Public Document Pack

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP
Telephone 01572 722577 Email: governance@rutland.gov.uk

Ladies and Gentlemen,

A meeting of the **ADULTS AND HEALTH SCRUTINY COMMITTEE** will be held virtually via Zoom https://zoom.us/j/98245909572 on **Thursday, 17th June, 2021** commencing at 7.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

A G E N D A

1) APOLOGIES

2) RECORD OF MEETING

To confirm the record of the meetings of the Adults and Health Scrutiny Committee held on 1 April 2021 and 28 April 2021 (previously circulated).

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 217.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received.
(Pages 5 - 10)

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No.218 and No.218A.

6) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 219.

7) CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Committee for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

8) APPOINTMENT OF VICE-CHAIR OF THE COMMITTEE

To appoint a Vice-Chair of the Adults and Health Scrutiny Committee.

9) ACCESS TO PRIMARY CARE SERVICES

To receive a presentation on access to Primary Care Services.

10) HEALTH PERFORMANCE

To receive Report No.80/2021 from the CCG Performance Service.
(Pages 11 - 36)

11) ADULT SERVICES PERFORMANCE FIGURES

To receive Report No.75/2021 from the Director for Adults and Health
(Pages 37 - 40)

12) ANNUAL WORK PLAN 2021-22

To discuss substantive items for scrutiny and inclusion in the Adults and Health Scrutiny Committee work programme for the municipal year 2021-22.
(Pages 41 - 42)

13) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

14) DATE OF NEXT MEETING

Thursday, 9 September 2021

---o0o---

TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

Mrs S Harvey (Chair)

Mr P Ainsley
Mr W Cross
Mr J Dale
Mrs J Fox
Mrs R Powell
Miss G Waller

OTHER MEMBERS FOR INFORMATION

This page is intentionally left blank

Question for Adults and Health Scrutiny Committee Meeting: 17 June 2021

Received from Mr Ramsay Ross

Context:

The January Minutes of the Health & Wellbeing Board state that the CCGs have an absolute ambition to deliver a Rutland Plan and that they are committed to having consensus about what is important in the shaping of such a Plan.

Question, in two parts:

How will the Rutland Adult & Health Scrutiny Committee execute its primary aim of strengthening the voice of local people, such that we can be assured that:

(i) our needs and experiences are considered as an integral part of the commissioning and delivery of health services;

and

(ii) that a mechanism will exist to permit public recommendations for the improvement of existing services to be submitted for consideration

This page is intentionally left blank

Deputation from Rutland Health & Social Care Policy Consortium - Access to Hospitals

Thank you Madam Chairman, I am Kathy Reynolds, I speak for the Rutland Health & Social Care Policy Consortium we welcome Report 80/2021 and note in particular paragraph 2.6.6 “Around 7% of Rutland's Households have access to a Hospital within 15 minutes by Car. The England Average is 30% of all Households (SHAPE Place 2019)”. We are concerned that the Reconfiguration of University Hospitals Leicester makes an already bad situation worse.

On 8th June 2021 the Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLRCCGs) approved proposals outlined in the Decision Making Business Case (DMBC).

While we welcomed the Government’s investment in new facilities for UHL it was always clear that a wholesale shift of acute services to the West would penalise residents in the east of LLR.

The move towards an integrated care system could offer the opportunity to the Rutland Health and Wellbeing Board to work with the CCGs to resolve some of the issues that Rutlanders face, but we have a concern that sufficient funding will be available.

We have three major concerns

1) failure to deliver care closer to home for Rutland people

2) failure to consider those with Protected Characteristics under the Equality Act 2010, and

3) the lack of clarity over Revenue and Capital funding.

1 Care Closer to Home

The DMBC does not deliver for Rutland the Department of Health’s flagship policy contained in the 2019 NHS Long-term Plan which must drive capital schemes like UHL . This policy makes much of providing care “closer to home”, but directly conflicts with the DMBC with its centralisation of such provision within the city of Leicester. The consequences for Rutland residents are plain.

We recognise that the CCGs have struggled to avoid a bad situation from getting worse when the round trip from Rutland extends from around 40 miles to LGH to around 56 miles to Glenfield. They have discussed joining up bus connections between LGH and Glenfield and also offered a temporary Park-

and-Ride at LGH. Such measures will provide only minimally for the frail elderly who generally find public transport difficult to use whilst adding hours to travel times. ‘Care closer to home’ addresses that problem but there are no proposals in the DMBC, it is completely silent on this issue, despite the requirements of the NHS Long-term Plan.

2 Protected Characteristics

Legislation requires services for groups in Rutland with ‘protected characteristics’ (such as disability, and pregnancy) should continue to be offered at the same level of service as now available at a minimum? Examples of our concerns are:-

1 People with Disabilities

We are particularly concerned by the closure and transfer of the Regional Neuro-rehabilitation Unit to Glenfield without the necessary purpose-built hydrotherapy pool and full rehabilitation facilities being re-provided on site.

Hydrotherapy is vital and it is now suggested that people from the regional centre and others be sent out to use pools in the community, although at last Tuesday’s decision making Board meeting officers could not identify where these facilities were situated.

If this approach of using outside pools is to be followed, CCGs and local authorities who provide such pools, will need to cost this approach vis-a-vis the alternative of re-providing the pool at Glenfield that has the required levels of heating, equipment and space for such a pool. (The Aquatic Therapy Association of Chartered Physiotherapists can advise)

2. Pregnant women and nursing mothers also have protected status and equality legislation requires they should suffer no worse a service.

St Mary’s Freestanding midwife-led unit (FMLU) will be relocated to LGH on a 3 year trial basis with a trajectory to achieve 500 deliveries a year. LLR women disagreed with the proposed changes overwhelmingly: in Rutland out of 269 responses only 16% agreed and 56% disagreed.

The Royal College of Midwives tells us in their report **Freestanding Midwifery Units - Local, high quality maternity care** that

- On average, FMUs in England provide care for 200-300 births per year
- About 2% of women have their baby in FMUs in England.

So a target of 500 deliveries per annum for LLR women is setting a very high goal for a unit undergoing a trial and with the threat of closure. Is the unit being set up to fail?

3 Revenue & Capital Funding

The DMBC (and PCBP) proposes to transfer 20% of its acute work elsewhere (eg Peterborough or Kettering) but makes no mention of how services in other hospitals or interim care in the community (revenue and capital) would be funded. The CCGs have admitted they need extra capital money to implement the UHL plan but have remained silent on how they propose to fund the operational revenue requirements. The public is entitled to see whether other healthcare services will have to be cut to offset revenuer capital shortfalls at UHL.

We ask Rutland Adult and Health Scrutiny to consider

Inviting the CCGs and Rutland Health and Wellbeing Board to describe how care will be brought closer to home and what range of services will be provided locally in future so mitigating the reduced service levels created in the DMBC (especially for the elderly)?

Monitoring and scrutinising the CCGs work to correct failure in equality?

Will the Rutland HOSC ask the Rutland H&WB to prepare a Health Plan for Rutland which, including the necessary capital and revenue funding schedules?

Seeking clarification on where capital and revenue funds will be drawn from and will it involve closure of existing services provided in Rutland? Delete

We urge the Rutland Health and Oversight Scrutiny Committee (HOSC) to address the shortcomings for Rutland residents in the DMBC before it progresses further. We look forward to receiving assurance from you as Chair of Rutland Scrutiny that steps will be taken to ensure that these issues are addressed.

This page is intentionally left blank

Report No: 80/2021
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY COMMITTEE

17 June 2021

HEALTH PERFORMANCE REPORT

Report of the Leicester City CCG Performance Service

Strategic Aim:	External Report	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr Alan Walters, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Hannah Hutchinson Assistant Director of Performance Improvement	07771 378752 hannah.hutchinson@leicestercityccg.nhs.uk
	Rachna Vyas Executive Director for Integration and Transformation	Contact via Kanta.Patel@LeicesterCityCCG.nhs.uk

DECISION RECOMMENDATIONS
That the Committee: 1. Notes and makes comment on Rutland Health performance based on available data

1 PURPOSE OF THE REPORT

1.1 The purpose of the report is to provide the Committee with an update on Rutland health performance, or where not accessible, East Leicestershire and Rutland Clinical Commissioning Group level performance based on available data in May 2021.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Delivering safe, high quality health, social care and support to patients and citizens in Leicester, Leicestershire and Rutland (LLR) is at the centre of NHS ambitions. Combining quality of care alongside performance improvement at System, Place and Neighbourhood levels is a key driver to delivering assurance. Placing performance and quality at the centre of plans to transform services within the nine Design Groups is crucial to delivering long term and meaningful change. The Design Groups are models of care at system level for transformation, service delivery and quality. Moving towards a culture of inclusivity, collaboration and sharing of funds is intended to result in improved outcomes for patients and citizens.

2.2 As strategic commissioners, the LLR Clinical Commissioning Groups (CCGs) need to balance this collaborative approach with the requirement to assure ourselves and others of the quality of our provider organisations and their ability to provide safe, high quality healthcare to our populations. The changes in structure, governance and the new model of work outline the cultural shift away from traditional work under a contractual framework to transformation through a population health management lens.

2.3 **Health Performance NHS Oversight Framework**

NHS England and NHS Improvement's (NHSE/I) NHS Oversight Framework (OF) 2019/20 was introduced at the end of August 2019.

https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/

There is a greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals. The specific dataset for 2019/20 broadly reflected previous provider and commissioner oversight and assessment priorities.

As there has been no update to the NHS Oversight Framework for 2020/21, the 19/20 version remains in place, which comprises a set of 60 indicators. The metrics are aligned to priority areas in the NHS Long Term Plan and the LLR CCGs review the performance at Design Group level through a lens of both the impact of Covid and workforce.

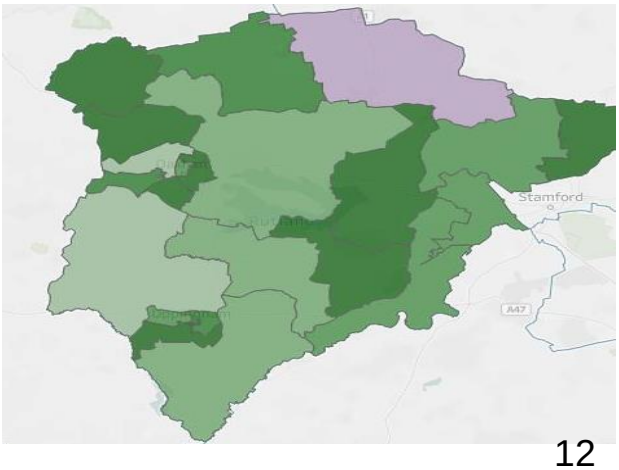
2.4 There is currently Consultation on a new NHS System Oversight Framework for 2021/22.

https://www.engage.england.nhs.uk/consultation/system-oversight-framework-2021-22/user_uploads/b0381-consultation-on-a-new-nhs-system-oversight-framework-2021-22.pdf

2.5 NHSE/I updated the NHS Oversight Framework dashboard in December 2020 (see Appendix 1), although many datasets are out of date compared with local data. Locally sourced data is routinely updated and presented to a number of LLR committees. Currently these include LLR System Quality & Performance Group, CCG Quality & Performance Committee, LLR CCG Board, NHS England/Improvement and the Care Quality Commission (CQC).

2.6 **Local Context**

2.6.1 Diagram1 LSOA Map of National decile of index of multiple deprivation



2.6.2 Rutland overall is not deprived, ranking 149thout of 152 Upper tier local authorities in England for Multiple Deprivation. Most Lower Layer Super Output Areas (LSOAs) in Rutland fall in the least deprived half of England with the exception of the area to the North East which falls in the 5 decile nationally as per diagram 1 – LSOA Map of National decile of index of multiple deprivation.

2.6.3 For the last six time periods, healthy life expectancy (HLE) at birth in Rutland for males has remained significantly better than the national average. For females, up until 2015-17, healthy life expectancy at birth has also remained significantly better than the England average.

2.6.4 Further work is being undertaken to strengthen the level of intelligence at Place (Local Authority) level and there is work being done to support this between health and social care colleagues.

2.6.5 Rutland is served by four GP Practices and there are 40,294 patients registered with the practices with Oakham Medical Practice being the biggest and Market Overton Surgery the smallest.

2.6.6 The following is known around the population in Rutland:

- 3,609 people have 5 or more Long Term Conditions (9% of population) and this includes children, working age and older age people, who live across Rutland. The long term conditions with the number of patients listed as 1000+ include (numbers descending):
    - Hypertension
    - Lipid Disorders
    - Asthma
    - Chronic Renal Failure
    - Depression
    - Diabetes

- Armed Forces mental health is similar to the general population, with depression and anxiety being the most common mental health issues pertinent to this population.

- Around 7% of Rutland's Households have access to a Hospital within 15 minutes by Car. The England Average is 30% of all Households (SHAPE Place 2019)

- Since the start of the Covid-19 pandemic over 1800 video consultations have been initiated in Rutland providing access for the population to primary care.

2.6.7 Data from Public Health England Fingertips for Rutland can be found below indicating performance levels:

Life Expectancy & Causes of death

Indicator	Time period	Rutland	England
Life expectancy at birth-Males	2017-19	83.0	79.8
Life expectancy at birth-Females	2017-19	85.4	83.4
Under 75 mortality rate from all causes	2017-19	223.7	326
Under 75 mortality rate from all cardiovascular diseases	2017-19	43.6	70.4
Under 75 mortality rate from cancer	2017-19	110.1	129.2

Child Health

Indicator	Time period	Rutland	England
Under 18s conception rate / 1,000	2018	3.6	16.7
Smoking status at time of delivery	2019/20	8.4%	10.4%
Breastfeeding initiation	2016/17	81.1%	74.5%
Infant mortality rate	2017-19	2.1	3.9
Year 6: Prevalence of obesity (including severe obesity)	2019/20	12.5%	21.0%

Recent trend

	Not calculated
↑	Increasing Getting worse
↑	Increasing getting better
→	No Significant trend
↓	Decreasing getting better

Compared to benchmark

Significantly better
Similar

Source-PHE Fingertips

Injuries and ill health

Indicator	Time period	Rutland	England
Killed and seriously injured (KSI) casualties on England's roads	2016-18	54.0	42.6
Emergency Hospital Admissions for Intentional Self-Harm	2019/20	128.6	192.6
Hip fractures in people aged 65 and over	2019/20	851	572
Cancer diagnosed at early stage (experimental statistics)	2017	54.3%	52.2%
Estimated diabetes diagnosis rate	2018	73.8%	78.0%

Behavioural risk factors

Indicator	Time period	Rutland	England
Admission episodes for alcohol-related conditions (Narrow)	2018/19	519	664
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	10.2%	13.9
Percentage of physically active adults	2019/20	68.6%	66.4%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	65.3%	62.8%

Recent trend

	Not calculated
↑	Increasing
→	No Significant trend
↓	Decreasing getting better

Compared to benchmark

Significantly better
Significantly worse
Similar

Source-PHE Fingertips

Key Facts 17: Wider determinants of health

Indicator	Time period	Rutland	England
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	77.8%	71.8%
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2019	3.2%	5.5%
Violent crime - violence offences per 1,000 population	2019/20	13.6	29.5
Statutory homelessness: rate per 1,000 households	2017/18	2.5	2.4
Social Isolation: percentage of adult carers who have as much social contact as they would like	2018/19	38.2%	32.5

Source-PHE Fingertips

This table summarises indicators looking at the wider determinants of health

Generally Rutland is performing well, with no indicators performing worse than the benchmark

Recent trend	
	Not calculated
	Increasing
	Increasing Getting worse
	Increasing getting better
	No Significant trend

Compared to benchmark
Significantly better
Similar
Lower

2.7 CCG Health Performance:

2.7.1 The following table provides an explanation for the key Constitutional indicators where performance is challenged. Locally sourced 2020/21 data has been provided in the table. Details of local actions in place in relation to these metrics are also shown.

NHS Constitution metric and explanation of metric	**Latest 20/21 Performance**	**Local actions in place / supporting information**
Cancer 62 days from 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	**National Target >85%** March 21 **East Leicestershire and Rutland (All Providers)** 66% (60/91pts)	Increase in April and May 2021 2 week wait activity due to the surge in referrals towards the end of March and continuing in April. This is especially causing pressure in **Breast, Head & Neck, ENT and Skin.** The Independent Sector (IS) is being utilised & cancer patients prioritised. There has been a significant amount of work between UHL; Spire and Nuffield locally to ensure cancer activity is maximised (diagnostics and treatment). Local Health Providers such as PCL and Alliance are also

complications, an enhanced patient experience and improved cancer outcomes.		supporting with diagnostic work so that UHL can prioritise cancer diagnostics. Patient level review of all breaches underway to ensure learning around key drivers and establish appropriate future mitigations where possible. There is a regular review of the number of cancer patients waiting over 1 month (P2 patients) across the system to support the safe management of priority patients requiring cancer treatment in the region's Trusts during the pandemic. Patients are identified who require urgent treatment where capacity is constrained within the local acute provider, local system level capacity, usual tertiary centre or local IS provider arrangements. The aim of this is also to identify potential capacity across the entire regional footprint to support P2 demand.
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. This measure aims to encourage providers to improve health outcomes and patient experience of A&E.	**National Target >95%** April 21 **University Hospitals Leicester (UHL) A&E – all patients attending** 69% **North West Anglia Foundation Trust (NWAFT) A&E – all patients attending** 80%	**UHL** In response to COVID 19, pathway and site changes have been made within UHL. Admission and discharge profiles are currently having some delays due to UHL responding to safety processes and social distancing due to COVID 19. The LLR interim Emergency Door booking system was replaced by the national interim solution on 4th March, the processes are being embedded and monitored regarding patient experience. Working with Communications teams to increase focus on use of 111 First. Work continues on Same Day Emergency Care (SDEC) pathways for 111, Clinical Navigation Hub and EMAS. **NWAFT** Performance for majors has improved, however the continued COVID impact, Emergency Door segregation and ongoing pressure on flow across the

		sites has resulted in long waits for majors admitted patients in month. There is a clear link between patient flow, patient attendance levels and the 4 hour performance. When Trust ED attendances reach threshold levels, there is a net negative impact on the 4 hour performance. This needs a deeper and further analysis, with particular reference to Peterborough, and how we can continue to maintain strong patient flow and limit delays during busier periods.
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>** March 21 **East Leicestershire and Rutland patients (All Providers)** **53%** Total East Leicestershire and Rutland patients waiting; 28,115 (against a target of <21,247) of which 3,640 patients are waiting +52weeks. 841 East Leicestershire and Rutland patients are waiting at NWAFT, of these 97 are waiting +52week	The impact of the COVID-19 pandemic has led to the RTT position worsening as non-essential activity was cancelled nationally to reduce footfall on the hospital site. This is likely to continue until elective work is fully resumed. Long waiters are starting to be seen within the independent sector following the prioritization of cancer and urgent patients. Elective recovery trajectories with specialties are being discussed through the weekly access meeting. Ensuring the Independent Sector is fully utilised and patients transferred from each service in a timely manner.

Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure improvements in access to psychological therapy services for adults with depression and/or anxiety disorders Recovery levels are a useful measure of patient outcome and helps to inform service development	**% adults accessing IAPT services, from a defined prevalence** **LLR/NHSE/I target >17.3%** YTD Feb 21 ELR – 14% (3,595 pts entering treatment since April 20) **% of people who complete treatment who are moving to recovery** **National target >50%** Feb 21 ELR – 56%	Referral rates are at pre-Covid levels. In line with regional and National referral rates reported increased acuity in referrals. Did Not Attend (DNA) rates reduced by 4-5% due to online access to treatment. New service commenced successfully with new provider as per mobilisation plan. New service materials have been issued to all GP practices and stakeholders. Within the service specification there are specific requirements to address inequalities within LLR. Patients 'moving to recovery' continues to achieve the national standard.
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 >67%** April 21 Rutland LA 52% (338pts) ELR CCG 60% (2919pts)	The current risks are in line with the national picture of dementia prevalence rates declining in line with COVID-19. Post diagnostic support is commissioned and provided by Admiral Nursing within Rutland. Direct referrals are made into the service via primary medical care and the memory assessment service. An electronic referral service was developed that included an Advice and Guidance model. This was launched to primary medical care during November 20 and will support diagnosis and on-going management within a primary medical care setting.

2.8 Other Cancer Metrics

2.8.1 The March 21 (latest) performance for the Cancer Wait Metrics is below;

Cancer Waiting Times	Level	Period	Target	East Leicestershire and Rutland CCG
2 weeks of an urgent GP referral	ELR CCG	Mar-21	>93%	95.0%
2 weeks of an urgent referral for breast symptoms	ELR CCG	Mar-21	>93%	98.2%
31 Day - 1st definitive treatment	ELR CCG	Mar-21	>96%	83.9%
31 Day - Subsequent treatment (surgery)	ELR CCG	Mar-21	>94%	55.6%
31 Day - Subsequent treatment (drugs)	ELR CCG	Mar-21	>94%	100.0%
31 Day - Subsequent treatment (radiotherapy)	ELR CCG	Mar-21	>94%	97.1%
62 Day - 1st definitive treatment (Urgent GP Referral)	ELR CCG	Mar-21	>85%	65.9%
62 Day - 1st definitive treatment (Screening Service)	ELR CCG	Mar-21	>90%	62.5%
62 Day - 1st definitive treatment (Cons. Upgrade)	ELR CCG	Mar-21	N/A	72.4%
28 day FDS Two Week Referral	ELR CCG	Mar-21	75%	83.9%
28 day FDS Two Week Wait Breast System Referral	ELR CCG	Mar-21	75%	98.1%
28 day FDS Screening Referral	ELR CCG	Mar-21	75%	76.5%

2.9 Areas of Improvement

There are some areas that have shown recent improvement;

- Both two week wait referral for urgent cancer and breast symptoms metrics have achieved the national target each month since November 2020 for East Leicestershire and Rutland CCG patients.
- The Faster Diagnosis standard relating to cancer patients receiving a diagnosis within 28 days continues to exceed the national standard.
- 2 week wait cancer referrals are above pre-covid levels.
- Diagnostics (Endoscopy and Imaging) activity is above pre-covid levels.
- Adult Improving Access to Psychological Therapies (IAPT) Waiting Times and Recovery continue to achieve the national standards across LLR.

3 FINANCIAL IMPLICATIONS

3.1 N/A

4 LEGAL/GOVERNANCE CONSIDERATIONS

4.1 N/A

5 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

5.1 Currently most of the health performance data is collected at CCG level or review across the System. Work is starting around health and social care intelligence being collected at Place (Local Authority level). Health Performance has been challenged by Covid-19 however there have been areas of improvement and there are systems in place through integrated governance structures to review the areas of challenge.

6 BACKGROUND PAPERS

6.1 There are no additional background papers to the report.

7 APPENDICES

7.1 Appendix 1: Out of County Report

7.2 Appendix 2: Oversight Framework for East Leicestershire and Rutland CCG

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Name of meeting:	Public ✓	Confidential	**Date:**		**Paper:**	
Report title:	**Out of County Performance Dashboard – Feb/March 2021 performance**					
Presented by:	Rachna Vyas – Executive Director for Integration and Transformation					
Report author:	Amita Patel, Performance Manager (M&LCSU) Kate Allardyce, Senior Performance Manager (M&LCSU)					
Summary:	This report provides an overview of the most recent performance data available for 20/21, at University Hospitals Leicester (UHL) and the 3 Out of County Acute Providers (Kettering, North West Anglia NHS Foundation Trust and University Hospitals Coventry & Warwickshire). Note: For RTT, Diagnostic tests and Cancer metrics, data is shown for LLR patients only at these providers only. Performance data highlighted within the report captures the impact of COVID-19 for the below standards: • A&E 4 hours wait • Referral to Treatment Times and Waiting List size • 52 Week Waiters • Diagnostic Testing • Cancer 2 week out-patient from GP referral & Faster Diagnosis • Cancer 31-day first definitive treatment • Cancer 62-day GP referral to first definitive treatment					
Appendices:	• Appendix 1 – LLR Out of County Dashboard • Appendix 2 – LLR Out of County Dashboard-historical data (Apr 20-Feb/March 21)					
Recommendations:	**NOTE** the content of the report **DISCUSS** any performance and activity related issues **RECOMMEND** any further developments to future iterations of the paper.					
Report history and prior review:	Historical data has been updated for comparison. This format of the Out of County Dashboard has most recently been reported to CCG Quality & Performance in May 21. A similar dashboard was previously presented to West Leicestershire's Quality & Performance sub-group and East Leicestershire and Rutland's Integrated Governance committee.					

Aligned to Strategic Objectives		
Leicester City CCG	**West Leicestershire CCG**	**East Leicestershire and Rutland CCG**
✓	✓	✓

Implications	
a) Conflicts of interest:	None
b) Alignment to Board Assurance Framework	Aligns to system priorities and the 10 system expectations
c) Resource and financial implications	Commitment for partner organisations to support the development of a system-wide quality & performance improvement approach
d) Quality and patient safety implications	This paper aims to illustrate the performance position across the system for Out of County providers and where design groups are not meeting their performance targets the potential quality and patient safety implications which may result. As COVID-19 cases continue in the community there are chances of a deteriorating performance position and potential patient harm.
e) Patient and public involvement	Healthwatch and patient partners have been part of the development of the System LLR Quality and Performance Improvement Strategy. In addition the LLR Out of County Performance Dashboard Report will be part of the Public Governing Body.
f) Equality analysis and due regard	Aims to reduce unwarranted variation and address equity across the system

Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs)

Out of County Performance Dashboard

BACKGROUND

1. This dashboard has been developed to provide LLR CCG Quality & Performance Committee with an overview of national Key Performance Indicators for the Out of County providers.

2. Where available, data is presented for LLR patients only. It should be noted that in some circumstances a metric may be RAG rated as red for LLR patients, but green as a whole provider position. In this case there will be limited or no delivery narrative available because the Trust does not flag this as a concern overall. This is for the following performance indicators:

    - RTT - Incomplete
    - RTT 52 Weeks
    - RTT 6 Week diagnostic testing
    - Cancer 2 week out-patient from GP referral & Faster Diagnosis
    - Cancer 31-day first definitive treatment
    - Cancer 62-day GP referral to first definitive treatment

    A&E 4 hour wait remains at Provider level only.

3. Delivery narrative has been included where key performance indicators are at risk. This narrative has been taken from publicly available Board reports for Kettering, North West Anglia Foundation Trust and University Hospitals Coventry and Warwick.

Indicator	Action in Place
Kettering	
RTT and 52 Week Waiters	Performance was severely affected by Covid-19 and the requirement to significantly reduce routine elective activity. Continued underperformance is also due to our inability to return to normal full-scale elective programmes. The increase in Covid 19 patients requiring Critical Care has impacted significantly on the theatre capacity available to treat routine patients. There were no 52-week waits, although these were anticipated due to a loss of theatre capacity as staff were redeployment into intensive care and urgent cancer surgery prioritised. Focus to continue ensuring long-waiting patients are managed against NHSI / E guidance, with urgent patients being treated wherever possible and maintaining zero 52-week breaches. Insourcing has created the opportunity for improvement in Head and Neck services and is being rolled out for other specialities.

Diagnostics	The Trust did not achieve the diagnostic 6 week wait standard. The cancellation of routine diagnostic tests due to Covid-19 has severely hampered performance. Patient choice is continuing to affect performance. Approximately 100 CT scans needed to be cancelled at the Woodland Hospital and rebooked in March due to equipment failure.
Cancer	The Trust missed the 62day cancer standard as a direct result of Covid-19, its impact on capacity (including diagnostics), patients choosing to delay their treatment, the backlog starting to be cleared and national guidance on cancer treatment. The impact of patient choice to delay treatment, and cancel or DNA appointments was high during January, causing delays in pathways. The number of undiagnosed patients on the cancer PTL has increased during Covid-19. The number of patients that are beyond their breach date is decreasing as patients are treated, with the knock-on effect of decreased performance, which is forecast to continue in the short-term. During January, the relatively high number of patients choosing to delay appointments or DNAing continued - this is thought to be linked to the continued Covid-19 pandemic and has been seen in hospital sites across the country. *Source; KGH Integrated Governance Report, 31st March 21 Board*
North West Anglia Foundation Trust	
A&E	Four-hour A&E access performance in February improved when compared to the previous months. The percentage of patients admitted, treated, or discharged within 4 hours of arrival at A&E, differs across our two main hospital sites considerably, with Hinchingbrooke Hospital consistently outperforming Peterborough City Hospital. There is a clear link between patient flow, patient attendance levels and the 4-hour performance. When Trust ED attendances reach threshold levels of above 2600 a week, there is a net negative impact on the 4-hour performance. This needs a deeper and further analysis, with particular reference to Peterborough, and how we can continue to maintain strong patient flow and limit delays during busier periods.
RTT and 52 week waits	The Trust current incomplete waiting list is below the commissioned maximum standard and we continue to undertake extensive validation on our waiting lists, addressing residual validation issues post PAS merger; and more present challenges driven by capacity and capability of teams to manage validation on an ongoing basis given volumes of patients waiting and wider operational pressures (i.e, sickness absence, redeployment) during this period. Long waiters continue to increase, specifically those waiting for non-urgent surgery driven by COVID19 wave. This has meant the cancellation of all P3/P4 surgeries across our sites,

	with only P1 and P2 cases taking place. (P1 =Immediate need, P2 = surgery required within 28 days). Mutual aid processes in place across the region to ensure sufficient capacity in place for all P2 patients. NWAFT has had no requirement to seek mutual aide to date. The Trust has clinically prioritised 75% of the elective waiting list (excluding diagnostics). This figure is expected to increase following work completed to automatically apply P codes for some General Surgery and Urology procedures. We continue to utilise independent sector provision to support with long waiters and we also continue to expand the additional activity delivered via insourcing and outsourcing, utilising contracts with multiple organisations to expand our overall capacity. Additional weekend lists for Endoscopy and Dermatology are now in place with further plans to look at Ophthalmology, Urology and General Surgery through February and March. Work is ongoing to develop detailed specialty level restoration and improvement plans, which will then form the basis of our Trust wide reset and restoration plan and annual plan for 21/22. This work is expected to be ongoing through to the end of April. The 52-week standard remains below target. The increase in the rate of 52 week breaches was slowing as elective recovery activity was ramped up however, this has now been impacted by COVID19 with some routine long wait patients cancelled to support intensive care capacity. The Trust is now reporting any patients waiting in excess of 78 weeks to NHSEI. This number is increasing month on month and currently there are 14 with waits in excess of 104 weeks. As at the end of February, 282 patients have been waiting more than 78 weeks. It is worth noting that NHSEI are currently considering parameters for long waits in the post COVID19 context. We expect maximum thresholds to be set at between 78-104 weeks rather than the current 52-week maximum wait. Clinical prioritisation for all patients on the elective waiting list is underway. Letters have now been sent to all patients on the elective waiting list without a TCI date. This is in line with the national programme to ascertain if patients still wish to proceed with their surgery. Of the 5600 letters sent to patients, 75% have responded. Of these 90% wish to stay on the waiting list, 4% have had their procedure elsewhere or wish to be removed from the waiting list. The remainder have asked to have their procedures delayed due to COVID or personal reasons. We are awaiting national guidance on how we manage those patients that wish to delay their surgery for an indefinite period.
Diagnostics	The overall number of patients waiting >6weeks has reduced. The overall proportion of patients breaching the 1% maximum 6-week standard remains challenged although positive progress has been shown in February. The areas most challenged are Echocardiography, CT and Endoscopy.

	Performance for CT is driven by routine activity being reduced to support NEL demand. As there are additional MRI vans at PCH, MR activity is being diverted to fully utilise the vans and the service is reallocating staff, where possible, to put extra sessions in CT. Improvement has been seen with the number of breaches reducing. This has been delivered utilising WLI lists whilst routine activity was reduced due to disruption as a result of Covid surge but is expected to return to plan in March/April. Recovery has been slower than we would like driven by the difficulty in recruiting extra physiologists from overseas due to the pandemic.
Cancer	While the Trust maintained all cancer services through the COVID19 wave, we have experienced challenges with capacity driven by higher than usual sickness absence levels and redeployment of some resources to support non-elective activities, as well as the loss of outpatient clinic space with the utilisation of this footprint by the COVID19 vaccination clinics. The impact has been predominantly seen in delivery of our outpatient activity with some longer waits for 2 week wait referrals (Skin, Head and Neck) as well as some specific issues with Straight to test (STT) pathways for Colorectal, which the Endoscopy service are currently unable to deliver within the 14 day time period. Performance for February is showing a much-improved position. This has been driven by amendments to the Colorectal referral process at PCH to reflect the process as HH which has reduced breach numbers. Endoscopy activity recovery continues to be ongoing, with good progress made in January vs. expected plan, however the service still has considerable backlogs across all patient types (active/planned) and further work is required to address underlying performance, capacity, and demand issues within this specialty. Performance against 28 day and 62-day cancer standards dropped in January, driven by the increase in 2ww breaches. Significant recovery is being shown against the 28-day standard in February, though this is an unvalidated position. Patient level review of all breaches underway to ensure learning around key drivers and establish appropriate future mitigations where possible 31-day subsequent surgery performance also dropped below control limits in February, driven by low numbers and breaches due to COVID19. 62-day screening unvalidated performance has dropped in February driven by low numbers. *Source; NWAFT's Integrated Performance Report, 13th April 21 Board*

University Hospitals Coventry and Warwick	
A&E	The Trust delivered performance of 81.3% for February and 85.3% in March for the four-hour standard and remains below the national standard of 95%. However, this is an improvement from previous month. UHCW was below the benchmarked position for England and the Midlands.
RTT and 52 Week Waiters	The RTT incomplete position remains below the 92% national target. The Trust continues to see an increase in RTT 52 Week wait patients as a result of service changes required in response to Covid-19. The number of patients waiting after 52 weeks will continue to increase until we can action routine patients with surgery. At the moment due to the wave of COVID-19, emergencies, cancers and urgent patients are taking priority.
Diagnostics	Diagnostic waiter's performance continues to improve following the impact of required Covid-19 related changes to service delivery
Cancer	The 62-day diagnosis to treatment target was not achieved. The Independent Sector continues to be used for cancer work. Cancer Access and Cancer Board have oversight of cancer performance across all tumour sites. *Source; UHCW's Integrated Quality, Performance & Finance Report, 25th March 21 Board*

APPENDIX 1 - LLR OUT OF COUNTY DASHBOARD

Indicator	Target	Date of data	UHL	Kettering	North West Anglia NHS Foundation Trust	University Hospital Coventry and Warwickshire
A&E Four Hour Wait (excl UCCs)	>95%	Mar-21	71.8%	CRS Trial Site	75.3%	85.3%
RTT-18 Weeks Incompletes	>92%	Feb-21	53.2%	74.4%	62.9%	51.6%
RTT-Overall size of the waiting list		Feb-21	76250	554	798	1443
RTT -Patients waiting over 52 weeks for treatment	0	Feb-21	9220	0	90	183
Patients waiting six weeks or more for a diagnostic test	<=1%	Feb-21	39.47% 8729/22,114	3.17% 4/126	40.00% 108/270	15.08% 38/252
Cancer 2 Week Wait from GP referral	>93%	Mar-21	95.99% 3763/3920	98.11% 52/53	82.35% 56/68	94.29% 33/35
Cancer 31 day first definitive treatment	>96%	Mar-21	86.88% 298/343	100% 5/5	100% 5/5	100% 2/2
Cancer 62 day GP referral to first definitive treatment	>85%	Mar-21	61.50% 131/213	75.00% 3/4	75.00% 3/4	0/0
Cancer- 28 Day FDS two week referral	>75%	Mar-21	86.40% 3113/3603	85.71% 42/49	76.47% 39/51	71.43% 20/28
Data source- Aristotle and https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2020-21/						

APPENDIX 2 - LLR OUT OF COUNTY DASHBOARD

Indicator	Target	Provider	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
A&E Four Hour Wait (excl UCCs)	>95%	UHL	86.7%	82.7%	78.2%	92.6%	76.9%	70.2%	71.3%	68.5%	67.0%	63.9%	68.7%	71.8%
		Kettering	**CRS Trial Site**											
		North West Anglia NHS Foundation Trust	97.8%	97.7%	96.2%	93.1%	80.2%	79.8%	78.4%	74.1%	68.2%	65.7%	76.8%	75.3%
		University Hospital Coventry and Warwickshire	91.2%	93.3%	94.2%	93.0%	91.0%	84.9%	83.6%	82.2%	80.4%	78.3%	81.3%	85.3%

Indicator	Target	Provider	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
RTT-18 Weeks Incompletes	>92%	UHL	70.2%	61.7%	52.4%	45.6%	50.0%	55.6%	59.3%	60.3%	59.2%	56.8%	53.2%	
		Kettering	77.7%	66.5%	57.1%	50.4%	55.3%	59.4%	74.7%	74.9%	76.3%	75.8%	74.4%	
		North West Anglia NHS Foundation Trust				49.2%	55.1%	64.5%	67.3%	69.2%	67.4%	66.3%	62.9%	
		University Hospital Coventry and Warwickshire	63.3%	52.4%	37.7%	24.3%	30.2%	38.7%	44.0%	48.0%	50.7%	50.9%	51.6%	
RTT-Overall size of the waiting list		UHL	58020	57541	58672	60493	62290	64831	67258	68775	70614	72748	76250	
		Kettering	578	513	492	508	508	470	493	478	498	508	554	
		North West Anglia NHS Foundation Trust				783	833	907	880	840	824	808	798	
		University Hospital Coventry and Warwickshire	1208	1150	1096	1033	1020	1029	1023	950	927	959	1443	
RTT -Patients waiting over 52 weeks for treatment	0	UHL	251	684	1286	1984	2661	3287	3786	4379	5367	7064	9220	
		Kettering	0	0	0	0	0	0	0	0	0	0	0	
		North West Anglia NHS Foundation Trust				15	24	30	37	50	55	69	90	
		University Hospital Coventry and Warwickshire	0	1	10	24	33	46	73	76	93	127	183	

Indicator	Target	Provider	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Patients waiting six weeks or more for a diagnostic test	<=1%	UHL	36.49% 2801/7676	20.87% 3494/16,744	24.68% 4484/18,165	32.4% 6024/18,593	32.07% 5845/18,226	30.29% 6145/20,290	30.64% 6446/21,035	31.18% 6713/21,527	35.34% 7851/22,216	44.45% 9766/21,972	39.47% 8729/22,114	
		Kettering	0% 0/46	76.42% 94/123	21.05% 16/76	6.45% 8/124	13.53% 23/170	14.65% 29/198	15.15% 25/165	9.60% 12/125	8.13% 10/123	2.40% 3/125	3.17% 4/126	
		North West Anglia NHS Foundation Trust				55.52% 171/308	47.95% 175/365	48.19% 186/386	51.51% 178/348	44.48% 137/308	42.68% 140/328	53.36% 151//283	40.00% 108/270	
		University Hospital Coventry and Warwickshire	38.81% 104/268	36.73% 101/275	36.99% 108/292	27.53% 79/287	22.30% 62/278	15.79% 51/323	13.03% 40/307	13.49% 41/304	17.36% 46/265	19.17% 51/266	15.08% 38/252	

Indicator	Target	Provider	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cancer 2 Week Wait from GP referral	>93%	UHL	86.38% 1142/1322	87.15% 1539/1766	92.05% 2247/2441	90.03% 2447/2718	89.43% 2334/2610	92.97% 2885/3103	90.47% 2866/3168	93.36% 3178/3404	94.82% 3237/3414	92.62% 2586/2792	95.96% 2757/2873	95.99% 3763/3920
		Kettering	100% 17/17	94.74% 18/19	96.55% 28/29	100% 48/48	97.62% 41/42	94.12% 64/68	97.50% 39/40	96.55% 56/58	97.14% 34/35	95.56% 43/45	95.56% 43/45	98.11% 52/53
		North West Anglia NHS Foundation Trust	90.00% 54/60	91.84% 45/49	92.42% 61/66	86.67% 65/75	83.12% 64/77	89.33% 67/75	86.67% 39/45	75.61% 31/41	59.52% 25/42	60.61% 20/33	72.22% 26/36	82.35% 56/68
		University Hospital Coventry and Warwickshire	100% 17/17	91.67% 22/24	96.30% 26/27	93.55% 29/31	80.65% 25/31	88.57% 31/35	87.88% 29/33	96.43% 27/28	97.14% 21/35	86.96% 20/23	91.30% 21/23	94.29% 33/35

Indicator	Target	Provider	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cancer 31 day first definitive treatment	>96%	UHL	94.82% 311/328	89.18% 239/268	91.93% 319/347	93.20% 315/338	93.89% 292/311	89.85% 292/325	95.04% 364/383	94.33% 366/388	95.36% 370/388	87.43% 327/374	94.39% 303/321	86.88% 298/343
		Kettering	100% 6/6	100% 2/2	100% 1/1	100% 13/13	87.50% 7/8	100% 5/5	100% 5/5	100% 5/5	100% 10/10	100% 6/6	100% 2/2	100% 5/5
		North West Anglia NHS Foundation Trust	91.67% 11/12	100% 8/8	85.71% 6/7	66.67% 4/6	66.67% 2/3	100% 8/8	85.71% 6/7	83.33% 5/6	87.50% 7/8	100% 8/8	66.77% 2/3	100% 5/5
		University Hospital Coventry and Warwickshire	100% 1/1	90.00% 9/10	100% 11/11	100% 1/1	100% 1/1	50.00% 1/2	100% 7/7	100% 12/12	100% 7/7	100% 6/6	100% 8/8	100% 2/2
Cancer 62 day GP referral to first definitive treatment	>85%	UHL	65.08% 123/189	56.12% 78/139	71.50% 148/207	72.82% 142/195	78.31% 148/189	70.00% 133/190	71.98% 167/232	79.82% 174/218	74.77% 163/218	66.08% 150/227	63.87% 122/191	61.50% 131/213
		Kettering	100% 3/3	100% 1/1	100% 1/1	87.50% 7/8	100% 4/4	100% 4/4	66.67% 2/3	50.00% 2/4	100% 8/8	75.00% 3/4	50.00% 1/2	75.00% 3/4
		North West Anglia NHS Foundation Trust	66.67% 6/9	75.00% 3/4	80.00% 4/5	25.00% 1/4	50.00% 1/2	57.14% 4/7	75.00% 3/4	50.00% 2/4	40.00% 2/5	40.00% 2/5	0.00% 0/1	75.00% 3/4
		University Hospital Coventry and Warwickshire	0/0	50.00% 2/4	100% 4/4	0/0	0/0	0/0	100% 4/4	60.00% 3/5	100% 2/2	100% 2/2	33.33% 1/3	0/0
Cancer- 28 Day FDS two week referral	>75%	UHL	73.38% 1006/1371	80.92% 1175/1452	82.54% 1862/2256	83.82% 1933/2306	80.15% 1805/2252	80.45% 2419/3007	83.22% 2396/2879	83.05% 2665/3209	83.44% 2569/3079	no data	85.63% 2324/2714	86.40% 3113/3603
		Kettering	75.00% 15/20	73.68% 14/19	95.65% 22/23	97.22% 35/36	87.88% 29/33	88.68% 47/53	76.74% 33/43	88.00% 44/50	83.87% 26/31	no data	97.37% 37/38	85.71% 42/49
		North West Anglia NHS Foundation Trust	69.64% 39/56	67.50% 27/40	70.37% 38/54	69.70% 46/66	60.34% 35/58	67.19% 43/64	48.57% 34/70	68.42% 26/38	60.61% 20/33	no data	72.73% 24/33	76.47% 39/51
		University Hospital Coventry and Warwickshire	33.33% 7/21	82.35% 14/17	66.67% 22/33	88.00% 22/25	82.14% 23/28	73.33% 22/30	73.33% 22/30	65.38% 17/26	76.92% 20/26	no data	63.16% 12/19	71.43% 20/28

East Leicestershire & Rutland CCG Performance Dashboard Appendix 2 – Released Dec 2020 by NHSE/I
https://future.nhs.uk/OIforC/view?objectID=12809456

Key:

Bandings
- Highest performing quartile
- Interquartile range
- Lowest performing quartile

Direction of change arrows
- Increase
- Decrease
- Equal
- No data

Colour of change arrows
- Improvement
- Deterioration
- No change
- n/app

Indicators with a target
- Pass
- Fail
- n/app

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	03W: NHS East Leicestershire and Rutland CCG Rank	03W: NHS East Leicestershire and Rutland CCG Change
999a: Annual assessment		Annual assessment	2019-20			✓	RI		↓
102a: Percentage of children aged 10-11 classified as overweight or obese	Preventing ill health and reducing inequalities	Obesity	2015-16 to 2017-18	34.2%		✓	29.45%	(23/189)	↑
103a: Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	Quality of care and outcomes	Diabetes	2018-19	39.1%		✓	40.07%	(87/191)	↑
103b: People with diabetes diagnosed less than a year who attend a structured education course	Quality of care and outcomes	Diabetes	2017-18 (2016 cohort)	12.1%		✓	11.47%	(98/191)	↑
104a: Injuries from falls in people aged 65 and over	Preventing ill health and reducing inequalities	Falls	19-20 Q4	2041		✓	1722	(108/178)	↓
105b: Personal health budgets	New Service Models	Personalisation and patient choice	19-20 Q3	121		✓	106	(63/191)	↑
105c: Percentage of deaths with three or more emergency admissions in last three months of life	Quality of care and outcomes	People with long term conditions and complex needs	2017	7.40%		✓	8.99%	(146/189)	↑
106a: Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	Preventing ill health and reducing inequalites	Health inequalities	19-20 Q4	1894		✓	2282	(137/191)	↑
107a: Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	Preventing ill health and reducing inequalities	Antimicrobial resistance	2020 03	Null	0.965	✓	0.953	(89/191)	↑
107b: Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	Preventing ill health and reducing inequalities	Antimicrobial resistance	2020 03	8.22%	10%	✓	9.86%	(164/191)	↓

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	03W: NHS East Leicestershire and Rutland CCG Rank	03W: NHS East Leicestershire and Rutland CCG Change
108a: The proportion of carers with a long term condition who feel supported to manage their condition	Quality of care and outcomes	People with long term conditions and complex needs	2019	57.3%	100%	✓	52.0%	(164/191)	
109a: Reducing the rate of low priority prescribing	Finance and use of resources	Finance and use of resources	19-20 Q4			✓	Amber		
121a: Provision of high quality care: hospital	Quality of care and outcomes	General	19-20 Q3			✓	54	(177/191)	
121b: Provision of high quality care: primary medical services	Quality of care and outcomes	General	19-20 Q3			✓	66	(92/191)	
121c: Provision of high quality care: adult social care	Quality of care and outcomes	General	19-20 Q3			✓	63	(72/191)	
122a: Cancers diagnosed at early stage	Quality of care and outcomes	Cancer services	2018	55.0%		✓		(181/191)	
122b: People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Quality of care and outcomes	Cancer services	19-20 Q2	77.8%	85%	✓	77.50%	(109/191)	
122c: One-year survival from all cancers	Quality of care and outcomes	Cancer services	2017	73.3%	75%	✓	73.80%	(61/191)	
122d: Cancer patient experience	Quality of care and outcomes	Cancer services	2018			✓	8.7	(141/191)	
123a: Improving Access to Psychological Therapies – recovery	Quality of care and outcomes	Mental health	19-20 Q3	50.9%	50%	✓	53.78%	(55/191)	

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	Rank	Change
123b: Improving Access to Psychological Therapies – access	Quality of care and outcomes	Mental health	19-20 Q3	4.61%		✓	3.86%	(154/191)	↑
123c: People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Quality of care and outcomes	Mental health	2020 03	71.9%	56%	✓	66.67%	(129/186)	✕
123d: Children and young people's mental health services transformation	Quality of care and outcomes	Mental health	2020 03	36.8%		✓	30.77%	(118/191)	✕
123e: Mental health crisis team provision	Better care	Mental health	2017-18			✓	0.00%	(113/175)	✕
123f: Mental health out of area placements	Quality of care and outcomes	Mental health	2019 12	127		✓	41	(80/191)	↓
123g: Proportion of people on GP severe mental illness register receiving physical health checks	Quality of care and outcomes	Mental Health	19-20 Q4	35.8%	60%	✓	27.4%	(116/161)	↑
123i: Delivery of the mental health investment standard	Finance and use of resources	Finance and use of resources	19-20 Q4			✓	Green		●
123j: Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	Quality of care and outcomes	Mental Health	2020 02			✓	91.96%	(121/191)	✕
124a: Reliance on specialist inpatient care for people with a learning disability and/or autism	Quality of care and outcomes	Learning disability and autism	19-20 Q4			✓	60	(170/191)	→
124b: Proportion of people with a learning disability on the GP register receiving an annual health check	Quality of care and outcomes	Learning disability and autism	2019-20			✓		(94/190)	●
124c: Completeness of the GP learning disability register	Quality of care and outcomes	Learning disability and autism	2018-19			✓	0.39%	(160/190)	↑

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	03W: NHS East Leicestershire and Rutland CCG Rank	03W: NHS East Leicestershire and Rutland CCG Change
124d: Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification	Quality of care and outcomes	Learning disability and autism	2019-20	17.7%		✓	0.00%	(2/190)	
125a: Neonatal mortality and stillbirths	Quality of care and outcomes	Maternity services	2017	Null		✓	3.36	(42/190)	
125b: Women's experience of maternity services	Quality of care and outcomes	Maternity services	2019	84.5		✓	85.0	(89/191)	
125c: Choices in maternity services	Quality of care and outcomes	Maternity services	2019	69.6		✓	71.4	(63/191)	
125d: Maternal smoking at delivery	Quality of care and outcomes	Smoking	19-20 Q4	10.5%	6%	✓	9.60%	(79/190)	
126a: Estimated diagnosis rate for people with dementia	Quality of care and outcomes	People with long term conditions and complex needs	2020 03	67.4%	67%	✓	67.42%	(104/191)	
126b: Dementia care planning and post-diagnostic support	Quality of care and outcomes	People with long term conditions and complex needs	2018-19	78.0%		✓	71.51%	(185/191)	
127b: Emergency admissions for urgent care sensitive conditions	New Service Models	Integrated primary care and community health services	19-20 Q4	2400		✓	2039	(103/191)	
127e: Delayed transfers of care per 100,000 population	New Service Models	Acute emergency care and transfers of care	2020 02	12.2		✓	6.7	(30/191)	
127f: Population use of hospital beds following emergency admission	New Service Models	Acute emergency care and transfers of care	19-20 Q4	995		✓	1075	(155/191)	
128b: Patient experience of GP services	New Service Models	Integrated primary care and community health services	2019	82.9%		✓	81.70%	(124/191)	

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	Rank	Change
128c: Primary care access - Proportion of the population benefitting from extended access services	Better Care	Primary care	2019 03	99.8%		✓	100.00%	(1/187)	●
128d: Primary care workforce	Leadership and workforce	Leadership and workforce	2019 09	1.05		✓	1.32	(17/191)	↑
128e: Count of the total investment in primary care transformation made by CCGs compared with the £3 head commitment made in the General Practice Forward View	Better Care	Null	18-19 Q4			✓	Green		●
129a: Patients waiting 18 weeks or less from referral to hospital treatment	Quality of care and outcomes	Planned care	2019 12	83.7%	92%	✓	81.83%	(124/177)	↑
129b: Overall size of the waiting list	Quality of care and outcomes	Planned care	2020 03	4235970		✓	19833	(115/191)	↓
129c: Patients waiting over 52 weeks for treatment	Quality of care and outcomes	Planned care	2020 03	3097		✓	6	(90/191)	↑
130a: Achievement of clinical standards in the delivery of 7 day services	New Service Models	Integrated primary care and community health services	2017-18			✓	2	(56/189)	✕
131a: Percentage of NHS Continuing Healthcare full assessments taking place in an acute hospital setting	New Service Models	Integrated primary care and community health services	19-20 Q4	4.55%	15%	✓	1.54%	(88/191)	↓
132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG	Quality of care and outcomes	General	2018			✓	Amber		●

Indicator	Domain	Area	Period	England value	Target	New data this release	03W: NHS East Leicestershire and Rutland CCG Rate	03W: NHS East Leicestershire and Rutland CCG Rank	03W: NHS East Leicestershire and Rutland CCG Change
133a: Percentage of patients waiting 6 weeks or more for a diagnostic test	Quality of care and outcomes	Planned care	2019 12	4.17%	1%	✓	1.49%	(48/191)	
134a: Evidence based interventions	Quality of care and outcomes	General	19-20 Q4			✓	Green		
141b: In-year financial performance	Finance and use of resources	Finance and use of resources	19-20 Q4			✓	Red		
144a: Utilisation of the NHS e-referral service to enable choice at first routine elective referral	New Service Models	Personalisation and patient choice	2019 07	99.8%	100%	✓	99.93%	(118/191)	
145a: Expenditure in areas with identified scope for improvement	Finance and use of resources	Finance and use of resources	19-20 Q2			✓	Amber		
162a: Probity and corporate governance	Leadership and workforce	Leadership and workforce	19-20 Q2			✓	Fully compliant		
163a: Staff engagement index	Leadership and workforce	Leadership and workforce	2019	6.99		✓	6.91	(98/183)	
163b: Progress against the Workforce Race Equality Standard	Leadership and workforce	Leadership and workforce	2019	0.13		✓	0.18	(170/183)	
164a: Effectiveness of working relationships in the local system	Leadership and workforce	Leadership and workforce	2018-19			✓	67.3	(121/189)	
165a: Quality of CCG leadership	Leadership and workforce	Leadership and workforce	19-20 Q4			✓	Amber		
166a: Compliance with statutory guidance on patient and public participation in commissioning health and care	Leadership and workforce	Leadership and workforce	2019			✓	Green star		

Report No: 75/2021
PUBLIC REPORT

ADULTS AND HEALTH SCRUTINY COMMITTEE

17 June 2021

ADULT SERVICES PERFORMANCE AS AT END OF QUARTER FOUR 2020-21

Report of the Director for Adults and Health

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Portfolio Holder for Health, Public Health, Adult Social Care and Community Safety	
Contact Officer(s):	Jonathan Weller, Business Intelligence Manager	01572 758233 JWeller@rutland.gov.uk
	John Morley, Director for Adults and Health (Interim)	01572 758442 JNMorley@rutland.gov.uk
Ward Councillors	All	

DECISION RECOMMENDATIONS
That the Committee: 1. Notes the performance information as at the end of quarter four (April – March) 20-21.

1 PURPOSE OF THE REPORT

1.1 This report provides a table showing the key performance indicators (KPIs) for adult services for consideration and comment by the committee. Key points related to the data are also discussed in a summary commentary.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 The table shows performance against this year's target using a red/amber/green traffic-light system, along with a similar arrow system showing the trend compared to last year (2019-20).

2.2 Some measures are included to provide a picture of demand for services and therefore no targets or trends are shown.

3 PERFORMANCE DATA

3.1 Table showing 2020-21 performance as at end of quarter four (April – March).

Work area/ KPI name	2019-20 outturn	2020-21 outturn	2020-21 target	On target ?	Trend (19-20 v 20-21)
How busy are we?					
Number of contacts received	2,555	**2,763**	-	-	-
Contact outcomes					
Progress to new referral	1,092	**851**	-	-	-
Link to existing referral	700	**619**	-	-	-
Short-term intervention only - no further action from contact	115	**99**	-	-	-
Information/advice given/signposting	609	**1,135**	-	-	-
Service at point of contact	0	**12**	-	-	-
Start safeguarding adults episode	39	**38**	-	-	-
Link to existing safeguarding adults episode	0	**9**	-	-	-
How effectively and how quickly are we working?					
% of contacts processed within two working days	84%	**78%**	80%		
Reviews completed on time - Carers	94%	**65%**	80%		
Reviews completed on time - Learning disability	85%	**96%**	80%		
Reviews completed on time - all others inc. mental health	82%	**88%**	80%		
Customer outcomes and satisfaction					
Permanent admissions of older people (65+) to residential and nursing care homes (cumulative)	45	**26**	28		
% repeat referrals from clients who had previously received an intervention/contact within the last 12 months	38%	**31%**	-	-	-
% service users who were still at home 91 days after discharge	95%	**91%**	90%		
% of people receiving direct payments out of all community-based services (excluding carers)	35%	**36%**	35%		
Overall satisfaction of people who use adult services with their care and support	89%	**95%**	90%		
Management information					
Number of existing support plans (long term)	324	**306**	-	-	-
Number of existing services commissioned (long term)	448	**430**	-	-	-
Number of existing carers supported (long term)	230	**265**	-	-	-

4 COMMENTARY

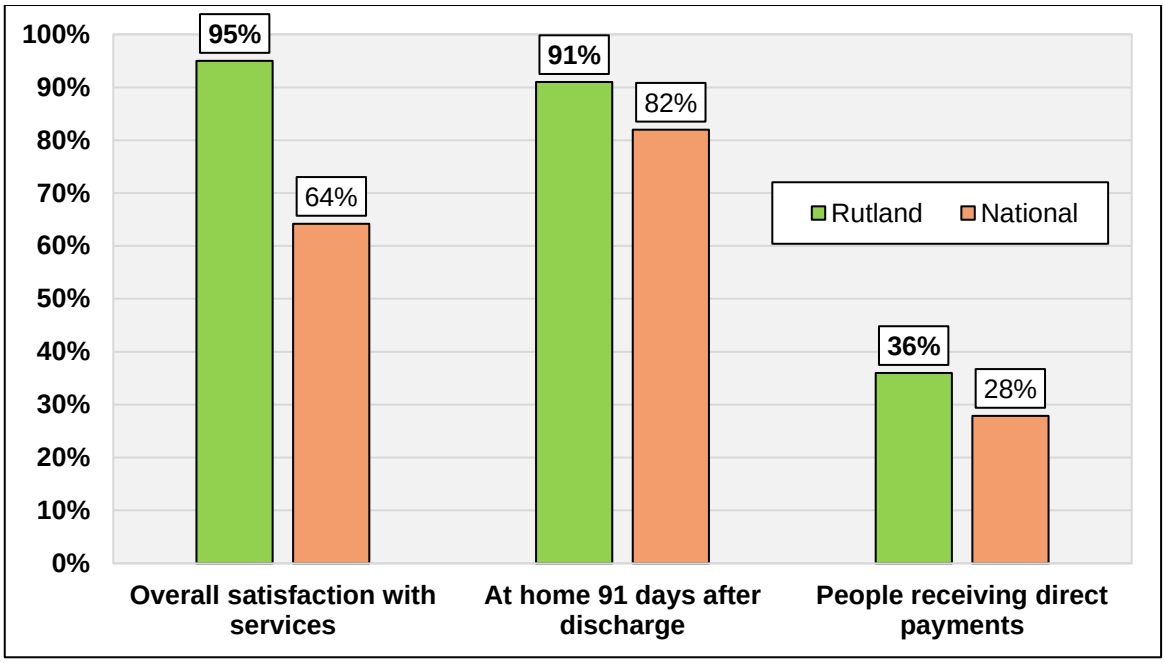
4.1 The number of contacts received during the year was slightly higher than last year – on average four extra contacts per week were received in 2020-21.

4.2 The number of contacts either progressing to a new referral or linked to an existing one was lower than in previous years. More people were given information, advice or signposting to address their contact. There was no clear pattern within the data to indicate why this might be. As with the rest of these figures, this should be viewed in a covid context, where people might have been reluctant to want direct intervention during certain periods of 2020-21.

4.3 Contacts processed within two days fell slightly below target this year. An increase in the number of safeguarding contacts this year is a contributing factor, due to the extra time it can take to fully assess a safeguarding concern. It is important to maintain quality and diligence when processing contacts, although this KPI will be subject to increased focus and periodic audits during 2021-22 to ensure the right balance of quality and timeliness is in place.

4.4 65% of carer reviews were completed on time. This was largely due to performance earlier in the year – an increased management focus helped this figure improve to 92% (22 out of 24 reviews) across the last four months of the year. Performance remained strong for reviews in other areas, hitting target and improving on last year.

4.5 Performance across 'customer outcome' indicators was generally strong throughout the year. For some KPIs, it is possible to compare our performance to the English national average. The chart below shows such comparisons:



This context is important, particularly when looking at results that might initially look unfavourable. For example, '*% service users still at home 91 days after discharge*' dropped slightly in Rutland compared to last year. However, the above chart shows we are still performing well compared to other local authorities.

4.6 It was pleasing to see that overall customer satisfaction with services improved from 89% last year to 95% this year. Analysis of the few dissatisfied customers shows very case-specific issues being reported, rather than any kind of trend.

5 CONSULTATION

5.1 Not applicable.

6 ALTERNATIVE OPTIONS

6.1 Not applicable.

7 FINANCIAL IMPLICATIONS

7.1 None known.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 There are no legal and governance considerations.

9 DATA PROTECTION IMPLICATIONS

9.1 A Data Protection Impact Assessments (DPIA) has not been completed because there are no risks/issues to the rights and freedoms of natural persons.

10 EQUALITY IMPACT ASSESSMENT

10.1 An Equality Impact Assessment has not been completed because there are no service, policy or organisational changes being proposed.

11 COMMUNITY SAFETY IMPLICATIONS

11.1 There are no community safety implications.

12 HEALTH AND WELLBEING IMPLICATIONS

12.1 There are no health and wellbeing implications.

13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

13.1 It is recommended that the Committee continues to receive a regular performance report on Adult Services which will enable them to consider performance in key areas and areas for further scrutiny.

14 BACKGROUND PAPERS

14.1 There are no additional background papers to the report.

15 APPENDICES

15.1 None.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.

Adult and Health Scrutiny Work Plan 21/22				
Meeting Date	Publication Date	Proposed Item	Why	Format
17 Jun 21	10 Jun	Item 1 : Access to Primary Care	Public Concern	
		Item 2 : Public Health and CCG Performance Data		
		Item 3 : RCC KPI's and Service Update		
09 Sep 21	01 Sep			
25 Nov 21	17 Nov			
17 Feb 22	09 Feb			
14 Apr 22	06 Apr			
LLR Joint Scrutiny				
Working Group				
May 21	Sept 21		Re Procurement Process	
Other Business				
May 21	July 21	EMAS Quality Account 20/21	Invited to comment of draft report prior to publication	
27 May 21		CCG Organisational change/ ICS Formation.	Recommendation from Scrutiny 01/04/21	All Member Briefing
Finance Scrutiny				
26 Feb 22	19 Feb	Scrutiny of the Budget	Statutory	

Forward Planning

Possible Items:

- CCG Organisational change/ ICS Formation. (AHSC 01/03/04/06/14)
- Rutland 'Place' Based Health Services (AHSC 01/04)
- Support given Adult Social Care, home carers and care homes (Post Covid) (AHSC 05)
- Lessons learnt from Covid. Either through this Committee or RCC wide. (Passed to Scrutiny Commission)
- Domestic Violence Strategy
- Carers Strategy (AHSC 09)
- Update on Contract and Policy/Strategy Renewals during the coming year (AHSC 16

This page is intentionally left blank