

## 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	
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#### 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.

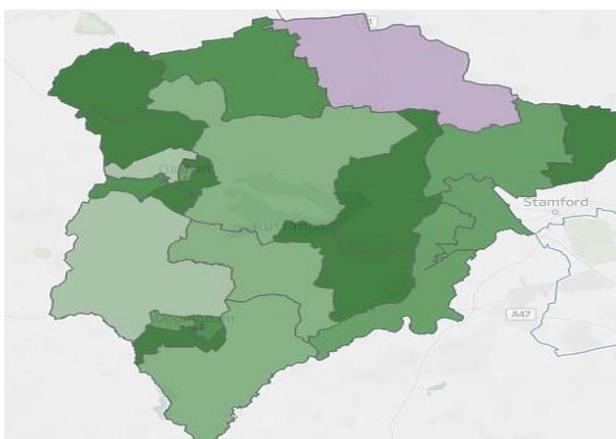
2.4 There is currently Consultation on a new NHS System Oversight Framework for 2021/22.

[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](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 149th out 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:

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

Life Expectancy & Causes of death

Recent trend

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

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%

Compared to benchmark

Significantly better
Similar

Source-PHE Fingertips

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%

Injuries and ill health

Recent trend

	Not calculated
	Increasing
	No Significant trend
	Decreasing getting better

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%

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

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

Source-PHE Fingertips

## 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
<p><b>Cancer 62 days from referral to treatment</b></p> <p>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</p>	<p><b>National Target &gt;85%</b></p> <p>March 21</p> <p><b>East Leicestershire and Rutland (All Providers)</b></p> <p>66% (60/91pts)</p>	<p>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 <b>Breast, Head &amp; Neck, ENT and Skin.</b></p> <p>The Independent Sector (IS) is being utilised &amp; 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</p>

<p>complications, an enhanced patient experience and improved cancer outcomes.</p>		<p>supporting with diagnostic work so that UHL can prioritise cancer diagnostics.</p> <p>Patient level review of all breaches underway to ensure learning around key drivers and establish appropriate future mitigations where possible.</p> <p>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.</p>
<p><b>A&amp;E admission, transfer, discharge within 4 hours</b></p> <p>The standard relates to patients being admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department.</p> <p>This measure aims to encourage providers to improve health outcomes and patient experience of A&amp;E.</p>	<p><b><u>National Target &gt;95%</u></b></p> <p>April 21</p> <p><b>University Hospitals Leicester (UHL) A&amp;E – all patients attending</b></p> <p>69%</p> <p><b>North West Anglia Foundation Trust (NWAFT) A&amp;E – all patients attending</b></p> <p>80%</p>	<p><b>UHL</b></p> <p>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.</p> <p>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.</p> <p>Work continues on Same Day Emergency Care (SDEC) pathways for 111, Clinical Navigation Hub and EMAS.</p> <p><b>NWAFT</b></p> <p>Performance for majors has improved, however the continued COVID impact, Emergency Door segregation and ongoing pressure on flow across the</p>

		<p>sites has resulted in long waits for majors admitted patients in month.</p> <p>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.</p>
<p><b>18 Week Referral to Treatment (RTT)</b></p> <p>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><b><u>National Target &gt;92%</u></b></p> <p>March 21</p> <p><b>East Leicestershire and Rutland patients (All Providers)</b></p> <p><b>53%</b></p> <p>Total East Leicestershire and Rutland patients waiting; 28,115 (against a target of &lt;21,247)</p> <p>of which 3,640 patients are waiting +52weeks.</p> <p>841 East Leicestershire and Rutland patients are waiting at NWAFT, of these 97 are waiting +52week</p>	<p>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.</p> <p>Long waiters are starting to be seen within the independent sector following the prioritization of cancer and urgent patients.</p> <p>Elective recovery trajectories with specialties are being discussed through the weekly access meeting.</p> <p>Ensuring the Independent Sector is fully utilised and patients transferred from each service in a timely manner.</p>

<p><b>Improving Access to Psychological Therapies (IAPT)</b></p> <p>The primary purpose of this indicator is to measure 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><b><u>% adults accessing IAPT services, from a defined prevalence</u></b></p> <p><b><u>LLR/NHSE/ target &gt;17.3%</u></b></p> <p>YTD Feb 21</p> <p>ELR – 14% (3,595 pts entering treatment since April 20)</p> <p><b><u>% of people who complete treatment who are moving to recovery</u></b></p> <p><b><u>National target &gt;50%</u></b></p> <p>Feb 21</p> <p>ELR – 56%</p>	<p>Referral rates are at pre-Covid levels.</p> <p>In line with regional and National referral rates reported increased acuity in referrals.</p> <p>Did Not Attend (DNA) rates reduced by 4-5% due to online access to treatment.</p> <p>New service commenced successfully with new provider as per mobilisation plan.</p> <p>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.</p> <p>Patients ‘moving to recovery’ continues to achieve the national standard.</p>
<p><b>Dementia</b></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><b><u>National Target &gt;67%</u></b></p> <p>April 21</p> <p>Rutland LA 52% (338pts)</p> <p>ELR CCG 60% (2919pts)</p>	<p>The current risks are in line with the national picture of dementia prevalence rates declining in line with COVID-19.</p> <p>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.</p> <p>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.</p>

## 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.**