Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 13 SEPTEMBER 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 August 2023.

2.   The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Collaboratives.

3.   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 in August 2023) and provides the Committee with local actions in place.

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 4 areas therefore form the main basis of reporting to this Committee:
   a. ICB/ICS Performance
   b. Quality - UHL Never Events/Serious incidents
   c. Leicestershire Public Health Strategy outcome metrics and performance
   d. Performance against metrics/targets set out in the Better Care Fund plan.

LLR Health System Governance, Structure and Design Collaboratives

7. The Integrated Care Board (ICB) 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 ICB Performance section of this report provides an update on Leicestershire and Rutland operational performance against key national standards.

11. An update is provided relating to 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 22nd Aug 2023) and provides the Committee with local actions in place.

12. 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.

13. A monthly performance report is presented to the System Executive Committee (SEC) and Delivery Partnership and submitted to the Governing Body. It is based on 31 National NHS Objectives. 18 of the objectives are reported on and a further 13 are in development. In addition, the LLR position within the NHS Oversight framework is also reported. This benchmarks the Integrated Care Board (ICB) against over 60 KPIs and includes the best and worst ten rank positions when LLR is compared to England as a whole. This was last presented on 25 August 2023 to the LLR ICB System Executive Committee and LLR Delivery Partnership.

14. Further details on the NHS System Oversight Framework can be found on https://www.england.nhs.uk/nhs-oversight-framework/

15. Performance reporting is also a key element of the Collaboratives and Design Groups, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year. The following table provides an explanation of the key performance indicators, the latest performance for Leicestershire and Rutland (as available in August 2023) and details of some local actions in place.

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
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.	**National Target >95%** **July 23** **LLR Urgent Care Centres only** 99% (11,563 pts seen / treated in Jul 23)	Root Causes - • Crowding in ED due to chronic and sustained lack of flow • High inflow of walk-in patients impacting on ambulance arrivals • UHL bed occupancy >92% • Poor outflow across the emergency care pathway Actions: -

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	**UHL A&E only** 61% (21,239 pts seen / treated in Jul 23) **University Hospitals of Derby and Burton** 72% **George Eliot** 75% **University Hospital Coventry and Warwickshire** 74% **North West Anglia NHS Foundation Trust** 68%	• LRI's Minor Injuries and Minor Illness (MIaMI) agreement to extend opening. • Emergency flow action plan focus on non-admitted breaches with twilight flow co-ordinator presence. • Extension of GPAU (GP Assessment Unit) • Extension of discharge lounge at LRI • Redirect patients to UTC, SDEC's and Walk in Centres. 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 <u>cannot</u> be split by LLR patients.
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 >92%**</u> **Leicestershire & Rutland patients at all Providers** 54% in July 23 **Total Number of Leicestershire & Rutland patients waiting at all Providers** 92,416 at the end of July 23 **Number of Leicestershire & Rutland patients waiting:** **Over 52weeks** 6,099 at the end of July 23 (4,940 at UHL) **Over 65weeks**	The overall picture for Elective Care remains challenged, however the Trust continue to progress the reduction of those patients waiting longest for definitive treatment. Root Causes: - • Continued growth in demand against significant number of specialities. • Workforce challenges in anaesthetics leading to cancellations of theatre lists. • Estate - lack of theatre capacity and outpatient capacity to increase sessions. • Significant operational pressures due to the emergency demand impacting upon elective activity. Actions: - • Elective Care Strategy developed with eight key Elective Recovery Interventions aligned to the National Elective Recovery Framework. Various actions as part of eight interventions. Key for UHL include a programme on: Productivity and releasing constraints, Validation and

NHS Constitution metric and explanation of metric	Latest 2023/24 Performance	Local actions in place / supporting information
	1,577at the end of July 23 (1,273 at UHL) **Over 78weeks** 67 at the end of July 23 (46 at UHL) **Over 104weeks** 0 at the end of July 23	Use of the Independent Sector. Key deliverables are identified in year 1, 2 and 3 of the programmes. • Increase numbers sent to Nuffield Independent Sector (IS) provider and BMI Park. • Establish future mutual aid requirements to get 78-week position and the 65 weeks for March 2024 Daily monitoring of long waiters on patient tracking list (PTL) with focus on 65- and 52-week waiter cohorts.
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** July 23 **64.3%**	*LLR ICB- All Age Mental Health and Learning Disability Transformation Team* LLR Memory assessment service (MAS) leads have carried out a Dementia RT pathway review, resulting in proposals to improve stages of the pathway. These changes include 1. Shortened MCI pathway developed for patients requiring a follow-up assessment following a deterioration in cognitive health. A Shortened PRISM referral form and shortened assessment. 2. Recommendations to improve GP letters generated by MAS clinic. 3. Improve End of Life patient pathways 4. Ensure the use of the DIADEM tool for patients residing in care homes. The ICB Best Practice group has approved pathway changes, and the MAS team is currently implementing changes. Dementia Assessment Clinics in Rutland, Melton, Charnwood and Hinckley are fully operational. These community-based clinics run 1 day a week and serve to improve patient access to Dementia assessment. There has been a delay in opening clinics at Coalville and Lutterworth; these are due to start in September 2023. Memory Assessment leads are looking into options to expand the MAS workforce which will increase capacity within the team and meet demand at the clinics.

NHS Constitution metric and explanation of metric	Latest 2023/24 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.	<u>**National Target >85%**</u> **Leicestershire & Rutland patients at all Providers** June 23 **44%**	June saw an improvement in UHL's 62-day backlog position after weathering the effects of the cumulative impact of industrial action, also seen across peer group trusts. NHSE and Department of Health and Social Care (DHSC) have agreed to makes changes to the 10 cancer standards. This includes the removal of the two-week wait standard and focus on the Faster Diagnosis Standard. The three performance key measures from October 1st 2023 are: - 1. The 28-day Faster Diagnosis Standard (75%) 2. 62-day referral to treatment standard (85%) 3. 31-day decision to treat to treatment standard (96%) Root Causes: - 62 day and 104-day backlogs have been impacted by industrial action. Constraints including capacity, specifically outpatient, diagnostic and workforce. Workforce challenges including recruitment and lack of Waiting List Initiative activity. Actions: - Continue to clinically prioritise all patients. Clinical review of Patient Tracking List (PTL) to support Urology and colorectal. Independent Sector (IS) now engaged to assist with skin backlog.

<u>Covid Vaccination Uptake</u>

16. The below shows 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 booster or third dose of the Covid-19 vaccination. As of 17th August 2023, 76% of residents aged 12 and over had received their booster/third dose of the Covid-19 vaccination. This compares favourably to the Leicester City position of 52% of residents, over 12yrs old, receiving boosters/third dose.

Vaccinations in Leicestershire ▼

People vaccinated

Spring 2023 booster total
59,213

Spring 2023 booster uptake (%)
76

Vaccinations given

Total
1,567,149

Cancer Metrics

17. The latest June 2023 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., 1553 ELR patients were seen under the 2ww pathway in June, of which 1241 were seen within 2 weeks (79.91%)*).

Metric	Period	Target	East Leicestershire and Rutland Sub-ICB	West Leicestershire Sub-ICB
% Patients seen within two weeks for an urgent GP referral for suspected cancer	Jun-23	93%	79.91% 1241 / 1553	82.35% 1530 / 1858
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jun-23	93%	0.00% 0 / 2	80% 4 / 5
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jun-23	96%	84.79% 184 / 217	86.43% 172 / 199
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jun-23	94%	74.19% 23 / 31	72.73% 24 / 33
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Jun-23	98%	100% 46 / 46	95.74% 45 / 47
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Jun-23	94%	78.33% 47 / 60	79.25% 42 / 53
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jun-23	85%	44.12% 45 / 102	43.52% 47 / 108
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Jun-23	90%	56.25% 18 / 32	33.33% 3 / 9
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jun-23		71.93% 41 / 57	70.91% 39 / 55
28 Day Faster Diagnosis Standard- two week referral	Jun-23		70.45% 963 / 1367	72.25% 1182 / 1636

Cancer metrics included within the NHS Oversight Framework:

	NHS System Oversight Framework reference	Metric	Threshold	Mar-22	Mar-23	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%	Mar 21- 70.6% Mar 22- 87%	81.8%	⇧
	S011a	Cancer 62 day waits - Total patients waiting longer than 62 days to begin Cancer treatment (UHL)	N/A	w/e 03/07/22- 12.6% 10/07/22- 13.3% 17/07/22- 13% 24/07/22- 13.4% 31/07/22- 13.7%	w/e 09/07/23- 10.5%	⇩
	S012a	Proportion of patients (%) meeting faster diagnosis standard (All)	>75%	May-21 -81.2% May 22- 73.6%	May- 23 70.9%	⇩

	NHS System Oversight Framework reference	Metric	Threshold	2021-22 Q3	2022-23 Q3	Direction of performance
SCREENING, VACCINATION AND IMMUNINISATION	S048a	Bowel screening coverage, aged 60–74, screened in last 30 mths	Efficiency = 55%; Optimal = 60%	Sep 2020 Leicester- 50.2% Leicestershire -65.4% Sep 2021 Leicester- 57.6% Leicestershire-73.5%	Sep 2022 Leicester -57.6% Leicestershire-74.6%	⇧
	S049a	Breast screening coverage, females aged 53–70, screened in last 36 months	Efficiency = 70%; Optimal = 80%	Mar 2020 Leicester- 68% Leicestershire- 77.7% Mar 2021 Leicester -44.3% Leicestershire- 65%	Mar 2022 Leicester -50.3% Leicestershire- 69.8%	⇧
	S050a	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 year coverage)	Efficiency = 75%; Optimal = 80%	2021-22 Q3 70.5%	2022-23 Q3 69.3%	⇩

Never Events at UHL

18. The table below shows the number of Never Events at UHL over the past 4 years.

Year	Number of Never Events
2022/23	8
2021/22	9
2020/21	7
2019/20	2

19. The extra table below shows the number of Never Events at UHL so far this year.

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	YTD
Never events	0	0	0	1	1

20. The June Never Event related to a retained product post procedure (retained guidewire).

Areas of Improvement

21. Since the last report there are some areas which are worth commenting on that have shown recent improvement:

- the overall increase in the number of General Practice appointments across Leicestershire and Rutland. In June 2023 there were a total of 415,240 appointments, this was more than in June 2021 and June 2022. (A report regarding the Primary Care Strategy will be considered at the meeting of the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee on 18 September 2023.)
- the number of patients waiting over 104 weeks for elective treatment has reduced steadily each month and now stands at 0 for July 2023.
- bowel cancer screening rates increased in Leicestershire from September 2021 to September 2022.
- breast screening rates increased in Leicester and Leicestershire from September 2021 to September 2022.

Public Health Outcomes Performance – Appendix 1

22.   Appendix 1 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 37 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 and 14 amber with no red indicators. There are 5 indicators that are not suitable for comparison or have no national data.

24.   Of the eighteen green indicators, the following indicator: screening coverage-bowel cancer (persons, 60-74 years old),) has 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.

25.   Life expectancy at birth (2018-20) shows Leicestershire is not this year being statistically compared to the national average for males and females due to a change of denominator a result of the census release. 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.

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

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. The 2023-25 Better Care Fund (BCF) submission documentation was published on 4th April 2023 with a deadline of submission to NHS England of the 28th June, 2023.

29. The draft plan was submitted to the Integration Executive at their meeting on the 6th June, for review. This will then be asked to be retrospectively approved by the Health and Wellbeing Board at its meeting on the 28th September, 2023.

30. The BCF Policy Framework sets national metrics that must be included in BCF plans in 2023-25. The County Council and the 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.

31. In addition, local systems should also agree targets associated with three 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.
     - Reducing the number of emergency hospital admissions due to falls in people over 65.

32. A further discharge metric will also be introduced ahead of winter 2023. The table below shows the metrics and associated targets and summarises the rationale for target setting for 2023-24.

Metric	Target 23/24	22/23 outturn	Comments
Unplanned admissions for chronic ambulatory care-sensitive conditions.	651 8.5% reduction on 22/23 actuals	713	The target remains the same as last year. It wasn't met during that time so it has remained the same. However, performance against the metric did see improvement in this area
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.09 2.5% reduction on 22/23 estimated outturn	1669.8	This was previously included as a local metric for Leics BCF. The target has been set to align with City and Rutland Figures but still remains an improvement on previous years' actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)	93% 0.8% increase on 22/23 actual performance	92.2%	Leicestershire is already top-quartile for this metric. The aim for next year is to improve to 93%.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	525.2 (per 100,000 population) This would move us to the second quartile of national reporting	549 (per 100,000 population)	The aim for this target is to move into the second quartile when compared to similar authorities. Currently Leicestershire is in the third quartile.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90% 0.8% increase on 22/23 actual performance	89.2%	Again, Leicestershire is a top quartile performer in this metric nationally. The target represents an improvement on last years' performance

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/

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

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

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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	8/15	83.1	=	● (grey)
		(M)	2018 - 20	High	80.5	6/15	79.4	=	● (grey)
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	12/15	63.9	=	● (yellow)
		(M)	2018 - 20	High	62.9	12/15	63.1	=	● (yellow)
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	3/15	7.9	=	● (grey)
		(M)	2018 - 20	Low	6.0	2/15	9.7	=	● (grey)
Primary	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	(P)	2021/22	High	52.2	4/9	49.2	=	● (green)
	C02a - Under 18s conception rate / 1,000	(F)	2021	Low	10.7	5/15	13.1	=	● (green)
	C06 - Smoking status at time of delivery	(F)	2021/22	Low	8.3	4/15	9.1	▶	● (yellow)
	C09a - Reception: Prevalence of overweight (including obesity)	(P)	2021/22	Low	21.1	5/15	22.3	▶	● (green)
	C09b - Year 6: Prevalence of overweight (including obesity)	(P)	2021/22	Low	33.2	3/15	37.8	▶	● (green)
	C16 - Percentage of adults (aged 18 plus) classified as overweight or obese	(P)	2021/22	Low	64.1	6/15	63.8	=	● (yellow)
	C17a - Percentage of physically active adults	(P)	2021/22	High	66.8	15/15	67.3	=	● (yellow)
	C17b - Percentage of physically inactive adults	(P)	2021/22	Low	21.4	12/15	22.3	=	● (yellow)
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2021	Low	11.2	5/16	13.0	=	● (yellow)
	C28b - Self reported wellbeing: people with a low worthwhile score	(P)	2021/22	Low	2.2	2/15	4.0	=	● (green)
	E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	(P)	2021/22	Low	19.1	11/12	23.7	=	● (green)
Primary/Secondary	C21 - Admission episodes for alcohol-related conditions (Narrow)	(P)	2021/22	Low	432.5	6/15	494.0	=	● (green)
	E01 - Infant mortality rate	(P)	2019 - 21	Low	3.2	7/15	3.9	=	● (yellow)
	E04a - Under 75 mortality rate from all cardiovascular diseases	(P)	2021	Low	65.9	10/15	76.0	=	● (green)
	E05a - Under 75 mortality rate from cancer	(P)	2021	Low	117.5	8/15	121.5	=	● (yellow)
	E06a - Under 75 mortality rate from liver disease	(P)	2021	Low	16.2	4/15	21.2	=	● (green)
	E07a - Under 75 mortality rate from respiratory disease	(P)	2021	Low	14.4	1/15	26.5	=	● (green)
	E10 - Suicide rate	(P)	2019 - 21	Low	8.7	1/15	10.4	=	● (green)
	E14 - Winter mortality index	(P)	Aug 2020 - Jul 2021	Low	38.7	13/15	36.2	=	● (yellow)
	E14 - Winter mortality index (age 85 plus)	(P)	Aug 2020 - Jul 2021	Low	46.9	12/15	42.8	=	● (yellow)
Secondary	C19a - Successful completion of drug treatment: opiate users	(P)	2021	High	4.9	11/15	5.0	▶	● (yellow)
	C19b - Successful completion of drug treatment: non opiate users	(P)	2021	High	41.1	4/15	34.3	▶	● (green)
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	6/16	78.0	=	● (yellow)
	C24a - Cancer screening coverage: breast cancer	(F)	2022	High	69.7	8/15	65.2	▼	● (green)
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2022	High	73.8	5/15	67.6	▼	● (green)
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2022	High	78.0	4/15	74.6	▼	● (green)
	C24d - Cancer screening coverage: bowel cancer	(P)	2022	High	73.7	8/15	70.3	▲	● (green)
	C26b - Cumulative percentage of the eligible population aged 40 to 74 offered an NHS ..	(P)	2018/19 - 22/23	High	47.8	5/15	42.3	=	● (green)
	D02a - Chlamydia detection rate per 100,000 aged 15 to 24	(P)	2022	N/a	1,553.9	11/13	1,680.1	=	● (grey)
	D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	(P)	2022	Low	283.8	8/13	495.8	=	● (green)
	D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	(P)	2019 - 21	Low	33.3	1/15	43.4	=	● (yellow)

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Statistical Significance compared to England or Benchmark:
■ Better (green)
■ Not compared (grey)
■ Similar (yellow)
■ Worse (red)

Direction of Travel:
▼ Decreasing
▼ Decreasing and getting better
▼ Decreasing and getting worse
▲ Increasing
▲ Increasing and getting better
▲ Increasing and getting worse
▶ No significant change
= Cannot be calculated

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/ August 2023