Leicestershire County Council

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
22 JANUARY 2018

REPORT OF THE CHIEF EXECUTIVE AND CCG PERFORMANCE SERVICE

PERFORMANCE UPDATE AT END OF DECEMBER 2017

Purpose of Report

1.   The purpose of the report is to provide the Committee with an update on health performance in Leicester, Leicestershire and Rutland based on the available data at the end of December 2017.

Background

2.   The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the CCG Commissioning Support Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

NHS Constitution

3.   At a national level the health performance reporting model is influenced by the Government's mandate to NHS England. A revised mandate was issued relating to the period 2017-18. There are also a wide range of separate clinical and regulatory standards that apply to individual services and providers. The Public Health Outcomes Framework (PHOF) sets out metrics on which to help assess public health performance and there is a separate framework for other health services. Adult social care outcomes are covered by the Adult Social Care Outcomes Framework (ASCOF).

4.   The Government's mandate to the NHS acknowledges the pressures the NHS is under due to the ageing population and increased demand. The mandate places Sustainability and Transformation Plans (STP) and partnerships at the heart of reform plans to drive improvement in patient care and outcomes. The mandate also sets out that a critical element is accident and emergency performance. Central to the mandate is the aim to see hospitals return to

meeting the 4 hour A and E wait target, supported by extra capital funding for Accident and Emergency Departments. The Government is looking for clear progress against measures in the mandate. A number of metrics will be used to measure specific progress across the STP foot prints.

Changes to Performance Reporting Framework

5.   A number of changes have been made to the way performance is reported to the Committee to reflect national changes, such as the revised Better Care Fund (BCF) guidance, national NHS constitution changes, and the new Leicestershire Health and Wellbeing Strategy. The County Council has also developed a new Outcomes Framework which will inform future reporting. The Health and Wellbeing Board has adopted some changes in its performance reporting processes so that it can have a sharper focus on individual agency performance and progress. This has been reflected in the dashboards attached to this report. The overall framework will continue to evolve to take account of the above developments as well as any particular areas that the Committee might wish to see included.

6.   The following 3 areas therefore form the current basis of reporting to this committee:-
   a. Performance against the key metrics/targets set out in the Better Care Fund plan, in relation to health and care integration;
   b. Clinical Commissioning Group (CCG) performance for both West Leicestershire and East Leicestershire and Rutland CCGs; and
   c. An update on wider Leicestershire public health outcome metrics and performance.

Better Care Fund Performance

7.   New BCF national planning guidance was released in July 2017 and reduced the number of key BCF metrics from 6 to 4. Targets were proposed in relation to the 4 metrics and the new BCF Plan submitted in September 2017. This section of the report provides the Committee with an update on the performance metrics and targets of the BCF for the 2017/18 financial year.
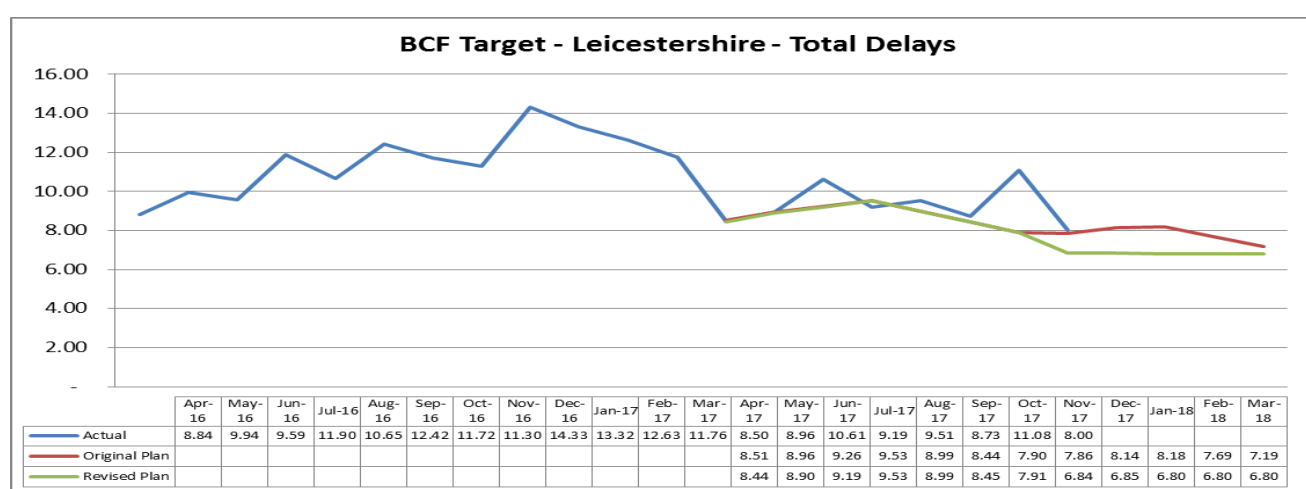
Metric 3 – Delayed Transfers of Care

8.   The BCF guidance contained a requirement for Leicestershire to reduce the number of delayed transfers of care (DToCs) to 6.8 average patients delayed per day per 100,000 population aged 18+ for all delays; made up of 3.8 average patients delayed per day per 100,000 population aged 18+ for NHS attributable delays, 1.3 for social care attributable delays and 1.7 for jointly attributable delays.

9.   In November there were 1,311 days delayed, a rate of 240.03 per 100,000 population against a target of 205.32. This is 8.0 average days delayed per day per 100,000 population, against a target of 6.84.The table below shows the

Leicestershire 6.84 target broken down into the three categories, against the actual performance.

	NHS Delays	LA Delays	Joint	Total
Target for November 2017	*3.78*	*1.33*	*1.73*	*6.84*
Actual performance at November 2017	**5.80**	**1.20**	**0.99**	**8.00**

10. Below is graphical representation of performance, mapped against Leicestershire's original trajectory (shown in red) and the revised trajectory (shown in green).

BCF Target - Leicestershire - Total Delays

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	8.84	9.94	9.59	11.90	10.65	12.42	11.72	11.30	14.33	13.32	12.63	11.76	8.50	8.96	10.61	9.19	9.51	8.73	11.08	8.00				
Original Plan													8.51	8.96	9.26	9.53	8.99	8.44	7.90	7.86	8.14	8.18	7.69	7.19
Revised Plan													8.44	8.90	9.19	9.53	8.99	8.45	7.91	6.84	6.85	6.80	6.80	6.80

11. The LLR wide DToC action plan is being enacted by all partners and this continues to be a top priority. The paragraphs below details a summary of current actions to improve the DToC target.

Summary of Actions in Progress

12. A detailed joint action plan is in progress to improve the delayed transfers of care position. The following paragraphs provide an update on actions since the last report in November.

13. Throughout November, twice weekly discharge escalation calls took place at a senior level with engagement of all CCG and Local Authority partners. The calls focused on patient specific delays within Leicestershire Partnership Trust Community Hospitals.

14. The Multi Agency Discharge Event (MADE) events commenced from 11 December. Calls focused on identifying high level thematic actions and patient level actions to facilitate effective discharge. These calls have been system level calls covering all discharge issues across acute, community hospital and mental health.

15. Conference calls have been established between the Council's Assistant Director Care Pathway - West, University Hospitals of Coventry and Warwickshire and Coventry and Rugby CCG to improve the accuracy of coding and data sharing.

16. In December, a letter was received from ADASS to all Local Authorities, CCGs and provider CEOs regarding assuring that DToC reporting is credible. The letter stated that providers must ensure that before DToC data is uploaded to Unify that Social Care and jointly attributable delays should be agreed by the relevant Local Authority's Director of Adult Social Services or their nominated representatives. A process has been put in place between Leicestershire Partnership Trust and Leicestershire County Council, and a process is being developed for University Hospitals of Leicester NHS Trust. Steps are being taken for introducing similar processes with nearby out of county providers.

17. It is not possible to split delays by CCG as the data is not collected with details of which CCG or GP practice a patient is registered with.

Metric 4 - Non-elective admissions

18. The 2017/18 target was set based on the 2017/18 – 2018/19 operating plans submitted jointly by LLR CCGs on 23rd December 2016. Data is now available for April – November 2017, and this has been used to forecast the position for the year end. The 2017/18 forecast is for 66,413 non-elective admissions, 5,831 over and above the target of 60,582.

19. A recovery plan for non-elective admission has been submitted to NHS England on behalf of LLR CCGs. A key finding was that there had been significant over performance on paediatrics admissions. One of the reasons for this was due to an operational and coding change that took place at UHL where the new pathway means that patients should now go through A&E before a decision be made regarding formal admission. However, the A&E part of this new pathway has not yet been implemented, and all patients on this pathway are being counted as admissions.

20. Further information by CCG is detailed in the table below:

Non-elective admission activity 2017/18	Actual activity		Forecast Activity		
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total
Planned activity - Leicestershire	15,118	15,118	15,118	15,229	60,582
Actual/forecast activity - Leicestershire	15,995	16,410	16,966	16,878	66,250
Activity variance	**877**	**1,292**	**1,849**	**1,649**	**5,668**
Activity variance - cumulative	**877**	**2,170**	**4,019**	**5,668**	

Non-elective admission activity 2017/18	Actual activity		Forecast Activity		
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total
Planned activity - WL CCG	8,679	8,679	8,679	8,743	34,779
Actual/forecast activity - WL CCG	8,833	8,905	9,369	9,354	36,461
Activity variance	**154**	**226**	**690**	**611**	**1,682**
Activity variance - cumulative	**154**	**381**	**1,071**	**1,682**	

Non-elective admission activity 2017/18	Actual activity		Forecast Activity		
	Apr to Jun	Jul to Sep	Oct to Dec	Jan to Mar	Total
Planned activity - ELnotR CCG	6,439	6,439	6,439	6,486	25,803
Actual/forecast activity - ELnotR CCG	7,162	7,021	7,300	7,356	28,839
Activity variance	**723**	**583**	**861**	**869**	**3,036**
Activity variance - cumulative	**723**	**1,306**	**2,166**	**3,036**	

Numbers do not sum due to rounding

Performance against other BCF metrics

21. In the BCF, there are two other metrics that are reported against in addition to delayed transfers of care and non-elective admissions. The performance against these metrics at October 2017 is detailed below.

Metric	Target	Latest Data	RAGed Data	Data RAG
METRIC 1: Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population, per year	630.6	58.11	633.4	A
METRIC 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	87.0%	n/a	91.7%	G
METRIC 3: Delayed transfers of care from hospital per 100,000 population	205.32	n/a	240.03	R
METRIC 4: Total non-elective admissions into hospital (general and acute), per 100,000 population, per month	737.92	808.94	838.93	R

Note: For metrics 1 and 4 the latest data is the rate for the latest month available and RAGed data is an end of year forecast. For metrics 2 and 3 that RAGed data is for the latest available period

Metric 1 – Permanent Admissions to Residential and Nursing Homes – Aged 65+

22. For people aged 65 or over the number of admissions in 2016/17 was higher than the national average and in the third quartile. Based on the number of admissions between April and December the 2017/18 forecast is for 883 admissions. This is currently just missing the BCF target (879) which is set slightly higher to take account of a growing population. The indicator is therefore currently rated **amber**.

Metric 2 - Reablement

23. A key measure in the BCF is the ASCOF metric which measures the proportion of people discharged from hospital via reablement services, who are still living at home 91 days later. During 2016/17 performance (87%) was better than the national average and just short of the top quartile (88%). Performance between April and December (92%) shows further improvement and is on track to meet the 87% target. The indicator is therefore rated **green**.

New Health and Care Interface Dashboard

24. In relation to benchmarking overall performance the Department of Health and the Ministry of Housing, Communities and Local Government (formerly the Department for Communities and Local Government) have developed a new health and care interface performance dashboard. This brings together a range of metrics in relation to the interface between the NHS and Adult Social Care. Analysis has recently been published at a local authority level and of the 150 councils included Leicestershire is ranked 34th – in the top quartile, the second highest county council, and the highest when ranked against similar shire authorities.

CCG Performance Dashboards - Appendix 1 and 2

25. NHS England's CCG Improvement and Assessment Framework (IAF) was introduced in 2016/17, it aligns key objectives and priorities and informs the way NHS England manages relationships with CCGs. For 2017/18 NHS England refreshed the IAF to replace the existing assurance process.

26. This framework provides a greater focus on assisting improvement alongside statutory assessment functions. As STPs (Sustainability and Transformation Plans and Partnerships) potentially develop further, the process becomes two-way with careful attention being given to the alignment of STP metrics and the CCG IAF.

27. The framework is based on 4 areas of assurance for each CCG; Better Health, Sustainability, Well Led and Better Care. The full dashboards, showing all 4 domains, are reported in Appendix 1 (ELR) and Appendix 2 (WL).

28. The following table provides an explanation to each indicator 'at risk' in accordance with the IAF Dashboards released by NHS England in November 2017 (the most recent publication at the time of writing this report). This is where ELR CCG or WL CCG are RAG-rated as red.

29. More up-to-date data has been provided in the table below where available. Details of local actions in place in relation to these 'at risk' metrics are also shown.

Metric 'at risk' as per November 17 IAF and explanation of metric	IAF national data and most recent local data	Local actions in place/supporting information
AntiMicrobrial Resistance: Broad spectrum prescribing The purpose of this indicator is to encourage an improvement in appropriate antibiotic prescribing in primary care, in particular broad spectrum antibiotics. Broad spectrum antibiotics, such as co-amoxiclav, cephalosporins and quinolones, should be prescribed in line with prescribing guidelines and local microbiology advice. Evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections	**National Target <10%** **ELR** June 17 - 10.8% Sept 17 – 10.8% **WL** June 17 - 10% Sept 17 – 9.9%	T he Medicines Management Team are implementing a tool for the GPs clinical system to help the decision making process for prescribing. The toolkit has been approved and is to be rolled out to the GPs imminently. The GPs will undertake an audit, as part of the GP Service Improvement Plan (SIP) which will identify over prescribing of antibiotics. The results are due by the end of the financial year. WL is now achieving this metric.
Cancer 62 days of referral to treatment The indicator is a core delivery indicator that spans the whole pathway from referral to first treatment covering the length of time from urgent GP referral, first outpatient appointment, decision to treat and finally first definitive treatment. Maintaining cancer standards will ensure that a cancer patient will receive timely access to treatment and move along their pathway of care at a clinically appropriate pace, thus providing better patient-centred care and improve cancer outcomes.	**National Target >85%** **ELR** Q4 16/17 - 82.6% April - Oct 17 – 83% (507 referrals out of 610 treated within 62days) **WL** Q4 16/17 - 78.4% Apr - Oct 17 - 79% (524 referrals out of 666 treated within 62days)	Main reasons for 62 day breaches remain theatre capacity constraints, patient complexity, patient initiated delays, diagnostic delays and patients being unfit. Recruitment across a number of tumour sites continues to be challenging Movement towards 7 day 2 week-wait to improve overall 62 day performance is in early planning stages with Gynaecology. The intention is for a phased roll out across other tumour sites. Quarterly 62 day thematic reviews are undertaken and presented to the Cancer Board.

A&E admission, transfer, discharge within 4 hours	National Target >95%	The LLR system continues to be
A&E waiting times form part of the NHS Constitution. NHS England must take into account the expected rights and pledges for patients that are made in the constitution when assessing organisational delivery. This measure aims to encourage providers to improve health outcomes and patient experience of A&E. Further to correspondence from NHS Improvement to all NHSE Providers, it has been agreed that from November 17, the activity from 5 LLR Urgent Care Centres will be included in the UHL A&E performance against the 4 hour standard. These are; Loughborough (DHU), Market Harborough, Melton Mowbray, Oadby & Wigston and Oakham (VoCare).	**ELR** Sept 17 - 83.6% **WL** Sept 17 – 85.9% **UHL ED only** 1st April -- 27th Dec 17 80% (139,249 patients admitted, transferred or discharged within 4hrs out of 174,706 total patients) **5 LLR Urgent Care Centres only** 12/11/17 to 27/12/17 only - 98% (13,647 patients seen within 4hrs out of 13,937) Total % all UHL+UCC < 4Hrs – 81%	subject to scrutiny from NHS England and NHS Improvement with regards to ongoing system wide performance issues. Challenges remain with clinical staffing issues especially overnight and weekends. UHL Chief Executive has been chairing daily improvement meetings with clinical leaders of the component parts of the 4hr wait pathway for emergency patients. The aim of this group is the rapid rollout of the successful actions from the surge along with recommendations from the Luton and Dunstable support.
18 week Referral To Treatment (RTT) The operational standard is that 92% of patients on 'incomplete' pathways should have been waiting no more than 18 weeks from referral. This RTT waiting times standard leaves an operational tolerance to allow for patients who wait longer than 18 weeks to start their treatment for one or more of the following reasons: - patient choice - patients choose not to accept earliest offered reasonable appointments along their pathway or choose to delay treatments for personal or social reasons - co-operation - patients who do not attend appointments that they have agreed along their pathways - clinical exceptions - where it is not clinically appropriate to start a patient's treatment within 18 weeks	**NationalTarget >92%** **ELR** Aug 17 - 91.4% Nov 17 - 92% (18,827 patients waiting less than 18 weeks out of 20,463 waiting at the end of Nov 2017) **WL** Aug 17 - 91.2% Nov 17 – 91.9% (20,991 patients waiting less than 18 weeks out of 22,835 waiting at the end of Nov 2017)	August performance was under national expectations for ELR and WL, however this has improved from November, and is now being achieved for ELR. Performance across WL providers has improved over recent months, and the backlog of patients waiting reduced during October and November. External capacity has been sourced by UHL for ENT and alternatives to referral to UHL for all specialities are being developed and expanded. This indicator will continue to be routinely reported to CCGs as part of the Performance reporting.

Public Health Outcomes Performance – Appendix 3

30.   Appendix 3 sets out current performance against a range of outcomes set in the performance framework for public health. The framework contains 44 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value and 'red' worse than the England value.

31.   Analysis shows that of the comparable indicators, 16 are green, 14 amber and 3 red. 11 indicators are not suitable for comparison or have no national data. Of the 16 green indicators, under 18 conceptions, new sexually transmitted infections and smoking status at time of delivery have shown significant improvement over the last few years.

32.   Of the 14 indicators that are amber, the chlamydia detection rate has shown significant improvement, whereas there are no significant changes for child excess weight in 4-5 year olds and successful completion of drug treatment for non-opiate users. Successful completion of drug treatment for opiate users has shown a worsening performance this past year.

33.   The three red indicators are as follows:
  •   Children free from dental decay - Leicestershire is ranked 15th out of 16 of the CIPFA nearest neighbours (1 being the best);
  •   Take up of NHS health checks - Leicestershire is ranked 12th out of 16;
  •   Recorded diabetes – Leicestershire is ranked 9th out of 16.

Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of Health and Wellbeing Strategy implementation and the public health service plan development process.

34.   HIV late diagnosis (%) for 2014-16 for Leicestershire has no value presented as the data is supressed due to disclosure issues. Breastfeeding prevalence at 6-8 weeks for 2015/16 for Leicestershire has no value presented due to data quality reasons. Quit Ready and First Contact Plus are local services so no national data is available for comparison.

35.   Work has commenced on implementing new performance reporting relating to the Council's new Strategic Plan and Outcomes Framework, which will feed into a revised set of metrics for reporting moving forwards.

List of Appendices
Appendix 1 and 2 – CCG Performance Dashboards
Appendix 3 – Public Heath Performance Dashboard

Background papers
Cabinet Report 10 October 2017:
http://politics.leics.gov.uk/documents/s132435/Final%20Cabinet%20Report%20DTO
CBCF%20Assurance%20Oct%202017.pdf

University Hospitals Leicester Trust Board meetings can be found at the following link:
http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

Officers to Contact
Kate Allardyce - NHS Midlands and Lancashire Commissioning Support Unit
Kate.allardyce@nhs.net
Tel: 0121 61 10112

Andy Brown – Operational BI and Performance Team, Leicestershire County Council
Andy.brown@leics.gov.uk Tel 0116 305 6096   - Natalie Greasley, PHI Business
Partner and Stephanie Webb BCF Lead Analyst.

Appendix 1

NHS East Leicestershire and Rutland CCG

Better Health	Period	CCG		Peers	England
% 10-11 classified overweight /obese	2013/14 to 2015/16	29.2%	↑	4/11	28/207
Diabetes patients who achieved NICE targets	2015-16	41.9%	↓	2/11	43/207
Attendance of structured education course	2014	3.4%	↑	6/11	118/207
Injuries from falls in people 65yrs +	16-17 Q4	1,496	↑	4/11	33/207
Personal health budgets	17-18 Q1	25	↑	3/11	41/207
Inequality Chronic - ACS & UCSCs	16-17 Q4	1,825	↓	9/11	68/207
AMR: appropriate prescribing	2017 06	1.022	↓	5/11	78/207
AMR: Broad spectrum prescribing	2017 06	10.8%	↑	7/11	181/207
Quality of life of carers (not available)					

Sustainability	Period	CCG		Peers	England
In-year financial performance	17-18 Q1	Amber	↓		
Utilisation of the NHS e-referral service	2017 06	73.3%	↑	3/11	45/207

Leadership	Period	CCG		Peers	England
Probity and corporate governance	17-18 Q1	Fully Compliant	↔		
Staff engagement index	2016	3.78	↓	8/11	118/207
Progress against WRES	2016	0.13	◯	6/11	108/207
Working relationship effectiveness	16-17	63.48	↓	10/11	159/207
CCG compliance with standards of public and patient participation (not available)					
Quality of CCG leadership	17-18 Q1	Green	↔		

	2016/17 Year End Rating:	Good			
Better Care	**Period**	**CCG**		**Peers**	**England**
High quality care - acute	17-18 Q1	50	↓	11/11	199/207
High quality care - primary care	17-18 Q1	63	↑	10/11	158/207
High quality care - adult social care	17-18 Q1	62	↑	5/11	89/207
Cancers diagnosed at early stage	2015	52.1%	↑	8/11	102/207
Cancer 62 days of referral to treatment	16-17 Q4	82.6%	↑	5/11	92/207
One-year survival from all cancers	2014	71.0%	↑	4/11	55/207
Cancer patient experience	2016	8.6	↑	8/11	162/207
IAPT recovery rate	2017 06	58.3%	↑	2/11	19/207
IAPT Access	2017 07	1.8%	↓	11/11	202/207
EIP 2 week referral	2017 08	76.5%	↓	9/11	114/207
MH - CYP mental health (not available)					
MH - OAP (not available)					
MH - Crisis care and liaison (not available)					
LD - reliance on specialist IP care	17-18 Q1	56	↑	8/11	107/207
LD - annual health check	2015-16	34.3%	○	8/11	131/207
Completeness of the GP learning disability register (not available)					
Maternal smoking at delivery	17-18 Q1	6.8%	↑	4/11	51/207
Neonatal mortality and stillbirths	2015	4.6	○	6/11	102/207
Experience of maternity services	2015	79.2	○	9/11	123/207
Choices in maternity services	2015	67.3	○	3/11	64/207
Dementia diagnosis rate	2017 08	67.0%	↑	4/11	121/207
Dementia post diagnostic support	2015-16	74.0%	↑	11/11	195/207
Emergency admissions for UCS conditions	16-17 Q4	2,147	↓	9/11	72/207
A&E admission, transfer, discharge within 4 hours	2017 09	83.6%	↑	10/11	182/207
Delayed transfers of care per 100,000 population	2017 08	9.4	↑	2/11	64/207
Hospital bed use following emerg admission	16-17 Q4	502.2	↑	9/11	104/207
% of deaths with 3+ emergency admissions in last three months of life (not available)					
Patient experience of GP services	2017	83.5%	↓	10/11	138/207
Primary care access (not available)					
Primary care workforce	2017 03	1.22	↓	4/11	14/207
18 week RTT	2017 08	91.4%	↓	6/11	93/207
7 DS - achievement of standards (not available)					
% NHS CHC assesments taking place in acute hospital setting	16-17 Q4	44.8%	○	5/11	60/207
Sepsis awareness (not available)					

Appendix 2

NHS West Leicestershire CCG

Better Health	Period	CCG		Peers	England
% 10-11 classified overweight /obese	2013/14 to 2015/16	31.3%	↓	6/11	68/207
Diabetes patients who achieved NICE targets	2015-16	41.7%	↓	4/11	47/207
Attendance of structured education course	2014	0.4%	↓	10/11	199/207
Injuries from falls in people 65yrs +	16-17 Q4	1,530	↓	2/11	41/207
Personal health budgets	17-18 Q1	26	↑	2/11	40/207
Inequality Chronic - ACS & UCSCs	16-17 Q4	2,032	↓	8/11	96/207
AMR: appropriate prescribing	2017 06	1.031	↓	3/11	86/207
AMR: Broad spectrum prescribing	2017 06	10.0%	↓	8/11	152/207
Quality of life of carers (not available)					

Sustainability	Period	CCG		Peers	England
In-year financial performance	17-18 Q1	Amber	↓		
Utilisation of the NHS e-referral service	2017 06	66.0%	↑	8/11	66/207

Leadership	Period	CCG		Peers	England
Probity and corporate governance	17-18 Q1	Fully Compliant	←→		
Staff engagement index	2016	3.78	↓	4/11	117/207
Progress against WRES	2016	0.13	○	9/11	107/207
Working relationship effectiveness	16-17	75.90	↑	1/11	35/207
CCG compliance with standards of public and patient participation (not available)					
Quality of CCG leadership	17-18 Q1	Green Star	←→		

2016/17 Year End Rating:			**Outstanding**		

Better Care	Period	CCG		Peers	England
High quality care - acute	17-18 Q1	51	↓	9/11	197/207
High quality care - primary care	17-18 Q1	66	↑	7/11	97/207
High quality care - adult social care	17-18 Q1	62	↑	4/11	94/207
Cancers diagnosed at early stage	2015	51.8%	↑	8/11	113/207
Cancer 62 days of referral to treatment	16-17 Q4	78.4%	↑	7/11	139/207
One-year survival from all cancers	2014	70.6%	↑	4/11	72/207
Cancer patient experience	2016	8.6	↑	9/11	158/207
IAPT recovery rate	2017 06	51.9%	↑	5/11	93/207
IAPT Access	2017 07	1.7%	↓	10/11	204/207
EIP 2 week referral	2017 08	74.1%	↓	8/11	135/207
MH - CYP mental health (not available)					
MH - OAP (not available)					
MH - Crisis care and liaison (not available)					
LD - reliance on specialist IP care	17-18 Q1	56	↑	5/11	107/207
LD - annual health check	2015-16	31.0%	○	8/11	152/207
Completeness of the GP learning disability register (not available)					
Maternal smoking at delivery	17-18 Q1	11.7%	↑	6/11	110/207
Neonatal mortality and stillbirths	2015	6.8	○	11/11	186/207
Experience of maternity services	2015	80.0	○	7/11	111/207
Choices in maternity services	2015	63.3	○	8/11	148/207
Dementia diagnosis rate	2017 08	72.2%	↑	2/11	66/207
Dementia post diagnostic support	2015-16	76.7%	↓	10/11	159/207
Emergency admissions for UCS conditions	16-17 Q4	2,170	↓	4/11	79/207
A&E admission, transfer, discharge within 4 hours	2017 09	85.9%	↓	7/11	152/207
Delayed transfers of care per 100,000 population	2017 08	9.4	↑	3/11	65/207
Hospital bed use following emerg admission	16-17 Q4	523.7	↑	8/11	131/207
% of deaths with 3+ emergency admissions in last three months of life (not available)					
Patient experience of GP services	2017	85.2%	↑	6/11	98/207
Primary care access (not available)					
Primary care workforce	2017 03	1.00	↓	8/11	87/207
18 week RTT	2017 08	91.2%	↓	5/11	100/207
7 DS - achievement of standards (not available)					
% NHS CHC assesments taking place in acute hospital setting	16-17 Q4	48.3%	○	3/11	53/207
Sepsis awareness (not available)					

APPENDIX 3

Public Health and Prevention Indicators in Leicestershire

Leicestershire County Council

Prevention	Indicator	Time Period	Polarity	Value	NN Rank	England	DoT	RAG
All	0.1i - Healthy life expectancy at birth, (F)	2013 - 15	High	65.8	12/16	64.1	=	Green
All	0.1i - Healthy life expectancy at birth, (M)	2013 - 15	High	63.6	13/16	63.4	=	Amber
All	0.1ii - Life expectancy at birth, (F)	2013 - 15	High	83.9	8/16	83.1	=	Green
All	0.1ii - Life expectancy at birth, (M)	2013 - 15	High	80.5	5/16	79.5	=	Green
All	0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, (F)	2013 - 15	n/a	4.8	6/16	Null	=	Grey
All	0.2iii - Slope index of inequality in life expectancy at birth within English local authorities, (M)	2013 - 15	n/a	6.1	4/16	Null	=	Grey
Primary	1.16 - Utilisation of outdoor space for exercise/health reasons, (P)	Mar 2015 - Feb 2016	High	20.8	3/16	17.9	=	Amber
Primary	2.02i - Breastfeeding - breastfeeding initiation, (F)	2014/15	High	74.4	7/15	74.3	▶ No significant change (orange)	Amber
Primary	2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method, (P)	2015/16	High	Null	Null	43.2	=	Grey
Primary	2.03 - Smoking status at time of delivery - current method, (F)	2016/17	Low	8.6	3/16	10.7	▼ Decreasing and getting better (green)	Green
Primary	2.04 - Under 18 conceptions, (F)	2015	Low	16.3	7/16	20.8	▼ Decreasing and getting better (green)	Green
Primary	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds, (P)	2015/16	Low	21.3	6/16	22.1	▶ No significant change (orange)	Amber
Primary	2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds, (P)	2015/16	Low	31.3	8/16	34.2	▲ Increasing and getting worse (red)	Green
Primary	2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method, (P)	2015/16	Low	60.9	7/16	61.3	=	Amber
Primary	2.13i - Percentage of physically active adults - current method, (P)	2015/16	High	65.3	12/16	64.9	=	Amber
Primary	2.13ii - Percentage of physically inactive adults - current method, (P)	2015/16	Low	21.9	12/16	22.3	=	Amber
Primary	2.14 - Smoking Prevalence in adults - current smokers (APS), (P)	2016	Low	13.5	7/16	15.5	=	Green
Primary	2.18 - Admission episodes for alcohol-related conditions - narrow definition, (P)	2015/16	Low	592.5	5/16	646.6	=	Green
Primary	2.23ii - Self-reported wellbeing - people with a low worthwhile score, (P)	2015/16	Low	Null	Null	3.6	=	Grey
Primary	4.02 - Proportion of five year old children free from dental decay, (P)	2014/15	High	71.6	15/16	75.2	=	Red
Primary	First Contact Plus: Number of referrals made to FCP, (P)	Oct-17	High	516.0		Null	=	Grey
Primary	First Contact Plus: Number of referrals made to preventatice services, (P)	Oct-17	High	512.0		Null	=	Grey
Primary	Quit Ready: Number of 4 Week Quits, (P)	Q1 2017/18	High	418.0		Null	=	Grey
Primary	Quit Ready: Number of 4 Week Quits who are Routine and Manual, (P)	Q1 2017/18	High	133.0		Null	=	Grey
Primary	Quit Ready: Number of 12Week Quits, (P)	Q1 2017/18	High	189.0		Null	=	Grey
Primary/Secondary	4.01 - Infant mortality, (P)	2014 - 16	Low	3.9	10/16	3.9	=	Amber
Primary/Secondary	4.04i - Under 75 mortality rate from all cardiovascular diseases, (P)	2014 - 16	Low	62.8	8/16	73.5	=	Green
Primary/Secondary	4.05i - Under 75 mortality rate from cancer, (P)	2014 - 16	Low	123.4	5/16	136.8	=	Green
Primary/Secondary	4.06i - Under 75 mortality rate from liver disease, (P)	2014 - 16	Low	13.3	6/16	18.3	=	Green
Primary/Secondary	4.07i - Under 75 mortality rate from respiratory disease, (P)	2014 - 16	Low	24.9	5/16	33.8	=	Green
Primary/Secondary	4.09i - Excess under 75 mortality rate in adults with serious mental illness, (P)	2014/15	n/a	362.9	10/16	370.0	=	Grey
Primary/Secondary	4.10 - Suicide rate, (P)	2014 - 16	Low	8.9	5/16	9.9	=	Amber
Primary/Secondary	4.15iii - Excess winter deaths index (3 years, all ages), (P)	Aug 2013 - Jul 2016	Low	15.8	2/16	17.9	=	Amber
Primary/Secondary	4.15iv - Excess winter deaths index (3 years, age 85+), (P)	Aug 2013 - Jul 2016	Low	24.2	10/16	24.6	=	Amber
Secondary	2.15i - Successful completion of drug treatment - opiate users, (P)	2016	High	6.6	13/16	6.7	▼ Decreasing and getting worse (red)	Amber
Secondary	2.15ii - Successful completion of drug treatment - non-opiate users, (P)	2016	High	35.7	9/16	37.1	▶ No significant change (orange)	Amber
Secondary	2.20i - Cancer screening coverage - breast cancer, (F)	2016	High	84.0	1/16	75.5	▼ Decreasing and getting worse (red)	Green
Secondary	2.20ii - Cancer screening coverage - cervical cancer, (F)	2016	High	77.7	4/16	72.7	▼ Decreasing and getting worse (red)	Green
Secondary	2.20iii - Cancer screening coverage - bowel cancer, (P)	2016	High	63.1	4/16	57.9	=	Green
Secondary	2.22iv - Percentage of eligible population aged 40-74 offered and received an NHS Health Check, (P)	2013/14 - 16/17	High	43.1	12/16	48.9	=	Red
Secondary	3.02 - Chlamydia detection rate (15-24 year olds), (P)	2016	High	1,941.6	2/16	1,882.3	▲ Increasing and getting better (green)	Amber
Secondary	New sexually transmitted infections (STI), (P)	2016	Low	505.8	7/16	795.4	▼ Decreasing and getting better (green)	Green
Tertiary	Recorded diabetes, (P)	2014/15	Low	6.5	9/16	6.4	▲ Increasing and getting worse (red)	Red
Tertiary	3.04 - HIV late diagnosis, (P)	2014 - 16	Low	Null	Null	40.1	=	Grey

Direction of Travel (DoT):
- ▬ Cannot be calculated
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▶ No significant change
- ▲ Increasing and getting better
- ▲ Increasing and getting worse

Significance compared to England or Benchmark:
- ● Better (green)
- ● Same (amber)
- ● Not compared (grey)
- ● Worse (red)

NN Rank:
NN = Nearest Neighbours
Rank 1 is calculated as the best

Source: Fingertips, Nov 2017