



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
2 NOVEMBER 2022

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 on 30 September 2022.
2. The report also outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group formation.
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 on 30th Sept 2022) 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 (formerly known as the CCG 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:
- ICS Performance for the East and West Leicestershire areas:
 - Quality - UHL Never Events/Serious incidents:
 - Leicestershire Public Health Strategy outcome metrics and performance:
and
 - 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 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 Groups, soon to be 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. 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 e.g., urgent and emergency care including ambulance handovers; elective waiters including 104 weeks; cancer and access to primary care, as some of the examples.
12. A detailed performance report based on the NHS System Oversight Framework (<https://www.england.nhs.uk/nhs-oversight-framework/>) was last presented in May 2022 to the LLR ICS Quality and Performance Improvement Assurance Committee. Due to lack of national data being made available there has not been a more up to date pack produced but when national data is available, this will be presented.
13. Performance reporting is also a key element of the new 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 & Rutland (as available on 30th Sept 2022) 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
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that	National Target >85% Leicestershire &	Root Causes: - <ul style="list-style-type: none"> • Capacity constraints across all points of the pathways

<p>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>Rutland patients at all Providers</p> <p>58% in July 22</p>	<ul style="list-style-type: none"> • High backlog levels being treated and prioritised having a direct impact on performance • 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 • Demand and capacity data capture complete. To be shared and discussed with each tumour site this month to identify key constraints and solutions. • Mutual aid and insource solutions sought for Urology • NHSE investment to support Oncology/Radiotherapy/Haematology • Ensure the 2WW/FDS actions identified are progressed to support a reduction in the overall PTL and backlog
<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 and patient experience of A&E.</p>	<p>National Target >95%</p> <p>August 22</p> <p>LLR Urgent Care Centres only 96% (10,158 pts seen / treated in Aug 22)</p> <p>UHL A&E only 57% (20,358 pts seen / treated in Aug 22)</p> <p>University Hospitals of Derby and Burton 63%</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>George Eliot 73%</p> <p>University Hospital Coventry and Warwickshire 64%</p> <p>North-West Anglia NHS Foundation Trust 52%</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>National Target >92%</p> <p>Leicestershire & Rutland patients at all Providers 51% in August 2022</p> <hr/> <p>Total Number of Leicestershire & Rutland patients waiting at all Providers 91,179 at the end of Aug 2022</p> <p>Number of Leicestershire & Rutland patients waiting over 52 weeks 11,034 at the end of Aug 2022 (9,597 at UHL)</p> <p>Number of Leicestershire & Rutland patients waiting over 104 weeks 172 at the end of Aug 2022 (136 at UHL)</p>	<p>Root Causes: -</p> <ul style="list-style-type: none"> • Impact of reduced outpatients and inpatient activity, due to COVID 19 and the introduction of social distancing and infection prevention measures. • Reduction in theatre capacity to support ITU resulting in significant growth of the admitted waiting list. • Referrals increasing but still below 2019/20 levels • Robot Automation of ASIs <p>Actions: -</p> <ul style="list-style-type: none"> • Super September initiative focusing on reducing backlog • Nine elective recovery interventions will be managed as programmes of work. • Development of Elective Hub ongoing. Submission of an Outline Business Case (OBC) for the total cost been developed • Meeting with the Nuffield and UHL clinicians to discuss and agree future ENT support.
<p>Dementia</p> <p>Diagnosis rate for people aged 65 and over, with a</p>	<p>National Target >66.7%</p> <p>Leicestershire</p>	<p><i>Midland Mental Health High Level Reporting Dashboard Sept 22 – LLR ICS</i></p> <p>North-West Leicestershire, Harborough</p>

<p>diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations</p>	<p>August 2022 58.6%</p> <p>National target >50%</p> <p>Feb 2022 61% ELR 51% WL</p>	<p>& Rutland identified as biggest areas of widening gap in dementia diagnosis rate since Covid.</p> <ul style="list-style-type: none"> • Business case for Admiral nurses (specialist dementia nurses) • Project with Healthwatch Leicestershire and Leicester • Presentation to social prescribers network very well received. • Young onset dementia event being planned.
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Other Cancer Metrics

14. The latest July 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., 1549 ELR patients were seen under the 2ww pathway in July, of which 1318 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	Jul-22	93%	85% (1318/1549)	84% (1359/1621)
% of patients seen within 2 weeks for an urgent referral for breast symptoms	Jul-22	93%	100% (3/3)	92% (11/12)
% of patients receiving definitive treatment within 1 month of a cancer diagnosis	Jul-22	96%	89% (143/161)	88% (171/194)
% of patients receiving subsequent treatment for cancer within 31 days (Surgery)	Jul-22	94%	64% (18/28)	50% (12/24)
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments)	Jul-22	98%	96% (22/23)	100% (43/43)
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments)	Jul-22	94%	78% (28/36)	55% (21/38)
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days)	Jul-22	85%	58% (48/83)	58% (57/98)
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service	Jul-22	90%	63% (5/8)	62% (16/26)
% of patients receiving treatment for cancer within 62 days upgrade their priority	Jul-22		59% (22/37)	67% (26/39)

Never Events at UHL

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

Year	Number of Never Events
2022/23 (to end Aug 22 only)	3
2021/22	9
2020/21	7
2019/20	2

16. All 3 Never Events in 2022/23 occurred in May 2022 at UHL. All appropriate immediate actions have been undertaken. Full investigations are in train to identify further learning. The Medical Director and Chief Nurse have met with their respective patient safety leads to further review the Never Event reduction plan. A thematic review of Never Event's has been completed and the Never

Event action plan is being updated to reflect learning from this. This was reviewed and discussed at the Trust Board Quality Committee in August 2022.

Areas of Improvement

17. 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 Leicestershire and Rutland. In August 2022 there were 378,151 appointments, more than in August 2019, August 2020 and August 2021.
 - the number of **patients waiting over 104 weeks** for elective treatment has reduced each month from a January 2022 peak. At the end of August 2022 there were 172 Leicestershire and Rutland patients waiting over 104 weeks, at a number of different Acute providers. This peaked at 1,063 patients in January 2022.
 - following poor performance during Winter 2021/22, there have been improvements in the percentage of **patients being seen within 2 weeks following an urgent Cancer referral**, although this is still not achieving the national target.
 - **faster diagnosis of cancer** within 28 days continues to meet the national standard, again following poorer performance last Winter.

Public Health Outcomes Performance – Appendix 1

18. 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.
19. Analysis shows that of the comparable indicators, 19 are green, 13 amber and 2 red. There are 4 indicators that are not suitable for comparison or have no national data.

20. Of the nineteen green indicators, the following indicators: prevalence of overweight (including obesity) persons aged 4-5 years, cancer screening coverage-bowel cancer (persons, 60-74 years old), and new STI Diagnoses (excluding Chlamydia aged <25) have shown significant improvement over the last 5 time periods. Breast cancer screening coverage (females, 53-70 years old) and cervical cancer screening coverage (females, 50-64 years old) have shown a significant declining (worsening) performance over the last five time periods.
21. Life expectancy at birth (2018-20) data shows that Leicestershire continues to perform significantly better than the national average for males and females. However, compared to the previous year's data, life expectancy at birth has decreased by 0.4 years for males and 0.3 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.
22. The two red indicators: smoking status at time of delivery in Leicestershire is ranked 9th out of 16 in 2020/21. The chlamydia detection rate per 100,000 persons aged 15-24 years in Leicestershire is ranked 10th out of 16 in 2020. Further work is underway to progress improvement across the range of indicator areas.
23. 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

24. Nationally, the BCF plan for 2021/22 for Leicestershire was officially approved by NHS England in January 2022. The plan included ambitions associated with five Better Care Fund (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.'
25. The framework also retained two existing metrics from previous years BCF Plans:
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- 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.

26. 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.

27. In relation to the targets they involved: -

- 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

28. The below table shows the BCF metrics for this financial year, the targets and year end outturns for the 2021/22 financial year:

Metric	Target	Year End Position	Commentary
Unplanned admissions for chronic ambulatory care-sensitive conditions.	775	723.7	The target for this indicator has been exceeded by approximately 7%. Therefore, fewer non-planned admissions occurred than predicted.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	89.4%	This metric has exceeded the target by 4.4%. The focus on reablement in hospital 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	93.1%	92.4%	This metric has missed target by 0.7%. However, it was an

the HWB, who are discharged from acute hospital to their normal place of residence (excluding RIP)			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 = 11.3% 21+ days = 5.5%	Both targets have been missed by approximately 1%. With data for 14+ days at 11.3% and 21+ days at 5.5%. The targets were reflective of pre-pandemic data. This did not include the increase in demand for those that have delayed seeking care over the past 2 years. In spite of this, Leicestershire has maintained similar levels of LOS with an approximate 1% upward variance which we hope to see return to pre-pandemic levels within the next 12 months.
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 <538.0	576.1 (per 100,000 population)	There was an increase in the number of people aged 65 or over permanently admitted to residential or nursing homes during 2021/22 compared to the previous years.

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	83.1	—	●	
		(M)	2018 - 20	High	80.5	7/16	79.4	—	●	
	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)	2020/21	High	Null	Null	47.6	—	●	
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)	2020/21	Low	10.5	9/16	9.6	▶	●
	C09a - Reception: Prevalence of overweight (including obesity)		(P)	2019/20	Low	19.0	3/15	23.0	▼	●
	C09b - Year 6: Prevalence of overweight (including obesity)		(P)	2019/20	Low	30.6	5/15	35.2	▶	●
	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)	2019	Low	12.0	5/16	13.9	—	●
	C28b - Self-reported wellbeing - people with a low worthwhile score		(P)	2020/21	Low	Null	Null	4.4	—	●
	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)	2018 - 20	Low	8.4	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)	2020	High	6.7	4/16	4.7	▶	●
C19b - Successful completion of drug treatment - non-opiate users			(P)	2020	High	45.0	3/16	33.0	▶	●
Secondary	C22 - Estimated diabetes diagnosis rate		(P)	2018	High	79.4	5/16	78.0	—	●
	C24a - Cancer screening coverage: breast cancer		(F)	2021/22	High	64.9	12/16	64.1	▼	●
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)		(F)	2021/22	High	74.2	6/16	68.0	▶	●
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)		(F)	2021/22	High	78.0	4/16	74.7	▼	●
	C24d - Cancer screening coverage: bowel cancer		(P)	2021/22	High	70.4	4/16	65.2	▲	●
	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 / 100,000 aged 15 to 24		(P)	2020	High	1,129.9	10/16	1,408.4	▼	●
	D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000		(P)	2020	Low	346.2	5/16	619.0	▼	●
D07 - HIV late diagnosis (all CD4 less than 350) (%)		(P)	2018 - 20	Low	26.5	1/16	42.4	—	●	

Statistical Significance compared to England or Benchmark:
■ Better ■ Similar ■ Not compared ■ Worse
Direction of Travel:
▼ Decreasing ▲ Increasing ▶ No significant change
▼ Decreasing and getting better ▲ Increasing and getting better — Cannot be calculated
▼ Decreasing and getting worse ▲ Increasing and getting worse

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: PHE, September 2022