.7%	Dec 2021 Leicester -57.8% Leicestershire-73.8%	↑
	S049a	Breast screening coverage, females aged 53–70, screened in last 36 months	Efficiency = 70%; Optimal = 80%	Mar 2019 Leicester- 66.4% Leicestershire- 78% Mar 2020 Leicester- 68% Leicestershire- 77.7%	Mar 2021 Leicester -44.3% Leicestershire- 65%	↓
	S050a	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 year coverage)	Efficiency = 75%; Optimal = 80%	2020-21 Q4 71.2%	2021-22 Q4 71%	↓

17. In November (Fig. 1) UHL saw improvements in six of the 10 nationally reported standards: 14 Day Suspect Cancer, 14 Day Breast Symptomatic, 31 Day First, 31 Day Subs Surgery and 31 Day Subs Drugs.

Figure 1: Cancer Performance (including prospective performance predictions)

Standard	Target	Validated Position Apr-22	Validated Position May-22	Validated Position Jun-22	Validated Position Jul-22	Validated Position Aug-22	Validated Position Sept-22	Validated Position Oct-22	Validated Position Nov-22	Variance Oct - Nov
2WW	93%	83.2	84.7	81.3	86.2	84.2	83.5	87.5	88.3	↑
2WW Breast (Symptom)	93%	93.8	87.5	100	100	100	66.7	87.5	100	↑
28 Day FDS 2WW	75%	75.7	74.3	73.3	79.4	78.8	74.1	75.0	72.8	↓
31 Day 1 st Treatments	96%	84.5	81.5	78.4	85.4	86.0	85.1	75.9	77.7	↑
31 Day Subs Surgery	94%	64.2	58.8	57.7	61.1	63.3	61.9	59.6	68.1	↑
31 Day Subs Drugs	98%	95.3	92.2	96	98.6	97.1	96.3	89.7	93.6	↑
31 Day Subs RT	94%	84.8	71.2	65.9	60.7	46.2	55.3	53.9	46.0	↓
62 Day Classic	85%	45.2	40.9	48.6	54.9	48.4	40.7	44.1	35.0	↓
62 Day Screening	90%	53.7	55.9	44.7	64.9	68.7	62.7	71.1	63.8	↓
62 Day Upgrades	N/A	71.6	68.3	64.7	63.6	55.5	71.9	54.7	55.1	↑

18. The position for cancer remains a challenge and will continue to be so whilst plans are implemented to address both pre-covid capacity gaps and post covid backlog recovery.

19. All specialities have been working collaboratively to identify, plan and implement a range of measures to secure improvements across the cancer pathways. Whilst there is still a significant way to go in stabilising the cancer pathways, the **key cancer achievements to date include:** -

- A reducing 62 day backlog;
- November 2022 saw improvements in 6 of the 10 nationally reported standards, with the achievement of one of the standards (14 Day Breast Symptomatic);
- A 70%+ Faster Diagnostic Standard (FDS) delivery, against the national standard of 75%;
- Tumour site Recovery meetings now at accelerated pace with recovery trajectories owned by services;
- Improvement Support Team support agreed for 2023 to support on demand and capacity analysis and pathway redesign;
- Funding agreed for additional insourced biopsy support;
- 2nd DaVinci robot charitable funds confirmed, business case to follow;
- Non Site Specific Symptoms pathway went live from 04/01/22;
- Expanded LOGI pathway also live from 04/01/22;
- Nuclear Medicine waiting list reduced by 20%;
- Increased IS support offered for Colorectal and Prostate pathways.

20. UHL continues to work collaboratively with the ICB to ensure robust governance, patient pathways and capacity are in place to improve the LLR/Trust's position. As of 7th February there are currently 619 patients over 62 days, a reduction of 35% in patients waiting from referral to treatment from November 2022.

Primary Care

21. Work within primary care in 2022/23 will continue at pace as primary care takes an ever-increasing role in the early diagnosis of cancer. Increasing the use of best practice pathways to improve early diagnosis of cancer, LLR has recently introduced the NICE / NHS England approved lower GI pathway. This requires primary care to carry out pre-referral diagnostic FIT testing to allow for triaging within secondary care and a quicker patient journey.

22. LLR has also introduced the non-site-specific pathway to improve the early diagnosis of cancer to allow primary care to refer patients who do not have a

clear primary site for cancer. This requires further investigation within primary care but again will allow for a quicker diagnosis. Safety netting of potential cancer patients is also being introduced within primary care through new safety netting tools that been developed locally and nationally.

23. LLR ICB is working with Public Health, the Primary Care Networks and volunteer groups to look at how patient education of cancer can be improved. There are a number of projects currently being worked up including prostate cancer within the African Caribbean community and increasing the uptake of the screening programs for bowel, breast and cervical. There are significant risks to achieve in these, which include workforce, capacity, funding, and effective engagement with key groups.

24. The System are currently working through many different workstreams to improve take up of screening which include podcasts aimed at those patients who do not undertake their breast, cervical and bowel screening as well as video texting our community in different languages around bowel screening. LLR is also undertaking a lung cancer awareness campaign in June around the Coalville area where lung cancer is most prevalent. The targeted health lung check project will be implemented in April 2023 where patients will be invited for lung cancer screening.

25. Patients now with Lynch syndrome are now part of the national bowel screening programme to identify bowel cancer sooner which is one of the dangers of having lynch syndrome.

Cancer Referrals

26. Referral rates continue to be significantly above pre-pandemic levels although December 2023 was not higher than the 2022 equivalent. Historically cancer referrals rise c.25% every three years and reflect the impact of a growing, aging population, public awareness and changing lifestyles.

27. The demand and capacity review has identified the referral demand on each service over the past year and indicates the required capacity to deal with peaks in demand (85th percentile).

Two Week Wait

28. The reported UHL 2WW position for November is 88.3% an improvement from October. Improvements have been in most tumour sites with Brain, Breast and

Lung achieving the standard, Haematology is due to pilot a 2ww triage service that has now been approved via the system Cancer Design Group which is anticipated to support a reduction in inappropriate 2ww referrals.

29. In November, with 88.3%, UHL ranked 61 out of 136 Acute Trusts (58th in October). The National average was 78.8%. 41 out of the 136 Acute Trusts achieved the target. UHL ranked 7th out of the 18 UHL Peer Trusts. The best value within our peer group was 96.8%, the worst value was 51.6% and the median value was 83.3%.

Faster Diagnostic Standard

30. At 72.8%, performance remained above 70% of patients receiving their diagnosis within 28 days of referral, on the 75% target. UHL is ranked 9th in peer group. Actions to further improve our FDS pathway include a combination of prevention and screening objectives including supporting improved awareness of the importance of the screening programmes, to facilitate better informed choice via supported targeted interventions among patients known not to engage. 2023/24 will see the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs.

62 Day Performance

31. 62-day performance in November was 35.0%. In November, UHL ranked 130th out of 134 Acute Trusts. The National average was 61%. 9 out of the 134 Acute Trusts achieved the target. UHL ranked 18th out of the 18 UHL Peer Trusts. The best value within our peer group was 75.3%, the worst value was 35.0% and the median value was 52.7%.

32. The 62-day backlog has continued to decrease from early November at UHL. Capacity remains the most significant constraint across patient pathways with key pinch points identified within outpatients, oncology and radiotherapy, dependent on tumour site. UHL has plans in place to reduce the 62-day breaches by March 2023.

Tumour Site Deep Dive

33. Urology, Colorectal and Skin make up 85% of the 62-day backlog position at UHL. With national funding pathways being transformed and recruitment undertaken to improve the number of appointment slots available. In addition,

the use of the Independent Sector is supporting patients to be seen more quickly where appropriate alongside additional capacity being provided through regular Waiting List Initiative clinics (32 provided in January) in advance of consultant recruitment during the summer.

34. The UHL dermatology service had been under pressure following the pandemic, due to multiple factors including increased referrals (30%) above pre-pandemic levels, shortages of consultant dermatologists, complexity of lesions and the resulting increase in the number of cancer patients requiring treatments. Since April 2021, the service had been unable to meet the 2WW cancer target.

35. In summer 2021 the UHL Dermatology Service explored innovative solutions to support the delivery of a timely skin cancer service. In March 2022 UHL and system partners began working with Skin Analytics, an AI powered tele-dermatology provider. The service has been in operation as a one-year pilot based on 8500 cases purchased from Skin Analytics since the end of March 2022, initially at Loughborough Hospital. A further 3 sites have since been added at Melton, Hinckley and Leicester General Hospital. As of end of December 2022 the service has undertaken 3,708 cases and thus it has been agreed to extend the skin analytics contract until August 2023 in order to complete the 8500 cases.

Improvement Support Team (IST)

36. IST are reviewing the tumour site recovery plans at UHL for additional support and returning at the end of February to introduce capacity planning tools used elsewhere, review tumour site pathways with clinical teams and undertake pathway breach analysis to identify bottlenecks. In addition, the Trust's cancer access policy will be reviewed after the next Cancer Waiting Times update guidance expected shortly.

Cancer Summary

37. UHL is 3 trusts away (and 0.3%) from tripping out of the lowest quartile for our 62-day backlog. UHL are seeing 130% more patients on a cancer pathway than they previously did. Oncology, Radiotherapy and Nuclear Medicine have challenges to delivery however have long term plans in place to improve.

<p>Acronyms used: UHL – University Hospitals of Leicester LLR – Leicester, Leicestershire &</p>	<p>RAP – Recovery and Performance EMCA – East Midlands cancer Alliance MDT – Multidisciplinary Team</p>
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Rutland ICS – Integrated Care System 2WW - 2 Week Wait FDS –Faster Diagnostic Standard NHSE – NHS England CHUGGS CMG – Oncology, Haematology, Urology, Gastroenterology, Gastrointestinal Surgery, Palliative Medicine, Clinical Management Group	LOGI – Lower Gastrointestinal UPGI – Upper Gastrointestinal PCL – Patient Care Locally (LLR Community Interest company) KPI – Key performance indicator
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Never Events at UHL

38. The table below shows the number of Never Events at UHL

Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD
Never events	0	1	1	0	6

October NE- Wrong Site Surgery (Incorrect lesion removed)

November NE- Wrong Site Surgery

39. The Trust has had 6 never events since April 2022. All appropriate immediate actions have been undertaken and full investigations to identify further learning have been completed. A thematic review of NE's has been completed and the NE action plan has been updated to reflect learning from this. In previous years UHL reported:

- 9 Never Events in 2021/22
- 7 Never Events in 2020/21
- 2 Never Events in 2019/20

Areas of Improvement

40. Since the last performance report there have also been notable improvements in the following areas:

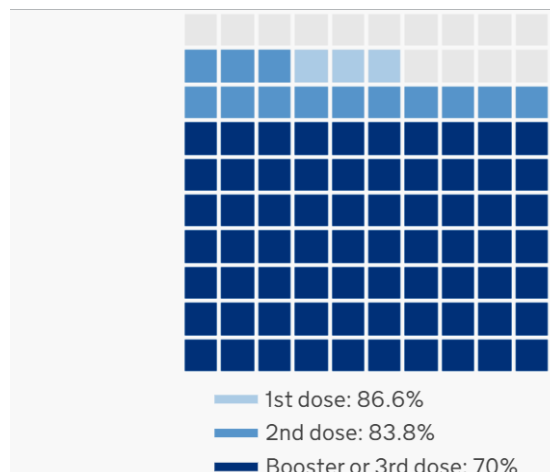
- **Covid-19 vaccinations** for Leicestershire residents aged 12 and over.
- Proportion of people referred to a **post covid service** who are assessed by a health care assessment within 6 weeks of referral increased from 11.3% in February 2022 to 67.6% in November 2022.

- The overall increase in the number of **General Practice appointments** across Leicestershire & Rutland. In December 22 there were a total of 375,140 appointments, this was more than in December 2019, December 2020 and December 2021.
- The number of patients waiting over **104 weeks for elective treatment** has reduced steadily each month for the last six consecutive months. The peak of 1,063 patients in January 2022 decreased so that at the end of December 2022 there were 67 Leicestershire and Rutland patients waiting over 104 weeks, at a number of different Acute providers.
- There have been improvements in the percentage of patients being seen within 2 weeks following an **urgent Cancer referral**.
- **Bowel cancer screening** rates increased in Leicester and Leicestershire from 2019 to 2021.
- UHL have seen an improvement in **Ambulance handover delays** in January and this has been a direct result of the opening of the BUS/POD which has reduced the average time to 42 mins from over an hour.
- Increase in the number of people with **severe mental illness** receiving a full annual physical health check and follow up compared to this time last year.
- LLR continues to meet target of zero for adult acute mental health **out of area** placements.
- Percentage of people aged 14+ with a **learning disability** who are on the GP register receiving an annual health check is higher than this time last year.

Covid Vaccination uptake

41. The below is data on the uptake of Covid-19 vaccinations for Leicestershire residents. It shows the latest percentage of people aged 12 and over who have received a COVID-19 vaccination, by dose. As of 9th February 2023, 87% of residents aged 12 and over had received the first dose, 84% received the second dose and 70% received their booster of the Covid-19 vaccination.
42. This compares favourably to the Leicester City position of 46% of residents, over 12yrs old, receiving boosters.

Vaccinations in Leicestershire ▾



Public Health Outcomes Performance – Appendix 1

43. Appendix 1 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.
44. Analysis shows that of the comparable indicators, 20 are green and 15 amber. There are 3 indicators that are not suitable for comparison or have no national data.
45. Of the twenty green indicators, the following indicators: screening coverage-bowel cancer (persons, 60-74 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), cervical cancer screening coverage (females, 50-64 years old) and cervical cancer screening coverage (females, 25-49 years old) have shown a significant declining (worsening) performance over the last five time periods.
46. Life expectancy at birth (2018-20) 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. Healthy Life expectancy at birth performs similarly to the

national average for both males and females. Compared to the previous year's data, healthy life expectancy at birth has decreased by 0.6 years for males and stayed the same for females.

47. There are currently no indicators where Leicestershire performs significantly worse than England or the benchmark.
48. 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

49. The 2022-23 BCF submission documentation was published on the 19th July, 2022 with a deadline of submission to NHS England of the 26th September, 2022.
50. The draft plan was submitted to the Integration Executive at their meeting of the 6th September. This was then be approved by the Health and Wellbeing Board at its meeting on the 22nd September, 2022.
51. The BCF Policy Framework sets national metrics that must be included in BCF plans in 2022-23. The local authority and ICB are required to establish ambitions associated with each metric and set how they will be achieved. This process should then be approved by the Health and Wellbeing Board. The framework retains two Adult Social Care Outcomes Framework metrics from previous years:
 - 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
52. In addition, local systems should also agree targets associated with two further metrics to improve outcomes across the Health and Wellbeing Board area for the following measures:
 - Improving the proportion of people discharged home using data on discharge to their usual place of residence.
 - Reducing unplanned admissions for chronic, ambulatory, care-sensitive conditions.
53. The table below shows the metrics and associated targets and summarises the joint key priorities for 2022/23 alongside any additional investment that will work towards meeting the targets. Additional investment, both BCF and non-

BCF totals in the region of £4.3 million to meet the priorities and desired outcomes outlined in the BCF plan for 2022/23.

Metric	Target	Schemes that contribute (2022/23 priority changes)	Additional investment from 2021/22
Unplanned admissions for chronic ambulatory care-sensitive conditions.	10% reduction on 2021/22 actuals (723.7 to 650.6)	Pathway 1 intake development	2.3 million
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85% an increase of 0.3% on 2020/21 data of 84.7%	Community Response case management	260k
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	93.9%. This represents an increase of 0.5% on 2021/22 data (92.04%)	Nursing and Therapy support to home first	500k
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 561.8 per 100k population based on an ONS population estimate of 153,090. This target is a 1% reduction on admissions in 2021/22	Discharge Hub	232k
		Disabled Facilities Grant top-slicing schemes	1.27 million
		Winter incentive grants for providers / residential brokerage support	80k

List of Appendices

Appendix 1 – Public Health Outcomes – Key Metrics Update

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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Public Health and Prevention Indicators in Leicestershire

Prevention	Indicator		Time Period	Polarity	Value	NN Rank	England	DoT	RAG	
All	A01b - Life expectancy at birth	(F)	2018 - 20	High	84.1	9/16	83.2	—	●	
		(M)	2018 - 20	High	80.5	7/16	79.5	—	●	
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	13/16	63.9	—	●	
		(M)	2018 - 20	High	62.9	13/16	63.1	—	●	
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	4/16	7.9	—	●	
		(M)	2018 - 20	Low	6.0	2/16	9.7	—	●	
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)		2021/22	High	52.2	5/10	49.3	—	●	
B16 - Utilisation of outdoor space for exercise/health reasons	(P)		Mar15 - Feb 16	High	20.8	2/16	17.9	—	●	
Primary	C02a - Under 18s conception rate / 1,000	(F)	2020	Low	10.8	6/16	13.0	▶	●	
	C06 - Smoking status at time of delivery	(F)	2021/22	Low	8.3	4/16	9.1	▶	●	
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2021/22	Low	21.1	6/16	22.3	▶	●	
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2021/22	Low	33.2	4/16	37.8	▶	●	
	C16 - Percentage of adults (aged 18+) classified as overweight or obese	(P)	2020/21	Low	64.9	11/16	63.5	—	●	
	C17a - Percentage of physically active adults	(P)	2020/21	High	66.6	13/16	65.9	—	●	
	C17b - Percentage of physically inactive adults	(P)	2020/21	Low	21.9	12/16	23.4	—	●	
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2021	Low	11.2	5/16	13.0	—	●	
	C28b - Self reported wellbeing: people with a low worthwhile score	(P)	2021/22	Low	2.2	2/16	4.0	—	●	
	E02 - Percentage of 5 year olds with experience of visually obvious dental decay	(P)	2018/19	Low	18.2	9/15	23.4	—	●	
	C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This i..	(P)	2020/21	Low	403.7	5/15	455.9	▶	●	
	Primary/Secondary	E01 - Infant mortality rate	(P)	2018 - 20	Low	3.3	7/16	3.9	—	●
		E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2020	Low	61.8	9/16	73.8	▶	●
		E05a - Under 75 mortality rate from cancer	(P)	2020	Low	121.5	12/16	125.1	▶	●
E06a - Under 75 mortality rate from liver disease		(P)	2020	Low	17.2	10/16	20.6	▶	●	
E07a - Under 75 mortality rate from respiratory disease		(P)	2020	Low	24.7	12/16	29.4	▶	●	
E10 - Suicide rate		(P)	2019 - 21	Low	8.7	1/16	10.4	—	●	
E14 - Excess winter deaths index		(P)	Aug 2019 - Jul 2020	Low	17.4	13/16	17.4	—	●	
E14 - Excess winter deaths index (age 85+)		(P)	Aug 2019 - Jul 2020	Low	24.0	14/16	20.8	—	●	
C19a - Successful completion of drug treatment: opiate users		(P)	2021	High	4.9	12/16	5.0	▶	●	
C19b - Successful completion of drug treatment: non opiate users		(P)	2021	High	41.1	4/16	34.3	▶	●	
Secondary	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	5/16	78.0	—	●	
	C24a - Cancer screening coverage: breast cancer	(F)	2022	High	69.7	9/16	64.9	▼	●	
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2022	High	73.8	6/16	67.6	▼	●	
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2022	High	78.0	4/16	74.6	▼	●	
	C24d - Cancer screening coverage: bowel cancer	(P)	2022	High	73.7	9/16	70.3	▲	●	
	C26b - Cumul % of the eligible population (40-74 yrs) offered and received a Health Ch..	(P)	2017/18 - 21/22	High	50.4	4/16	44.8	—	●	
	D02a - Chlamydia detection rate per 100,000 aged 15 to 24	(P)	2021	N/a	1,087.1	8/16	1,334.2	▼	●	
	D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	(P)	2021	Low	196.8	2/16	394.5	▼	●	
D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	(P)	2019 - 21	Low	33.3	1/16	43.4	—	●		

Statistical Significance compared to England or Benchmark:
 Better (Green), Similar (Yellow), Not compared (Grey), Worse (Red)
 Direction of Travel:
 Decreasing (Blue down), Increasing (Blue up), No significant change (Yellow right), Decreasing and getting better (Green down), Increasing and getting better (Green up), Decreasing and getting worse (Red down), Increasing and getting worse (Red up), Cannot be calculated (Grey dash)

Indicators C19a and C19b present Figures for Leicestershire and Rutland combined

Nearest Neighbour Rank: 1 is calculated as the best (or lowest when no polarity is applied)

Source: OHID, <https://fingertips.phe.org.uk/> February 2023