

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 Via Zoom <https://us06web.zoom.us/j/92004430928> on **Thursday, 25th November, 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) WELCOME AND APOLOGIES RECEIVED

2) RECORD OF MEETING

To confirm the record of the meeting of the Adults and Health Scrutiny Committee held on the 9th September 2021.
(Pages 5 - 10)

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 216.

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. Questions may also be submitted at short notice by giving a written copy to the

Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

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.

SCRUTINY

8) PROVISION OF POST COVID SUPPORT

To receive a verbal update from John Morley, Strategic Director – Adults and Health regarding the post Covid support given by Adult Social Care, carers and care homes including an update on service pressures, capacity and the impact upon services from the new care homes within Rutland.

9) ACCESS TO PRIMARY CARE FOR RUTLAND RESIDENTS

To receive a joint presentation from the Clinical Commissioning Groups, Oakham Medical Practice, Lakeside Health Care Stamford and the Primary Care Network. The presentation will include how the surgeries are currently operating and the progress made regarding the improvement plans.

10) REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

To consider the current Forward Plan and identify any relevant items for inclusion in the Adults and Health Scrutiny Committee Annual Work Plan, or to request further information.

The Forward Plan is available on the website at:

<https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPId=133&RD=0>

(Pages 11 - 14)

11) ANY OTHER URGENT BUSINESS

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

12) DATE AND PREVIEW OF NEXT MEETING

Wednesday, 26th January 2022 at 7 pm

This will be a joint meeting with the Children & Young People Scrutiny Committee with only 1 item on the agenda: The Budget for 2022/23

FOR INFORMATION ONLY

13) PUBLIC HEALTH AND CCG QUARTERLY PERFORMANCE UPDATE

This performance data is FOR INFORMATION ONLY

If you have any questions regarding the data provided, please contact Governance (governance@rutland.gov.uk) with your query.

(Pages 15 - 26)

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

| Name | |
|------|----------------------------------|
| 1. | Councillor S Harvey (Chair) |
| 2. | Councillor G Waller (Vice Chair) |
| 3. | Councillor P Ainsley |
| 4. | Councillor W Cross |
| 5. | Councillor J Dale |
| 6. | Councillor J Fox |
| 7. | Councillor R Powell |

PORTFOLIO HOLDER:

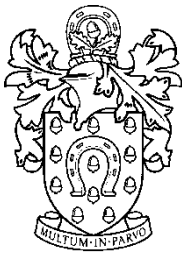
| Name | Title |
|--------|---|
| 8. TBC | Portfolio Holder for Health, Wellbeing and Adult Care |

OFFICERS:

| | Name | Title |
|-----|-------------------|--|
| 9. | Mark Andrews | Chief Executive, Rutland County Council |
| 10. | John Morley | Strategic Director of Adults and Health |
| 11. | Karen Kibblewhite | Head of Commissioning |
| 12. | Fiona Myers | Director of Community Health Services, Leicestershire Partnership NHS Trust |
| 13. | Mark Powell | Deputy Chief Executive, Leicestershire Partnership NHS Trust |
| 14. | Janet Underwood | Chair, Healthwatch Rutland |

OTHER MEMBERS FOR INFORMATION

| | Name | Title |
|-----|----------------|--|
| 15. | Angela Hillery | Chief Executive, Leicestershire Partnership NHS Trust |



Rutland County Council

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

Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE**
held via Zoom on Thursday, 9th September, 2021 at 7.00 pm

- PRESENT:** Councillor S Harvey (Chair)
Councillor G Waller (Vice Chair)
Councillor P Ainsley
Councillor W Cross
Councillor J Fox
Councillor R Powell
- APOLOGIES:** Councillor J Dale
Sarah Prema Executive Director of Strategy and Planning,
Leicester, Leicestershire and Rutland City
Clinical Commissioning Group (LLR CCG)
- ABSENT** Fiona Myers Director of Community Health Services,
Leicestershire Partnership NHS Trust
Mark Powell Deputy Chief Executive, Leicestershire
Partnership NHS Trust
- PORTFOLIO
HOLDER** Councillor A Walters Portfolio Holder for Health, Wellbeing
and Adult Care
- PRESENT:**
- OFFICERS
PRESENT:** John Morley Strategic Director of Adults and Health,
RCC
Emma Jane Perkins Head of Community Care Services,
RCC
Vivienne Robbins Consultant in Public Health,
Leicestershire and Rutland County
Council
Janet Underwood Chair, Healthwatch Rutland
- IN
ATTENDANCE:** Fay Bayliss Deputy Director of Integration and
Transformation
Leicester, Leicestershire and Rutland
CCGs (LLR CCG)
Rachna Vyas Executive Director of Integration &
Transformation, LLR CCGs
Tracey Allan-Jones Manager, Healthwatch Rutland
Charlotte Summers LLR CCGs
Joanna Clinton Head of Strategy and Planning, LLR
CCGs
Adhvait Sheth Strategic Planning Manager, LLR
CCGs

1 WELCOME AND APOLOGIES RECEIVED

Apologies were received from Councillor Jeff Dale and Sarah Prema, Executive Director of Strategy and Planning, LLR CCG

2 RECORD OF MEETING

Councillor Harvey stated there were outstanding actions from the previous meeting held on the 17th June 2021. It was agreed that Jane Narey would chase the outstanding actions.

The minutes of the meeting held on the 17th June 2021 were unanimously confirmed as an accurate record.

3 DECLARATIONS OF INTEREST

There were no interests declared

4 PETITIONS, DEPUTATIONS AND QUESTIONS

Jane Narey informed the Committee that several questions had been received and that the questions had been added to the website and circulated to committee members in advance of the meeting. She also stated that due to time constraints and the long and complex nature of the questions, it had been agreed to provide a written response to the questions after the meeting.

She reminded Committee Members that no discussion was permitted, or a resolution moved with reference to any question as per Procedure Rule 216.

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Mr Andrew Nebel, MBE joined the meeting at 19:09

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Mr Andrew Nebel, MBE - Co-chair of Empingham Medical Practice PPG and Chairman of Better Healthcare for Stamford joined the meeting and addressed the Committee with his question regarding the Place Led Plan.

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Mr Andrew Nebel, MBE left the meeting and Mrs Kathy Reynolds joined the meeting at 19:15

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Mrs Kathy Reynolds from the Rutland Health & Social Care Policy Consortium joined the meeting and addressed the Committee with her question regarding the Place Led Plan.

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Mrs Kathy Reynolds left the meeting and Mrs Jennifer Fenelon joined the meeting at 19:18

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Mrs Jennifer Fenelon – Chair, Rutland Health & Social Care Policy Consortium joined the meeting and addressed the Committee with her question regarding the Place Led Plan.

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Mrs Jennifer Fenelon left the meeting at 19:20

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The Chair thanked everyone for their questions and thanked Mr Nebel, Mrs Reynolds and Mrs Fenelon for attending the meeting. She confirmed that a full written response to the questions would be distributed and published on the Council's website in due course.

Councillor Harvey also confirmed that the Council continued to work in close collaboration with stakeholders such as the Health and Wellbeing Board and Rutland Healthwatch to ensure that the voice of Rutland residents was heard in such matters as community healthcare and integrated services.

5 QUESTIONS WITH NOTICE FROM MEMBERS

No questions with notice had been received from Members.

6 NOTICES OF MOTION FROM MEMBERS

No notices of motions from Members had been received

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

No call ins were received

8 PLACE LED PLAN

A presentation was received from Emma Jane Perkins (Rutland County Council), Charlie Summers (LLR CCG), Viv Robbins / Kajal Lad (Public Health), Tracey Allan-Jones (Rutland Healthwatch), Sandra Taylor (Rutland County Council) and Adhvait Sheth (LLR CCG).

The Chair welcomed John Morley and Councillor Alan Walters to the meeting. During the discussion, the following points were noted:

- Mr Morley thanked all the colleagues for their hard work in collating the information and producing the presentation, especially as these colleagues had been and continued to be the front-line staff in dealing with the pandemic.
- The presentation gave a broad outline of the plan and would require input from Scrutiny Committee as regards the content and the focus of the plan.
- The actual draft 'Place Led Plan' would be presented to the Rutland Health and Wellbeing Board on the 5th October 2021.
- The Integrated Delivery Group would be drafting the Place Led Plan and this group was supported by three sub-groups. This ensured that input was received from all partners including the Leicester, Leicestershire and Rutland Clinical Commissioning Group (LLR CCG), Citizens Advice Rutland, Rutland Health

Primary Care Network, Leicestershire NHS Partnership, Rutland County Council, Healthwatch Rutland, Public Health and Rutland residents.

- John Morley confirmed that, due to the pandemic, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA) were now out-of-date. It had become apparent that the needs of the population upon health services had changed and that resources needed to be amended to meet this change.
- Councillor Walters asked Members if they wanted to be more involved with the Place Led Plan and if so, how. He stated that the Committee needed to ensure that the voice of Rutland residents was heard and included in the plan.
- Emma Jane Perkins confirmed that the timetable for the Place Led Plan was that the final strategy, with a draft delivery plan, would be available from January 2022.
- Councillor Ainsley asked how information between the different health bodies would be shared as the current IT systems did not allow this. Rachna Vyas confirmed that this issue had been identified and that a Digital Development Group for the whole of the East and West Midlands had been established so that a solution could be included in the plan. Work was also ongoing nationally to resolve this issue and LLR had been identified as an exemplar site for the programme. She also confirmed that although the services had plenty of data, this data did not always result in intelligence and wisdom, so consultation was ongoing with all providers and service users to identify the correct plan for the future.
- Rachna Vyas confirmed that a Place Led Workstream, which covered central England, had been established to learn and share from other areas regarding the integration of health care. A Provider Network for out of county providers and colleagues had also been established to learn and share information.
- Councillor Powell enquired about Potential Priority One as the format was different to that of the other potential priorities. She queried the goal of the plan and what was meant by the term 'communities.' She also stated that the 'Why?' detailed in Potential Priority One should be a focus area and queried why only the three most deprived wards in Rutland were assessed. Vivienne Robbins thanked Councillor Powell for her comments and confirmed that Potential Priority One would be reviewed and amended accordingly. She also stated that there were other smaller areas of deprivation within Rutland and that these would be identified moving forward but that the three most deprived areas in Rutland had particular poorer outcomes than other areas so a deep-dive exercise would be needed for these three areas.
- Councillor Cross asked why Rutland needed a Place Led Plan when we were national leaders in the field. John Morley confirmed that Rutland had an excellent integrated service and provided good services but that the aim was to have continued improvement. He stated that the government required all Councils to put together an integrated health care plan. The aim was to stop services being reliant on buildings and put care in the community so making services more accessible whilst promoting people's health and wellbeing and building efficiencies within the services.
- Councillor Gale Waller stated that she personally felt that the plan was not person centred enough nor did it empower residents and patients to take the initiative with health and wellbeing. In addition, that a clear focus was required within the plan on ageing well.
- Councillor Waller requested that the final strategy be written in plain English for patients and residents to understand and that it should be shown how the plan would fit in with the reconfiguration of UHL.
- Councillor Cross asked if staff i.e. nurses and carers had been consulted regarding the plan. John Morley confirmed that yes, staff were consulted but wider consultation would be done.

- Dr Janet Underwood reported that engagement with the public had been problematic due to the pandemic lockdown but that Healthwatch Rutland's final report detailed all the comments received: <https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-you-report>
- Rachna Vyas reported that the Integrated Care System controlled the health budget for LLR but had not yet confirmed the funding available for the latter half of 2021/2022 or for 2022/2023. However, all services had been costed, areas of deprivation investigated and efficiencies identified.
- Councillor Walters thanked everyone for their comments and questions and confirmed that he would ensure that the voices of Rutland residents were heard and incorporated into the final plan.
- Joanne Clinton confirmed that the population figures were taken from Rutland's Local Plan.
- The finished Place Led Plan would be presented to the Rutland Health and Wellbeing Board for final approval in January 2022.

RESOLVED:

- a) That Rachna Vyas would clarify the services provided by RMH e.g. physiotherapy, paediatrics etc. and notify Councillor Harvey.
- b) That Councillor Walters and John Morley would check for any change in the projected population figures used in the plan.
- c) That the Scrutiny Committee would receive regular updates as the development of the Place Led Plan progressed.

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**At the request of the Chair, the Vice Chair,
Councillor Waller, chaired the meeting from 21:13 onwards**

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9 PERFORMANCE MANAGEMENT: UPDATE

A verbal update was received from John Morley, Strategic Director for Adults and Health regarding the performance management data for Adult Services.

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Rachna Vyas, Vivienne Robbins, Joanne Clinton, Advait Seth, Charlotte Summers and Fay Bayliss left the meeting at 21:16

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During the discussion, the following points were noted:

- Upon review, it was revealed that the KPI's were out of date.
- As a result, Councillors Harvey and Waller met with John Morley, his Heads of Service and the Business Intelligence team to discuss the service area's KPI's and Risk Matrix.
- It was stated that a proforma detailing all the new KPI's would be presented to the Committee so that Members could analyse and identify relevant KPI's and risks for future discussion.
- It was also reported that, where possible, budgetary information would be supplied to Members relating to their chosen KPI's.

10 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

The Forward Plan and Annual Work Plan were reviewed. During the discussion, the following points were noted:

- Councillor Ainsley requested a breakdown of access to Primary Care by Rutland residents and the relevant improvement plans for Oakham and Stamford GP surgeries.
- Dr Underwood reported that the LLR CCG had undertaken a survey across Leicester, Leicestershire and Rutland regarding GP access. The survey contained a lot of data but was awaiting approval from the CCG Governing Body before being published. Healthwatch Rutland had also undertaken a survey regarding Rutland residents views on the quality of GP services and this report was waiting for final approval from Healthwatch before being published.
- Dr Underwood reported that better communication was required with residents regarding the role of health centre staff/receptionists as healthcare navigators.

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**At 21:27, it was unanimously agreed to extend the meeting
by 15 minutes**

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RESOLVED:

- a) That access to primary care for Rutland residents be discussed at the next meeting. The discussion would also include how surgeries were operating in the current climate and the improvement plans for Oakham Medical Practice, Lakeland Health Centre, Stamford and Latham House Medical Practice, Melton Mowbray.
- b) That the final Rutland Health and Wellbeing Strategy (Place Led Plan) including draft delivery plan would be presented to the Scrutiny Committee meeting on the 17 February 2021.

11 ANY OTHER URGENT BUSINESS

None

12 DATE AND PREVIEW OF NEXT MEETING

Thursday, 25 November 2021 at 7 pm via Zoom

Agreed Agenda Items:

- Support given by Adult Social Care, home carers and care homes (post Covid)
- Domestic Violence Strategy
- Public Health and CCG Performance Data: quarterly update
- Access to Primary Care for Rutland Residents

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The Chairman declared the meeting closed at 9.45 pm.

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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 | Place Led Plan MAIN AGENDA ITEM | | |
| | | Performance Management: Update from Strategic Director | | |
| 25 Nov 21 | 17 Nov | Support given by Adult Social Care, home carers and care homes (Post Covid) (AHSC 05) including update on service pressures & capacity & impact from new care homes | | Presentation from John Morley and Heads of Service |
| | | Access to Primary Care for Rutland Residents (to include how surgeries were operating in the current climate and the | Public Concern | <i>OMP – Action Plan & presentation</i> |

| | | | | |
|-----------|--------|---|--|---|
| | | improvement plans for Oakham Medical Practice and Lakeside Health Centre, Stamford) | | <i>Lakeside – response to CQC inspection findings</i> |
| | | Public Health and CCG Performance Data FOR INFORMATION | | Data report from Rachna Vyas & Laura Norton |
| 26 Jan 22 | 18 Jan | Scrutiny of the Budget | | |
| 17 Feb 22 | 09 Feb | Final Rutland Health and Wellbeing Strategy (Place Led Plan) inc. draft delivery plan | | |
| | | Enhanced Public Health Offer FOR INFORMATION | | Report from Viv Robbins |
| 14 Apr 22 | 06 Apr | Public Health and CCG Performance Data | | |

LLR Joint Scrutiny

| May 21 | Sept 21 | | Re Procurement Process | |
|-----------|---------|--|---|---------------------|
| 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 |
| 6 July 21 | | <p>Analysis of UHL Acute and Maternity Reconfiguration Consultation Results</p> <p>COVID-19 Vaccination Programme Update</p> | | |
| 16 Nov 21 | | <ol style="list-style-type: none"> 1. Black maternal healthcare and mortality 2. Findings and analysis of Step Up to Great Mental Health Consultation - Leicester, Leicestershire, and Rutland | | |

| | | | | |
|-----------|--|--|--|--|
| | | <p>3. Update on dental services and response to Healthwatch report on SEND children.</p> <p>4. UHL finances and misstatement of accounts</p> | | |
| 28 Mar 22 | | <p>1. Leicester, Leicestershire, and Rutland Integrated Care System</p> <p>2. EMAS - New Clinical Operating Model and Specialist Practitioners</p> | | |

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Possible Items:

- Carers Strategy (AHSC 09)
- Update on Contract and Policy/Strategy Renewals during the coming year (AHSC 16)

ADULTS AND HEALTH SCRUTINY COMMITTEE

25 November 2021

PUBLIC HEALTH & CCG PERFORMANCE: QUARTERLY REPORT

Report of the Strategic Director for Adult Services and Health

| | | | |
|--------------------------------|--|----------------|---------------------------|
| Strategic Aim: | All | | |
| Exempt Information | No | | |
| Cabinet Member(s) Responsible: | Portfolio Holder for Health, Wellbeing and Adult Care | | |
| Contact Officer(s): | Kate Allardyce, Senior Performance Manager (Leicestershire CCGs) | T: 07833094201 | E: kate.allardyce@nhs.net |
| Ward Councillors | | | |

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the report.

1. PURPOSE OF THE REPORT

- 1.1 This report outlines the position on Leicester, Leicestershire and Rutland (LLR) Health System Governance, Structure and Design Group formation and an update on the 2021/22 NHS Oversight Framework. As the Clinical Commissioning Groups (CCGs) move from three CCGs to an Integrated Care System (ICS), the governance reflects the move to work towards a shared vision and ownership of health solutions.
- 1.2 The report contains information on Covid-19 cases and vaccination uptake for Rutland residents to 9-Nov-21. The Performance Overview section of the report provides the Committee with an update on East Leicestershire and Rutland CCG performance, based on available data as at 1st November 21.
- 1.3 Information is also provided on Children's Health, the quarterly vaccination statistics and childhood obesity.
- 1.4 Appendix A provides an overview of the most recent performance data for Out of County Providers relevant to Rutland residents (Peterborough, Northampton, Lincolnshire, Kettering and Cambridge), as well as UHL.

2. BACKGROUND (MANDATORY)

- 2.1 As part of LLR ICS Quality and Performance Improvement Strategy, LLR ICS has drawn together separate meetings to form an LLR ICS Quality and Performance Improvement Assurance Committee. The purpose of the committee is to seek assurance and adopt an integrated approach to quality assurance and performance improvement, ensuring LLR ICS is compliant with their statutory duties and obligations.
- 2.2 As a system there is a drive towards offering quality and performance improvement support to nine system-wide Design Groups. The nine groups are outlined below.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group



Priorities:

The big 8

- Elective recovery
- Urgent and emergency care
- Vaccination
- Maternity
- Mental health and learning disabilities
- People

- Money
- ICS

Our 9th priority

- Primary Care
- For the Future
- Health Inequity

Leicester City CCG | East Leicestershire & Rutland CCG | West Leicestershire CCG

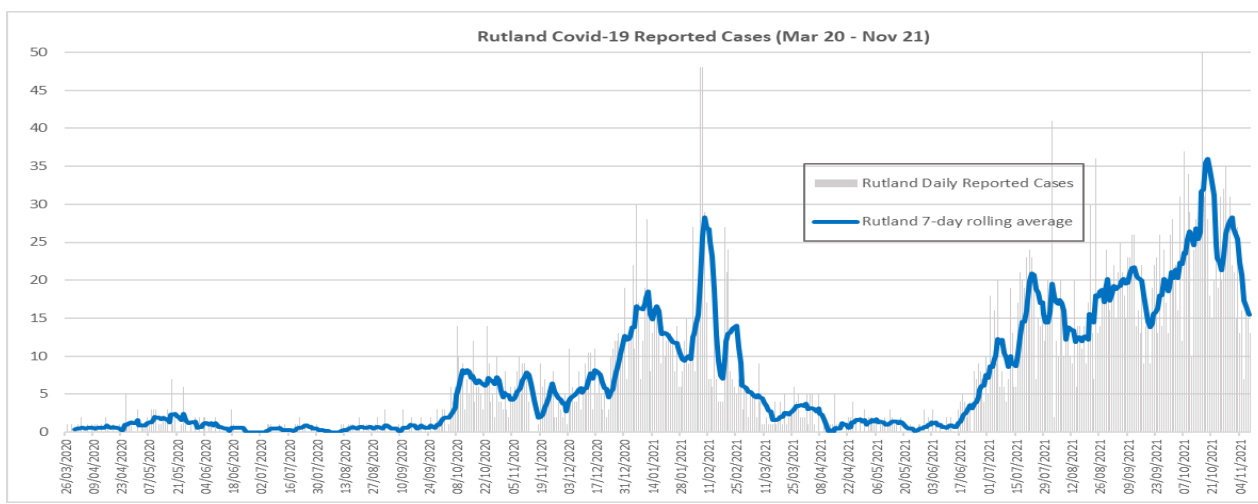
3. NHS Oversight Framework

- 3.1 The new NHS System Oversight Framework for 2021/22 was published in June 2021. It describes NHS England and NHS Improvement's (NHSE/I) approach to oversight for 21/22; one that reinforces system-led delivery of integrated care, in line with the vision set out in the NHS Long Term Plan, the White Paper- Integration and Innovation: Working together to improve health and social care for all and aligns with the priorities set out in the 2021/22 Operational Planning Guidance.
- 3.2 This framework applies to all Integrated Care Systems (ICSs), Clinical Commissioning Groups (CCGs), NHS trusts and foundation trusts.
<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>
There is a greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals.

4. Covid Cases and Vaccination uptake

4.1 The below graph shows the Rutland Covid-19 reported positive cases from March 2020 to November 2021. The 7-day average number of cases across Rutland peaked at 36 per day in mid-October 2021 and is currently at 15 per day as at 9-Nov-21.

In total there have been 4,279 positive cases reported for Rutland residents, this equates to a rate of 10,571 per 100,000 population. This is below the Leicestershire and Leicester City's rates of 14,431 and 17,776 per 100,000 population respectively and the England rate of 14,064 per 100,000 population.



4.2 Below is data on uptake of Covid-19 vaccinations uptake for Rutland residents. As at 9th Nov 21, 86.8% of residents (32,934) aged 12 and over have received the first dose and 80% (30,351) have received the second dose of the Covid-19 vaccination. No nationally published data is available on booster or third doses.

This compares favourably to the Leicestershire position of 78.5%, the Leicester City position of 61.5% and the overall England position of 70.5% of residents, over 12yrs old, receiving 2nd dose.

Vaccinations in Rutland ▼

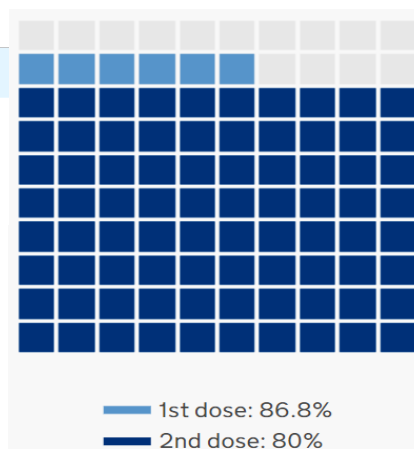
Vaccinations data are available for **nations**, **regions** and **local authorities**.

People vaccinated

| | | |
|------------------|-------------------|-----------------------------|
| First dose total | Second dose total | Booster or third dose total |
| <u>32,934</u> | <u>30,351</u> | <u>N/A</u> |

Vaccinations given

| |
|---------------|
| Total |
| <u>63,285</u> |



5. CCG Performance

5.1 The following provides an explanation for the key Constitutional indicators. Locally sourced 2021/22 data has been provided in the table below. Details of local actions in place in relation to key metrics are also shown.

Appendix A provides an overview of the most recent performance data for Out of County Providers relevant to Rutland residents (Peterborough, Northampton, Lincolnshire, Kettering and Cambridge), as well as UHL.

| NHS Constitution metric and explanation of metric | Latest 20/21 Performance | Local actions in place / supporting information |
|---|--|--|
| <p>Cancer 62 days from referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment.</p> <p>Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes.</p> | <p><u>National Target >85%</u> August 21</p> <p>ELR patients (All Providers) 55% (47/85 pts)</p> <p>Further detail by local provider in Appendix A</p> | <p>UHL Over the past 8 weeks, 2 week wait (2ww) referral activity is up by 13% against 2019/2020 levels with the last 7 days seeing an increase of 20% in referrals. This impacts on the 62day metric. A Task and Finish group will focus on 2ww and establish a senior clinical half day time-out in November with support from system stakeholders.</p> <p>NWAFT Performance for August has fallen with the highest breaches being in Colorectal. This has been the main driver of performance for this metric however there were also a higher number of breaches than in previous months for Urology.</p> <p>KGH The Trust did not meet this standard. Additional capacity has been identified for surgery and weekly tracking meetings are in place.</p> |
| <p>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.</p> <p>This measure aims to encourage providers to improve health outcomes and patient experience of A&E.</p> | <p><u>National Target >95%</u> September 21</p> <p>University Hospitals Leicester (UHL) A&E – all patients attending 57%</p> <p>North West Anglia Foundation Trust (NWAFT) A&E – all patients attending 59%</p> | <p>UHL There are a wide range of schemes developed to assist in reducing attendance, improving inflow and improved discharge coordination. The Trust will focus on pre-noon and pre-5pm discharges within medicine. The Trust continues to seek GP cover for the extended hours for the UTC.</p> <p>NWAFT The level of activity within the ED departments at both sites continues to remain high, with the effect of this being seen on 4-hour performance. A large number of patients attending ED are continuing to be diverted in the</p> |

| | | |
|--|--|---|
| | | Same Day Emergency Care (SDEC) services, to the Ambulatory Care and Surgical Assessments Units. |
|--|--|---|

| Urgent Care | National Target | All patients attending | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | YTD | |
|--|-----------------|--|----------------|--------|--------|--------|--------|--------|-----|--|
| Total time spent in UHL A&E <4 hours (all types) | >95% | University Hospital Leicester (UHL) | 69% | 67% | 63% | 63% | 57% | 57% | 62% | |
| | | North West Anglia Foundation Trust (NWAFT) | 80% | 72% | 65% | 63% | 56% | 59% | 66% | |
| | | Kettering General Hospital (KGH) | CRS Trial Site | | | | | | | |

| | | |
|---|--|---|
| <p>18 Week Referral to Treatment (RTT) The NHS Constitution sets out that patients can expect to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions if they want this and it is clinically appropriate.</p> | <p>National Target >92% September 21 ELR patients (All Providers) 52% Total ELR patients waiting - 34,136 of which:</p> <ul style="list-style-type: none"> - 3,695 patients are waiting more than 52weeks and - 264 patients are waiting more than 104weeks | <p>UHL Elective activity has continued to increase, and referral activity is at 91% of 19/20 levels. The Trust continue planning for elective recovery. NWAFT Delivery of activity fell in August across Electives, Day cases and Outpatients. This is mainly due to capacity issues within both sites as well as staffing. The drop-in activity delivered and the continuation of referrals above 19/20 levels have contributed to the increase in overall waiting list. KGH The Trust's Elective recovery programme is progressing well, however there has been some impact due to staff sickness and vacancies in theatres which has meant some reduced operating throughout the summer period.</p> |
|---|--|---|

| | Total ELR patients waiting | ELR Patients Waiting over 52weeks | ELR Patients Waiting over 104weeks |
|--------------|----------------------------|-----------------------------------|------------------------------------|
| UHL | 27,909 | 3309 | 257 |
| NWAFT | 1427 | 99 | 1 |
| KGH | 798 | 0 | 0 |

| | | |
|--|--|---|
| <p>Improving Access to Psychological Therapies (IAPT) The primary purpose of this indicator is to measure</p> | <p>% Adults accessing IAPT services, from a defined prevalence LLR/NHSE/I target >17.3% YTD July 21</p> | <p>IAPT access rates have been improving since the start of the financial year with the commencement of the new LLR provider.</p> |
|--|--|---|

| <p>improvements in access to psychological therapy services for adults with depression and/or anxiety disorders</p> <p>Recovery levels are a useful measure of patient outcome and helps to inform service development</p> | <p>ELR – 27.9% (2,570 pts entering treatment April 21 - July 21)</p> <p><u>% of people who complete treatment who are moving to recovery</u></p> <p><u>National target >50%</u></p> <p>YTD July 21</p> <p>ELR – 54.25%</p> | <p>The current achievement is 27.9% against a target of 17.3%. IAPT recovery continues to perform above the 50% target.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|--------|--------|--------|--------|--------|--------|--|--|--------|------------|-------|-------|-------|-------|-------|-------|--|---------|-------|-------|-------|-------|-------|-------|--|--|--|
| <p>Dementia</p> <p>Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations</p> | <p><u>National Target >67%</u></p> <p>September 21</p> <p>Rutland LA 53% (357pts)</p> <p>ELR CCG 60% (2,996pts)</p> | <p>The current risks are in line with the national picture of dementia prevalence rates declining, impacted directly by COVID-19. Key actions:</p> <ul style="list-style-type: none"> - Plans in place to address the Memory Assessment Service (MAS) waiting list backlog. Weekly meetings scheduled with MAS provider. - Provider plans in place to access weekly figures to ensure real time tracking of patients on the wait list - Consultant led reviews looking at the impact of no longer doing scans as a part of the diagnosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Dementia</th> <th>National Target</th> <th></th> <th>Apr-21</th> <th>May-21</th> <th>Jun-21</th> <th>Jul-21</th> <th>Aug-21</th> <th>Sep-21</th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="2">Diagnosis rate for people aged 65 and over with dementia</td> <td rowspan="2">>66.7%</td> <td>Rutland LA</td> <td>51.5%</td> <td>53.3%</td> <td>53.2%</td> <td>53.0%</td> <td>52.5%</td> <td>52.7%</td> <td></td> </tr> <tr> <td>ELR CCG</td> <td>59.6%</td> <td>60.0%</td> <td>60.1%</td> <td>60.1%</td> <td>60.0%</td> <td>60.0%</td> <td></td> </tr> </tbody> </table> | Dementia | National Target | | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | | Diagnosis rate for people aged 65 and over with dementia | >66.7% | Rutland LA | 51.5% | 53.3% | 53.2% | 53.0% | 52.5% | 52.7% | | ELR CCG | 59.6% | 60.0% | 60.1% | 60.1% | 60.0% | 60.0% | | | |
| Dementia | National Target | | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis rate for people aged 65 and over with dementia | >66.7% | Rutland LA | 51.5% | 53.3% | 53.2% | 53.0% | 52.5% | 52.7% | | | | | | | | | | | | | | | | | | | | | | |
| | | ELR CCG | 59.6% | 60.0% | 60.1% | 60.1% | 60.0% | 60.0% | | | | | | | | | | | | | | | | | | | | | | |

6. Areas of Improvement

6.1 There are some areas which are worth commenting on, that have shown recent improvement:

- Cancer 28 Day FDS 2-week referral has continued to achieve target since April 21 for ELR CCG patients.
- Adult Improving Access to Psychological Therapies (IAPT) Waiting Times and Recovery continue to achieve the national standards across LLR.

7. Child Health Performance

7.1 The table below summarises Rutland's Quarter 4 vaccination coverage data for routine childhood vaccination for children who reached their second or fifth birthday during the evaluation quarter. It provides the uptake comparison for Q4 2020/21 and 2019/20, which shows an overall improvement in uptake.

Early Childhood Immunisations as at Q4 2020/21

| CCG | PCN | Practice | Early Childhood Immunisation Uptake % Qtr 4 2020/21 | | | Early Childhood Immunisation Uptake % Qtr 4 2019/20 | | | Early Childhood Immunisation Uptake % Qtr 4 20/21 compared to Qtr 4 2019/20 | | |
|---------------------------------|-------------|-------------------------|--|-------------|--------------------------|--|------------|------------------|--|------------|------------------|
| | | | MMR 24mths | MMR 60mths | DTaP/IPV Booster | MMR 24mths | MMR 60mths | DTaP/IPV Booster | MMR 24mths | MMR 60mths | DTaP/IPV Booster |
| | | | East Leicestershire and Rutland | Rutland PCN | Empingham Medical Centre | 100.0 | 95.83 | 100.00 | 81.3 | 81.25 | 75.00 |
| East Leicestershire and Rutland | Rutland PCN | Market Overton Surgery | 83.3 | 100.00 | 100.00 | 100.0 | 90.00 | 100.00 | -16.67 | 10.00 | 0.00 |
| East Leicestershire and Rutland | Rutland PCN | Oakham Medical Practice | 90.5 | 92.60 | 92.60 | 100.0 | 87.50 | 87.50 | -9.53 | 5.10 | 5.10 |
| East Leicestershire and Rutland | Rutland PCN | The Uppingham Surgery | 100.0 | 100.00 | 100.00 | 95.0 | 95.00 | 95.00 | 5.00 | 5.00 | 5.00 |

7.2 Data has also been provided from Public Health fingertips (<https://fingertips.phe.org.uk/>) which historic data on weight, under 18s conception, smoking at the time of delivery, breastfeeding and infant mortality. The data shows how Rutland performs against other areas in the East Midlands.

In Year 6, 13.7% of children are classified as obese, this is better than the average for England.

| Percentage of Children aged 10-11 classified as overweight or obese (2019/20) | | | | | |
|---|----------------|--------------|--------------|----------------|-------------------------------|
| | Healthy Weight | Overweight | Obese | Severely Obese | Overweight and obese combined |
| England | 63.4% | 14.1% | 21.0% | 4.7% | 35.2% |
| Rutland | 71.2% | 13.7% | 13.7% | 2.7% | 27.4% |
| Leicester | 58.4% | 14.7% | 23.8% | 6.0% | 38.5% |
| Leicestershire | 67.3% | 13.1% | 17.6% | 3.5% | 30.7% |

Levels of teenage pregnancy and breastfeeding are also better than the England average.

Better 95% Similar Worse 95% Not compared

| Indicator | Period | England | East Midlands region | Derby | Derbyshire | Leicester | Leicestershire | Lincolnshire | Northamptonshire | Nottingham | Nottinghamshire | Rutland |
|------------------------------------|-----------|---------|----------------------|-------|------------|-----------|----------------|--------------|------------------|------------|-----------------|---------|
| Under 18s conception rate / 1,000 | 2018 | 16.7 | 16.8 | 19.5 | 15.8 | 20.8 | 12.2 | 16.6 | 17.7 | 24.9 | 16.2 | 3.6 |
| Smoking status at time of delivery | 2019/20 | 10.4 | 13.4* | 13.5 | 13.5 | 10.4 | 9.6 | 16.2 | 13.8 | 16.5 | 13.2 | 8.4 |
| Breastfeeding initiation | 2016/17 | 74.5 | 69.7 | 66.7 | * | 73.2 | * | * | 77.0 | 72.4 | * | 81.1 |
| Infant mortality rate | 2017 - 19 | 3.9 | 4.1 | 5.4 | 4.0 | 6.0 | 3.7 | 2.8 | 4.1 | 5.6 | 3.8 | 2.1 |

8. CONSULTATION

N/A

9. ALTERNATIVE OPTIONS

N/A

10. FINANCIAL IMPLICATIONS

N/A

11. LEGAL AND GOVERNANCE CONSIDERATIONS

N/A

12. DATA PROTECTION IMPLICATIONS

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

13. EQUALITY IMPACT ASSESSMENT

13.3 An Equality Impact Assessment (EqIA) has not been completed.

14. COMMUNITY SAFETY IMPLICATIONS

N/A

15. HEALTH AND WELLBEING IMPLICATIONS

15.1 N/A

16. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

16.1 N/A

17. BACKGROUND PAPERS (MANDATORY – IF NO PAPERS, STATE ‘THERE ARE NO ADDITIONAL BACKGROUND PAPERS TO THE REPORT’)

17.1 There are no additional background papers to the report

18. APPENDICES

18.1 Appendix A – Health Performance

APPENDIX A: HEALTH PERFORMANCE

Please note the data in the below table relates to ELR patients only.

| Indicator | Target | Date of data | UHL | Northampton General Hospital | United Lincolnshire Hospital | North West Anglia NHS Foundation Trust | Cambridge University Hospital | Kettering General Hospital |
|---|--------|--------------|--------------------|------------------------------|------------------------------|--|-------------------------------|----------------------------|
| Cancer 2 Week Wait from GP referral | >93% | Aug-21 | 74.59% 901/1208 | 100% 1/1 | | 60.00% 42/70 | | 92.00% 46/50 |
| Cancer 31 day first definitive treatment | >96% | Aug-21 | 83.94% 115/137 | | | 100% 3/3 | | 100% 8/8 |
| Cancer 62 day GP referral to first definitive treatment | >85% | Aug-21 | 51.32% 39/77 | | | 100% 2/2 | | 100% 3/3 |
| Cancer- 28 Day FDS two week referral | >75% | Aug-21 | 76.67% 838/1093 | 66.67% 2/3 | | | | 89.74% 35/39 |
| RTT-18 Weeks Incompletes | >92% | Sep-21 | 51.84% | 81.82% | 54.10% | 63.70% | 61.54% | 78.45% |
| RTT-Overall size of the waiting list | | Sep-21 | 27909 | 33 | 61 | 1427 | 65 | 798 |
| RTT -Patients waiting over 52 weeks for treatment | 0 | Sep-21 | 3309 | 0 | 2 | 99 | 5 | 0 |
| RTT -Patients waiting over 104 weeks for treatment | 0 | Sep-21 | 257 | | | 1 | 1 | |

University Hospitals of Leicester source; Quality and Performance Report, 2 September 21

<https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/>

| Indicator | Action in Place |
|-----------------------|---|
| Cancer | <p>There has been an increase in 2ww referrals and a reduction in waiting list initiatives (WLI) and overtime which has impacted on recovery. Dermatology, Oncology and Head and Neck are challenged on capacity. Key actions:</p> <ul style="list-style-type: none"> -A refresh of the Remedial Action Plan (RAP) with robust plans to focus on rapid actions to support recovery for high pressured areas -CCG/primary care support being offered and attending UHL forums to support recovery -CCG focusing on 2ww referrals particularly skin and ENT -PRISM form changes made to mandate face to face for challenged 2ww services -EMCA funding to support with additional capacity and transformation |
| RTT and 52 week waits | <p>RTT- Referral activity at 91% of 19/20 levels. Outpatients' optimization board recommenced to improve efficiency within outpatients. Key actions:</p> <ul style="list-style-type: none"> -The Trust continue planning for elective recovery, aligning workforce, finance activity and efficiency opportunities -External Validation team to start (mid-August) -Understand levels of clock stops for outpatients, impact on new to follow up ratio. <p>52wk waits - A reduction of P2 patients (Priority level 2-Surgery that can be deferred for up to 4 weeks) has continued and there is a focus on Urgent and Cancer recovery.</p> <ul style="list-style-type: none"> -Agree Independent sector activity for the last six months of the year. -Identify external validation team that can support the reduction of waiting list numbers -Assess impact of Elective Recovery Fund (ERF) schemes on long waiter recovery |

North West Anglia Foundation Trust source; Integrated Performance Report, 12 October 21
<https://www.nwanliaft.nhs.uk/about-us/trust-board/board-papers-meetings/>

| Indicator | Action in Place |
|-----------------------|---|
| Cancer | <p>The 2-week wait performance remains under target although there was an improvement in August. Colorectal breaches all reduced, supported by a reduction in referrals. Within colorectal, the main reason for breaches is due to the SST patients awaiting a Computed tomography colonoscopy (CTC), Colonoscopy or OPA linked to capacity. This area remains the highest contributor to the number of two week wait breaches.</p> <p>Key actions: There are clear actions to improve performance through the Cancer Improvement Plan and a working party has established focusing on each element of the pathway to improve.</p> |
| RTT and 52 week waits | <p>RTT- The overall Trust waiting list has increased and this includes patients currently reported under Referral Assessment Service (RAS) and Appointment Slot Issues (ASIs). This increase in the reported waiting list has primarily been driven by the inclusion of these patients. Delivery of activity fell in August across Electives, Day cases and Outpatients. This has been driven by a combination of capacity issues within both sites as well as staffing. The drop in the level of activity delivered and the continuation of referrals above 2019/21 levels have both contributed to the increase in overall waiting list.</p> <p>Key actions: -Opportunities with the independent sector to support the reduction of the Trust waiting list continue to be explored both directly and in partnership with commissioners.</p> <p>52wk waits - The total number of patients over both 52 weeks and 104 weeks has also continued to increase. The Trust is working towards ensuring there are no patients waiting over 104 weeks as well as reducing the number of patients waiting over 52 weeks. Internal governance has been established to ensure that this is achieved.</p> |

Kettering General Hospital source; Integrated Governance Report, 29 September 21
<https://www.kgh.nhs.uk/download.cfm?doc=docm93jjim4n3017.pdf&ver=5985>

| Indicator | Action in Place |
|------------------|--|
| Cancer | <p>The main issues with the 2-week performance are demand exceeding capacity and patients continue to choose to wait longer than 14 days.</p> <p>Key actions: Continual monitoring of patients referred with suspected cancer and liaison with services to identify additional capacity as required.</p> |
| RTT | <p>The Trust did not meet the standard. The main issues are capacity not back to pre-COVID levels impacting on overall capacity and ability to deliver.</p> <p>Key actions: -3 PTL meetings held each week, focussing on managing long waiting patients -weekly Patient Access Group for corporate and Divisional oversight, assurance, escalation, and mitigation -Audit of pop-up issues. Mitigation of these is multi-factorial and brought under the "Get it right first time". This includes validation of early RTT</p> |

| | |
|--|---|
| | pathways. Identification of root causes and focussed training of hot spot areas. Admin-academy-setting and managing expectations for staff knowledge, skills and training to support administrative processes. Electronic Clinic Outcome Form (E-COF)- ensuring clinicians complete this timely and accurately. |
|--|---|

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