Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 6 MARCH 2024

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 February 2024.

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 on 20 February 2024) 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.
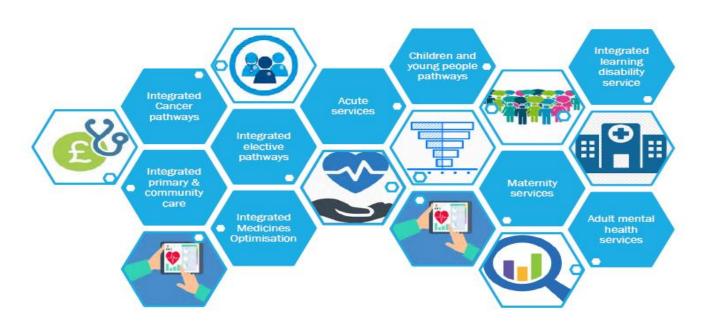
Changes to Performance Reporting Framework

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. Some extra comparative information has

been included this time, in response to comments at the last meeting, and views are welcomed on the usefulness of the new contents.

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 in February 2024) 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 LLR ICS System Executive Committee (SEC) Delivery Partnership and Governing Body. It is based on National NHS Objectives. 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 25% rank positions against ICBs in England. This was last presented on 22 February to the 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 February 2024) 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	**National Target >95%** **January 24** **LLR Urgent Care Centres only**	Root Causes - • Overcrowding in the Emergency Department (ED) due to lack of flow resulting in long waits to see a doctor. • High inflow of walk-in patients impacting on ambulance arrivals and poor outflow across the emergency pathway • Inability to create early capacity across the emergency care pathway due to lack of

at an A&E department. This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	99% (14,255 pts seen / treated in Jan 24) **UHL A&E only** 57% (22,611 pts seen / treated in Jan 24) **University Hospitals of Derby and Burton** 70% **George Eliot** 72% **University Hospital Coventry and Warwickshire** 70% **North West Anglia NHS Foundation Trust** 59%	early discharges/using the discharge lounge overnight. Actions: - • Improvements to the LLR Directory of Services profiles to direct patients to wider hospital services without ED being the conduit to wider hospital services access. • Improving Same day emergency care (SDEC) pathways - Glenfield Chest Pain Service opened October 23. Meeting with NHSE Feb 2024 to discuss the need to increase Surgical SDEC to 12hrs/day Monday-Sunday. 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 for LLR patients only.
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** 55% in Dec 23 **Total Number of Leicestershire & Rutland patients waiting at all Providers** 86,898 at the end of Dec 23 **Number of Leicestershire & Rutland patients waiting:** **Over 52 weeks** 3,634 at the end of Dec 23 (2,632 at UHL) **Over 65 weeks**	The overall picture for Elective Care remains challenged, however the Trust continue to progress in the reduction of those patients waiting longest for definitive treatment. Root Causes: - • Pressures due to emergency and cancer demand impacting upon elective activity. • Workforce challenges in theatres and anaesthetics reducing theatre capacity. • Workforce challenges in sub-speciality workforce teams e.g. urogynaecology (Gynaecology) and balance testing (ENT) • Impact of any future Industrial action Actions: - • The UHL long waiter position is monitored daily, including actively monitoring the 65 weeks wait March 24 cohort and working closely with the specialties who have the biggest challenge. • Use of Independent Sector and Insourcing Providers • Use of Elective Recovery Fund (ERF) funds to support additional activity.

	888 at the end of Dec 23 (595 at UHL) **Over 78weeks** 77 at the end of Dec 23 (46 at UHL) **Over 104weeks** 0 at the end of Dec 23	Focus on all patients from 65-week cohort to have first OPA as soon as possible to support overall zero 65ww by March 24 ambition.
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%** Jan 24 **East Leicestershire and Rutland Sub-ICB** 61.2% **West Leicestershire Sub-ICB** 63.4%	• Use of DIADEM (Diagnosing Advanced Dementia Mandate) diagnostic tool by GP and care homes to reduce unnecessary referrals to Memory Assessment Service (MAS). • Ongoing recruitment and promotion of vacant MAS staff roles. • MAS Contacting patients to remind them of appointments. Recruiting community volunteers to improve patient engagement and attendance for assessments. • MAS are looking into current demand against service capacity with aims to update workforce plan.
Cancer 62 days of referral to treatment (combined) The indicator is a core delivery indicator that spans the **whole pathway** from referral to first treatment. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.	**National Target >85%** **Leicestershire & Rutland patients** December 23 60.46%	62-day backlog was ahead of trajectory prior to further industrial action. Backlog has since increased as expected over the Christmas period. Recovery plans focus on time to first seen, FDS and 62-day backlog reductions. Whilst focus on backlog continues 62-day performance will be constrained. Nationally cancer waiting times are now reporting 28 Day Faster Diagnosis Standard (FDS), 62 Day Combined (to include Upgrades and Screening) and 31 Day Combined. Root Causes: - • Impact of future Industrial action • Capacity Constraints specifically outpatient, diagnostic and clinical administrative time, in addition to workforce to deliver additional capacity. • High backlog levels being treated and prioritised having a direct impact on performance. • Oncology/Radiotherapy capacity • Winter pressures Actions: -

		• Continue to clinically prioritise all cancer patients. • Clinical review of Urology and Colorectal waiting list • Additional capacity in Skin and Urology • Backlog tool in daily use, reviewed weekly for next steps. • Targeted support for backlog reduction and next steps • Review national timed pathways and identify possible areas for improvement. • Continued validation of Patient Tracking List (PTLs) and cancer data • Recruitment for Oncology/Radiotherapy/H&N/Dermatology in progress • Focus on Faster Diagnosis Standard (FDS), reducing backlog and utilisation of capacity maximising capacity wherever possible.

Covid Vaccination Uptake

16. The below shows data on the uptake of Covid-19 vaccinations for Leicestershire residents. It shows the latest number of people aged 65 and over who have received a 2023 autumn Covid-19 vaccination. As of 14th December 2023, 75% of residents aged 65 and over had received their autumn Covid-19 vaccination. This compares favourably to the Leicester City position of 49% of residents, over 65yrs old, receiving their autumn vaccination.

Vaccinations in Leicestershire ▼

People vaccinated

Autumn 2023 vaccinations total
118,007

Autumn 2023 vaccinations uptake (%)
75

Cancer Metrics

Cancer metrics included within the NHS Oversight Framework:

	NHS System Oversight Framework reference	Metric	Threshold		Dec-23
CANCER	S011a	Cancer 62 day waits - Total patients waiting longer than 62 days to begin Cancer treatment (UHL)- **Backlog**	N/A	w/e 26/11/23- 339 31/12/23- 372 28/01/24- 351	w/e 11/02/24-339
	S012a	Proportion of patients (%) meeting faster diagnosis standard (All)	>75%	Dec-21 -61.3% Dec 22- 71.4%	Dec- 23 80.2%

	NHS System Oversight Framework reference	Metric	Threshold	2023-24 Q1	2023-24 Q2
SCREENING, VACCINATION AND IMMUNINISATION	S048a	Bowel screening coverage, aged 60–74, screened in last 30 mths	Efficiency = 55%; Optimal = 60%	**Dec 2020** Leicester- 52.9% Leicestershire -67.7% **Dec 2021** Leicester- 57.8% Leicestershire -73.8%	**Dec 2022** Leicester -57.9% Leicestershire-74.7%
	S049a	Breast screening coverage, females aged 53–70, screened in last 36 months	Efficiency = 70%; Optimal = 80%	**Mar 2021** Leicester- 44.3% Leicestershire- 65% **Mar 2022** Leicester -50.3% Leicestershire- 69.8%	**Mar 2023** Leicester -52% Leicestershire- 70.5%
	S050a	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 year coverage)	Efficiency = 75%; Optimal = 80%	2023-24 Q1 69.7%	2023-24 Q2 69.2%

Note: _From October 2023, there has been a change in submission and publication of the national cancer data._

17. The commissioner-based statistics only include those patients who can be traced back to a commissioner using their NHS Number. Due to these changes, we are unable to provide an out of County breakdown of LLR ICB Patients seen at other Providers. Further details can be found on:
https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

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 in the last 3 months of 2023.

Key Performance Indicator	Target	Oct-23	Nov-23	Dec-23	YTD
Never events	0	0	0	0	3

20. The Trust has had 3 never events reported YTD. All appropriate actions have been undertaken and immediate learning has taken place alongside duty of candour and support for colleagues involved. In previous years UHL reported:

June 23   Retained product post procedure (retained guidewire)
August 23   Wrong site surgery (Biopsy taken from the wrong side)
             Surgical/Invasive procedure (Anaesthetic nerve block performed on the wrong side)

Areas of Improvement

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

- The overall increase in the number of General Practice appointments across Leicestershire & Rutland. In November 23 there were a total of 667,939 appointments, this was more than in November 2022.
- The number of patients waiting over 104 weeks for elective treatment now stands at 0 for December 2023.
- Bowel cancer screening rates increased in Leicester and Leicestershire from Dec 2021 to Dec 2022.
- Breast screening rates increased in Leicester and Leicestershire from March 2022 to March 2023.

Public Health Outcomes Performance – Appendix 2

22. Appendix 2 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, 17 are green and 17 amber with no red indicators. There are 3 indicators that are not suitable for comparison or have no national data.

24. Of the seventeen green indicators, the following indicators: reception prevalence of overweight (including obesity) and cancer screening coverage - bowel cancer, have shown significant improvement over the last 5 time periods. Breast cancer screening coverage, cervical cancer screening coverage (females, 25-49 years old) and cervical cancer screening coverage (50-64 years old) have shown a significant declining (worsening) performance over the last five time periods. Inequality in life expectancy at birth for both Males and Females in Leicestershire falls within the best quintile of the country. However, healthy life expectancy at birth places Leicestershire 12 out of 15 nearest neighbours for both females and males. Latest PHOF data shows that life expectancy at birth for Leicestershire males has increased from 79.7 years in 2021 to 80.4 years in 2022. Life expectancy at birth for females has increased from 83.6 years in 2021 to 83.7 years in 2022. PHOF data also shows that national site loss certificates issued continues to be worse than the national average.

25. There are currently no indicators where Leicestershire performs significantly worse than England or the benchmark. However more detailed benchmarking looking at just County Council's performance for end year data 2022/23 highlights 7 areas with lower bottom quartile performance: air pollution – fine particulate matter; fraction of mortality attributable to particulate air pollution; excess under 75 mortality rate for those with a serious mental illness and % of physically active adults. Also, low birth weight of term babies, foundation stage

children achieving a good level of development (free school meals) and children achieving a good level of development at 2-2.5.

26. 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

27. The BCF Policy Framework sets national metrics that must be included in BCF plans in 2023-25. The County Council and the ICB have established ambitions associated with each metric and set how they will be achieved. 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

28. In addition, local systems have agreed 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.

29. The table below shows the BCF metrics for this financial year, the targets and outturns for Quarter 2 where available.

Metric	Target Q2	Actual Q2	Commentary
Indirectly standardised rate (ISR) of admissions per 100,000 population	163.5	189	This metric is currently off target. Intermediate care initiatives, particularly for pathway 1 improvements are moving to step-up modelling to increase avoided admissions.
Percentage of people, resident in the HWB, who are	92.6%	92.2%	The target was almost met during

discharged from acute hospital to their normal place of residence			Q2. A difference of 0.4% is noted.
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	1628.1.	471.5	Currently this metric is 10% off track to meet target. The falls sub-group are looking at proactive models of support in the community for falls reduction pathways.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	515	ASCOF 22/23 552.8	Forecast for the full year, based on the position at the end of Q3 is 522.7 admissions per 100,000 population. The new integrated model of locality support between therapy and reablement teams has helped to ensure people remain in their own home.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90%	ASCOF 22/23 89.2%	Data in the metric isn't cumulative but represents a different three months of discharges (final year figures being discharges Oct-Dec). Latest performance is 87% but has been >90% at points through 2023/24 to date.

List of Appendices

Appendix 1 – Performance on LLR ISC NHS 31 Outcome Priorities
Appendix 2 – 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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APPENDIX 1 - LLR ICS 31 Priorities Summary
(as of 14th Feb 2024)

Area	NATIONAL NHS OBJECTIVES 2023/24	Month	Plan	Actual	RAG
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 (UHL target based on performance data for Types 1& 2)	Dec-23	76%	58%	
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25. EMAS performance for LLR ICB.	Dec-23	00:30:00	01:01:48	
	Reduce adult general and acute (G&A) bed occupancy - Reported at ICB level. Local Trajectories (National =<92%)	Dec-23	94%	92.9%	
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard *In the Ops plan template commitment to achieve on numbers*			TBC	
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals			TBC	
Primary care	Percentage of patients where time from booking to appointment was two weeks or less	Nov-23	Lower 85% Upper 90%	83.6%	
	Continue on trajectory to deliver more GP appointments in general practice by the end of March 2024	Nov-23	744,970	667,939	
	Continue to recruit 26,000 (Nationally) Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024			TBC	
	Recover dental activity. Improving units of dental activity (UDAs) towards pre-pandemic 2020 levels	Dec-23	1,867,483	1,157,842	
Elective care	Eliminate waits of over 65 weeks for elective care by Mar 24 (except where patients choose to wait longer or in specific specialties)	Dec-23	1,178	1,222	
	Deliver the system - specific activity target (agreed through the operational planning process) Total elective and day case spells (Ops Plan E.M.10) Tolerance 5%	Dec-23	10,776	10,809	
	Follow up outpatient attendances without procedure (Ops Plan E.M.38) Tolerance 5%	Dec-23	45,348	39,093	

Area	NATIONAL NHS OBJECTIVES 2023/24	Month	Plan	Actual	RAG
Cancer	Continue to reduce the number of patients waiting over 62 days (UHL Data Only)	Jan-24	391	351	🟩
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Dec-23	76%	80.2%	🟩
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	UHL reviewing staging data - TBC			
Diagnostics	Patients that receive a diagnostic test over 6 weeks waiting - as per the Operational Plan 23/24	Dec-23	26%	26%	🟩
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Dec-23	28,353	30,946	🟩
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury	CSU reviewing maternity data set - TBC			
	Increase fill rates against funded establishment for maternity staff	TBC			
Use of resources	Deliver a balanced net system financial position for 2023/24 - System delivery of planned surplus	M9	(23,269)	(66,594)	🟥
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	TBC			
Mental health	Improve access to mental health support for children and young people aged 0-25 accessing NHS funded services (compared to 2019) 12 mth rolling position reported for each month	Nov-23 Q3 Plan	14,228	15,095	🟩
	Increase the number of adults and older adults accessing Talking Therapies (3 months rolling position)	Nov-23 Q3 Plan	8,101	5,665	🟥
	Increase in the number of adults and older adults supported by community MH services with Severe Mental Illness (SMI) Number of people who receive two or more contacts from NHS or NHS commissioned community MH service	Nov-23	6,456	12,855	🟩
	Work towards eliminating inappropriate adult acute out of area placements (Quarterly Rolling Bed Days data)	Oct-23	0	0	
	Recover the dementia diagnosis rate	Dec-23 Q3 Plan	65.8%	65.8%	🟩
	Improve access to perinatal mental health services	Nov-23 Q3 Plan	940	690	🟥

Area	NATIONAL NHS OBJECTIVES 2023/24	Month	Plan	Actual	RAG
People with a learning disability and/or autism	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 (Target 4284)	Nov -23 Q3 Plan	1109	808	
	Number of adults with LD/Autsim in inpatient care	Nov -23 Q3 Plan	26	26	🟩
	Number of children with LD/Autsim in inpatient care	Nov -23 Q3 Plan	4	4	🟩
Prevention and health inequalities	CVDP002HYP: Percentage of patients aged 18 to 79 years with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is equal to 140/90 mmHg or less	Q2 23/24 Sept-23	77.0%	65.8%	🟥
	CVDP003HYP: Percentage of patients aged 80 years or over with GP recorded hypertension, in whom the last blood pressure reading within the preceding 12 months is 150/90 mmHg or less	Q2 23/24 Sept-23	77.0%	75.8%	🟥
	CVDP007HYP - Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold	Q2 23/24 Sept-23	77.0%	67.8%	🟥
	CVDP003CHOL - Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	Q2 23/24 Sept-23	60.0%	61.8%	🟩
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	Part of each Partnerships – strengthened through link to Health Inequalities Support Unit			

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)	2020 - 22	High	83.6	8/15	82.8	=	🟢
		(M)	2020 - 22	High	80.0	8/15	78.9	=	🟢
	A01a - Healthy life expectancy at birth	(F)	2018 - 20	High	63.6	12/15	63.9	=	🟡
		(M)	2018 - 20	High	62.9	12/15	63.1	=	🟡
	A02a - Inequality in life expectancy at birth	(F)	2018 - 20	Low	4.9	3/15	7.9	=	⚪
		(M)	2018 - 20	Low	6.0	2/15	9.7	=	⚪
Primary	C02a - Under 18s conception rate / 1,000	(F)	2021	Low	10.7	5/15	13.1	=	🟢
	C05b - Breastfeeding prevalence at 6 to 8 weeks - current method	(P)	2022/23	High	50.0	5/8	49.2	=	🟡
	C06 - Smoking status at time of delivery	(F)	2022/23	Low	8.5	6/15	8.8	▶	🟡
	C09a - Reception prevalence of overweight (including obesity)	(P)	2022/23	Low	18.7	2/13	21.3	▼	🟢
	C09b - Year 6 prevalence of overweight (including obesity)	(P)	2022/23	Low	31.9	3/13	36.6	▶	🟢
	C16 - Percentage of adults (aged 18 plus) classified as overweight or obese	(P)	2021/22	Low	64.1	6/15	63.8	=	🟡
	C17a - Percentage of physically active adults	(P)	2021/22	High	66.8	15/15	67.3	=	🟡
	C17b - Percentage of physically inactive adults	(P)	2021/22	Low	21.4	12/15	22.3	=	🟡
	C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	(P)	2022	Low	9.4	2/15	12.7	=	🟢
	C28b - Self reported wellbeing: people with a low worthwhile score	(P)	2022/23	Low	3.3	3/15	4.4	=	🟡
	E02 - Percentage of 5 year olds with experience of visually obvious dental decay	(P)	2021/22	Low	19.1	11/12	23.7	=	🟢
	C21 - Admission episodes for alcohol-related conditions (Narrow)	(P)	2021/22	Low	432.4	6/15	493.9	=	🟢
Primary/Secondary	E01 - Infant mortality rate	(P)	2020 - 22	Low	3.3	6/13	4.0	=	🟡
	E04a - Under 75 mortality rate from all circulatory diseases	(P)	2022	Low	65.5	5/13	77.8	▶	🟢
	E05a - Under 75 mortality rate from cancer	(P)	2022	Low	113.6	5/13	122.4	▶	🟢
	E06a - Under 75 mortality rate from liver disease	(P)	2022	Low	18.6	9/13	21.4	▶	🟡
	E07a - Under 75 mortality rate from respiratory disease	(P)	2022	Low	22.5	7/13	30.7	▶	🟢
	E10 - Suicide rate	(P)	2020 - 22	Low	9.2	4/15	10.3	=	🟡
	E14 - Winter mortality index	(P)	Aug 2021 - Jul 2022	Low	8.6	8/13	8.1	=	🟡
	E14 - Winter mortality index (age 85 plus)	(P)	Aug 2021 - Jul 2022	Low	9.9	5/13	11.3	=	🟡
	C19a - Successful completion of drug treatment: opiate users	(P)	2022	High	6.0	6/15	5.0	▶	🟡
	C19b - Successful completion of drug treatment: non opiate users	(P)	2022	High	32.4	8/15	31.4	▶	🟡
	C22 - Estimated diabetes diagnosis rate	(P)	2018	High	79.4	6/16	78.0	=	🟡
Secondary	C24a - Cancer screening coverage: breast cancer	(F)	2023	High	70.4	8/13	66.2	▼	🟢
	C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	(F)	2023	High	72.1	6/13	65.8	▼	🟢
	C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	(F)	2023	High	78.0	3/13	74.4	▼	🟢
	C24d - Cancer screening coverage: bowel cancer	(P)	2023	High	75.3	7/13	72.0	▲	🟢
	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	=	🟢
	D02a - Chlamydia detection rate per 100,000 aged 15 to 24	(P)	2022	N/a	1,553.9	11/13	1,680.1	=	⚪
	D02b - New STI diagnoses (excluding chlamydia aged under 25) per 100,000	(P)	2022	Low	283.8	8/13	495.8	=	🟢
	D07 - HIV late diagnosis in people first diagnosed with HIV in the UK	(P)	2020 - 22	Low	50.0	8/13	43.3	=	🟡

Statistical Significance compared to England or Benchmark:
🟩 Better 🟨 Similar ⬜ Not compared 🟥 Worse

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/ February 2024