

HEALTH AND WELLBEING BOARD

8 March 2016

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 3 (2015/16)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: The quarter 3 performance report provides an update on health and wellbeing in Barking and Dagenham. It reviews performance for the quarter, highlighting areas that have improved, and areas that require improvement. The report is broken down into the following sub-headings: <ol style="list-style-type: none">1. Performance Summary2. Background / Introduction3. Primary Care4. Secondary Care5. Mental Health6. Adult Social Care7. Children’s Care8. Public Health	
Recommendation(s) Members of the Board are recommended to: <ul style="list-style-type: none">• Review the overarching dashboard, and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.• Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.• Note the areas where new data is available and the implications of this data; specifically, children and young people accessing tier 3/4 Child and Adolescent	

Mental Health Services, annual health check of looked after children, chlamydia screening, smoking quitters, breast screening, chlamydia screening, NHS Health Check, permanent admissions of older people to residential and nursing care homes, the percentage of people receiving care and support in the home via a direct payment, unplanned hospitalisation for chronic ambulatory care sensitive conditions, delayed transfers of care and Care Quality Commission inspections.

Reason(s)

The dashboard indicators were chosen to represent the wide remit of the Board, whilst remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking further monitoring across the wider range of indicators in the Health and Wellbeing Outcomes Framework. When areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1. Performance Summary

Section 1 is a summary. Further information and detail on the actions implemented to improve performance can be found in the main report.

Primary Care

Please see **section 3** for detailed information.

- 1.1 The primary care transformation strategy is currently being drafted and will be submitted to the March Governing Body.
- 1.2 During this quarter, King Edwards Medical Centre was inspected by the Care Quality Commission (CQC), and was rated 'good'.

Secondary Care

Please see **section 4** for detailed information.

- 1.3 A&E performance remained below the national threshold this quarter. However, improvements continue to be made at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) following its CQC rating of 'requires improvement' in July 2015.
- 1.4 The number of non-elective admissions at BHRUT decreased in Q3 between October and November, although numbers were still higher than the same month in 2014. Figures for December were not available for inclusion due to a time lag in data availability.

Mental Health

Please see **section 5** for detailed information.

- 1.5 The number of children and young people accessing Child and Adolescent Mental Health Services (CAMHS) increased in Q3.
- 1.6 The proportion of clients on Care Programme Approach (CPA) who have received a review within the last 12 months is exceeding the target.
- 1.7 Delayed transfers of care (DTC) remained above threshold throughout the quarter. An action plan is in place to mitigate against further poor performance.

Adult Social Care

Please see **section 6** for detailed information.

- 1.8 There was a slight increase in DTC from hospital this quarter. However, there was a decrease in DTC due to social care.
- 1.9 The number of permanent admissions to residential and nursing care homes increased this quarter. It is unlikely that the annual Better Care Fund target will be met this financial year. An action plan is in place to improve performance.
- 1.10 Injuries due to falls in people aged 65 and over improved further in 2014/15.
- 1.11 Of the 4 providers inspected by the CQC this quarter, 1 received a 'good' rating; however, 3 were rated 'inadequate'. CQC action plans are in place for improvements, and Quality Assurance is closely monitoring and supporting the providers to meet the CQC action plan requirements.

Children's Care

Please see **section 7** for detailed information.

- 1.12 The percentage of looked after children (LAC) with an up to date health check increased this quarter. A performance improvement action plan has been demonstrated.

Public Health

Please see **section 8** for detailed information.

- 1.13 The number of four week quitters in the borough did not meet the target this quarter. Public Health continues to implement a project plan to improve smoking cessation performance. A service review is near completion.
- 1.14 There was a decrease in the number of positive chlamydia screening results in Q3, and performance fell short of the quarterly target. An action plan is in place to improve performance.
- 1.15 The percentage of the eligible population receiving a NHS Health Check increased this quarter. Performance continues to be closely monitored.

2. Background / Introduction

- 2.1 The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity.

- 2.2 The indicators chosen include those which show performance of the whole health and social care system, and include selected indicators from the Systems Resilience Group's dashboard.
- 2.3 The indicators contained within the report have been rated according to their performance; red indicates poor performance, green indicates good performance and amber shows that performance is similar to expected levels. The indicators are measured against targets, and national and regional averages.
- 2.4 **A dashboard summary of performance in Q3 (October – December 2015) against the indicators selected for the Board can be found in Appendix A.** The most recently available data is presented. For some indicators data is only reviewed annually. For others there are gaps due to time lag or limitations in data availability.
- 2.5 The following indicators have not been reported on because there is no new data available. These indicators are:
- (i) Immunisation uptake of measles, mumps and rubella vaccine, and diphtheria, tetanus and pertussis vaccine for 5 year olds
 - (ii) Childhood obesity
 - (iii) Under 18 conception rate
 - (iv) Cervical screening
 - (v) Proportion of older people still at home 91 days after discharge from hospital
 - (vi) Emergency readmissions within 30 days of discharge from hospital, and
 - (vii) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- 2.6 At the last report Barking and Dagenham was performing below the national average on all of these indicators.

3. Primary Care

Primary Care Transformation

- 3.1 Work on the primary care transformation strategy continues to progress. Substantial further engagement has been undertaken, including facilitated discussions at locality meetings and one-to-one discussions with chairs and clinical leads for primary care. The perspectives and insight gained from this are being used as inputs into the primary care vision, objectives and transformation plans, the workforce development strategy and the development of a financial model.
- 3.2 Feedback was received from NHS England during the primary care stock take meeting, and emerging themes and discussion points were taken away from the Joint Executive Team meeting. Both are being taken into consideration in the drafting of a written primary care transformation strategy, which is currently underway, for submission to the March Governing Body.

CQC Inspections

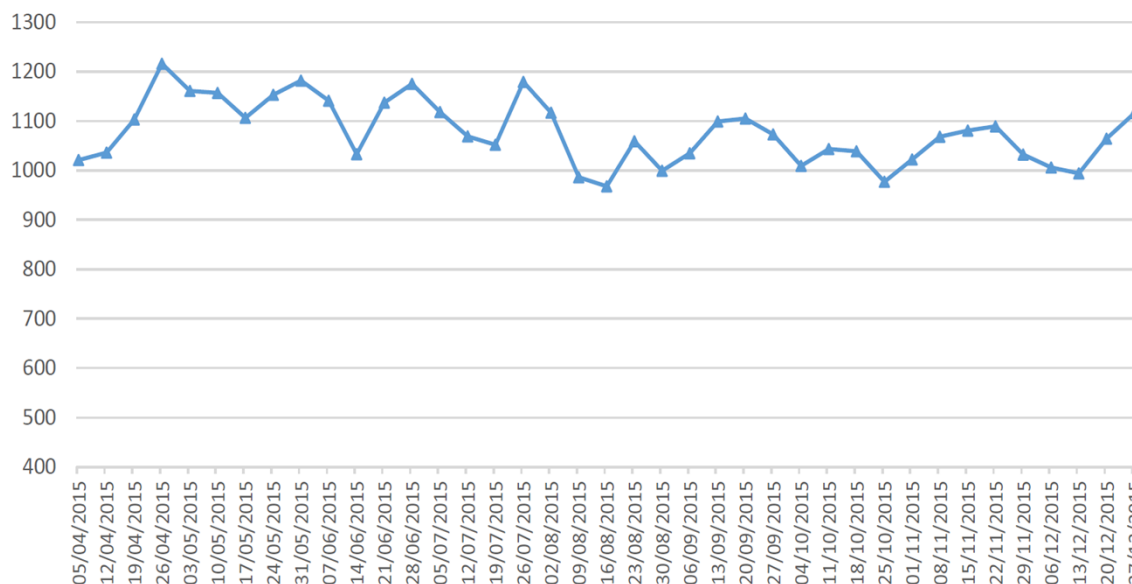
- 3.3 An overview of General Practice CQC inspection reports published during the third quarter of 2015/16 can be found in Appendix B. During this period 1 report was published on a local organisation.
- 3.4 **King Edwards Medical Centre was rated 'good'** during the CQC inspection on 7 October 2015. Key findings from this inspection were that risks were assessed and managed well, patients were treated with compassion and involved in their care, and there was a clear leadership structure in place. Please see Appendix B for further information.

4. Secondary Care

Urgent Care

- 4.1 A&E performance for patients waiting less than four hours from arrival to admission, transfer or discharge remained below the national standard this quarter. The Trust's overall performance began the quarter at 90.2%, fell to 85.3% in November and remained fairly static at 85.0% in December. In Q3 there were no weeks that achieved the national standard of 95%. Overall performance this quarter was 86.5%. This is a deterioration on Q2 performance (92.3%). However, is an improvement on Q3 2014/15 performance of 80.5%. This indicator is RAG rated amber.
- 4.2 BHR Clinical Commissioning Groups (CCGs) non-elective admissions at BHRUT decreased by 155 (3.8%), from 4,086 in October to 3,931 in November. Figures for December were not available for inclusion due to a time lag in figures being published. NHS Barking and Dagenham CCG had a decrease of 123 (10.1%) admissions, from 1,232 in October to 1,109 in November. In comparison with November 2014, November 2015 non-elective admissions were 6.5% higher (there were 1,041 non-elective admissions in November 2014). This indicator is RAG rated amber.

Figure 1: BHRUT Non-Elective Admissions 2015-16



- 4.3 BHRUT had previously been providing secondary uses services (SUS) data relating to ambulatory care activity which both the Trust and CCG agreed had data incorrectly coded to non-elective activity. Work is ongoing to amend the Trust's SUS returns to reflect the correct coding.
- 4.4 BHRUT are also continuing to track patients to identify where the demand in the system is coming from. The Adastra data system will help identify whether the cohort of patients utilising the GP appointments are the same that are attending A&E or are a new cohort of patients.
- 4.5 **Overall, DTOC performance remained within target this quarter.** The lower DTOC threshold target is 20, and the upper threshold limit is 40. At the start of the quarter the weekly average was 10. This increased to 14 in November, and remained static in December. Although, one week in December did breach the lower limit, with the week ending 03 December 2015 having an average of 22 DTOC. **This indicator is RAG rated green.**

BHRUT failed to meet national standards for Referral-to-treatment (RTT)

- 4.6 In December 2013, the Trust identified significant RTT issues following the implementation of its upgrade to a new operating system, including internal system and capacity issues that affected RTT performance. As a consequence the Trust suspended national reporting on RTT performance.
- 4.7 Backlog on all incomplete pathways grew in October 2015. Incomplete pathways are waiting times for patients waiting to start treatment at the end of the month. The admitted backlog rose to 1,498 at the end of the last week of October. Within the constraints of patient choice, the plan is to outsource treatments considering clinical urgency and treating patients in chronological order. The non-admitted backlog rose to 12,392 at the end of October and stood at 12,662 for the week ending 23/11/2015.

- 4.8 The resolution of the RTT data quality issues and the need to reduce the admitted and non-admitted backlogs has been given high priority within the Trust. A recovery plan has been agreed, and it is anticipated that the earliest recovery of the standard will be March 2017. However, there is a substantial volume of patients who have already breached their 18 week wait period. A system director for RTT has been appointed to lead the RTT recovery programme from January 2016.

CQC Inspections

- 4.9 **BHRUT remains in special measures, but improvements continue to be made.** Examples of recent performance improvement highlights at BHRUT now follow. Patient risk assessments are being regularly undertaken on each ward and there is consistent performance above the 80% target. The assessments focus on many areas. These include a Nursing Documentation Audit, Venous Thrombosis Assessment and National Early Warning Score completion.
- 4.10 80% of the Trusts 'must do' actions set by the CQC within the Effective domain have been signed off. In addition, there has been a month-on-month increase in the number of timely discharges. A permanent dietician also joined the Intensive Care Unit (ITU) in December, replacing the temporary role.
- 4.11 Dementia Feeding Buddies have been recruited and trained to provide support to nursing staff on the ward during patient meal times, and also make feeding times more of a social activity for patients. Additionally, a passport for children with learning difficulties has been introduced on Children's wards, giving staff access to the young person's likes, dislikes and interests.
- 4.12 A new system which ensures that all babies delivered at BHRUT hospitals are discharged with their NHS number has been introduced. Furthermore, the refurbishment of the Outpatients' department at King George Hospital has commenced, making the department more comfortable for patients. Weekly Patient Safety Summits have been set up at both hospital sites, which provides a safe and supportive environment where recent serious incidents are investigated quickly.
- 4.13 Following the CQC rating of 'requires improvement', **a range of quality improvement measures continue to be implemented for maternity services at Homerton Hospital.** Daily cleanliness checks have been implemented, and audits are being carried out to ensure staff observations on obstetric patients are consistently converted into a risk score. Alongside this, a Divisional Operational Director has been appointed to oversee the timely investigation of incidents. Maternity Services continue to work closely with local commissioners to ensure that the necessary changes and improvements are made. Overall, the hospital continues to be rated 'good' overall despite the improvements required in maternity services.

5. Mental Health

CAMHS

- 5.1 **The number of children and young people accessing CAMHS tiers 3 and 4 increased** from 490 in Q2 to 526 in Q3. However, this quarter's performance is a

reduction on the Q3 2014/15 figure of 635. **This indicator has not been given a RAG rating** as there is no target associated with this indicator.

- 5.2 CAMHS caseload review has been undertaken to ensure suitable cases are held and have also discharged/signposted inappropriate long term cases. Triage function has been improved and is providing a more robust and effective screen process and this has ensured the delivery of our referral criteria more effectively and we are offering increased levels of signposting and co working within the wider MDT to reduce the complexity of needs. This is delivered via a weekly MDT meeting and the availability of joint assessments for children and advice and guidance to other health staff.
- 5.3 **DTOC remained above the threshold throughout Q3.** This indicator counts the number of occupied bed days lost due to DTOC. Good performance in this indicator would be a DTOC figure of less than 7.5%. In October, DTOC was 12.2%. This figure rose to 15.4% in November, before falling to 12.4% in December. **This indicator is therefore RAG rated red.**
- 5.4 DTOC poses safeguarding and deprivation of liberty safeguards (DoLS) risks to patients who are not moved from inpatient care in a timely manner. The DoLS are part of the Mental Capacity Act 2005, and aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.
- 5.5 The current restriction on placements as agreed with the London Borough of Barking and Dagenham (LBBD) has been altered as of January 2016, to three service users out and two in, with the aim of reducing DTOC to an acceptable level.
- 5.6 To support this, production of a weekly DTOC list, with early identification, has been implemented. Weekly bed management meetings are also taking place. Further discussions on DTOC continue to take place during the Section 75 executive steering group.

Care Programme Approach (CPA)

- 5.7 The proportion of **clients on CPA who have received a review within the last 12 months is exceeding the target.** North East London NHS Foundation Trust (NELFT) policy states that CPA reviews must be completed at least every 6 months and be recorded on the Clinical Records Management System (RiO) by the Care-Co-ordinator. The target for 2015/16 is 97%.
- 5.8 At the start of the quarter performance in this indicator was 98.1%. In November this fell slightly to 97.6%, before rising to 98.8% in December. Therefore this service is exceeding targets set in reviewing clients on time. **This indicator is RAG rated green.**
- 5.9 **The number of carers offered carers' assessments is also on target.** This indicator reports the percentage of carers, who have been identified on RiO as caring for a service user on the CPA, that have been offered a Carers' Assessment. Carers' are legally entitled to be offered an assessment of their needs and this enables appropriate resources to be provided. The target for 2015/16 is 80%.

- 5.10 At the start of the quarter, 80.8% of carers had been offered an assessment. Performance in this indicator has remained fairly static since, with 81.0% in November, and was 81.1% in December. This service continues to assess identified carers and signpost them to relevant services where necessary. **This indicator is RAG rated green.**

IAPT

- 5.11 There is no update available on IAPT since the last Health and Wellbeing Board performance report due to a time lag in figures being published.

6. Adult Social Care

DTOC

- 6.1 This is a measure that reflects both the overall number of DTOC, and the number of these delays that are attributable to social care services.
- 6.2 **There was a slight increase in DTOC from hospital**, from 7.4 per 100,000 population in Q2 2015/16 to 7.7 in Q3. This figure is below the England average of 9.7, but exceeds the London average of 6.9.
- 6.3 In contrast, there was a **slight decrease in DTOC due to social care**, which fell from 4.55 per 100,000 in Q2 2015/16 to 4.1 in Q3. This figure brings the borough above both the England and London averages of 2.3 and 3.1 respectively.
- 6.4 Newham General Hospital (NGH) reported 7.74% of the total Social Care delays without following due process. The Joint Assessment and Discharge (JAD) manager met with NGH in August 2015 to agree a sign off process but this was not honoured. There has been a change in management at NGH in relation to sign offs and a meeting with the new manager has been arranged.
- 6.5 10.14% of all DTOC reported this year have been attributed and verified by the JAD as Social Care delays.

Health Checks for people with Learning Disabilities

- 6.6 Officers in the CCG, CLDT and LA have met to ensure the actions agreed are being implemented. It has been agreed that we will continue to offer support to GPs as they are requested however the initial focus will be on the GPs that have the greatest number of patients with a learning disability registered to the practice. The practice Improvement lead, Lead Nurse and Commissioner will continue to attend the PTI forums in order to support the surgery needs on health check planning and developing health action plans.
- 6.7 The CLDT has requested from each surgery the details of each of their learning disability register. To date 10 surgeries have returned their register. The health facilitation team has begun to validate the learning registers from the first 10 submission. The original number of health checks was 195 with 132 having a health action plan. The current data is now 315 patient with a health check and 217 with a health action plan.

Social Care Admissions

- 6.8 The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services. Performance in this indicator for the year to date, as at the end of Q3, was 625.35 per 100,000 population (123 admissions). At the same point last year, the figure was 614.9 per 100,000. The annual Better Care Fund target for this indicator is 635.93 per 100,000 population, where good performance would not exceed this target. Therefore, it is highly unlikely that this annual target will be met. An action plan is in place to improve performance. **This indicator is RAG rated red.**
- 6.9 The percentage of people receiving care and support in the home via a direct payment decreased from 75.1% in Q2 to 74.3% in Q3. This is a decrease on the same period last year, when the figure was 76.2%. The target for this indicator is a year on year increase in the number of clients receiving direct payments.
- 6.10 This indicator had shown a consistent improvement from 49.1% in March 2012 to 75.0% in July 2015. However, due to the circumstances of a minority of service users, some remain on a managed personal budget. Where appropriate, work is ongoing to move service users onto a direct payment.
- 6.11 **Injuries due to falls in people aged 65 and over improved further in 2014/15.** This is the most recent data available for this indicator. The rate of injuries due to falls in people aged 65 and over fell from 2,027 per 100,000 population in 2013/14 to 1,656 in 2014/15. As a result, the borough's performance is better than the national average of 2,125. **This indicator is RAG rated green.**
- 6.12 Falls prevention is a high priority for LBBB, with two indicators relating to it being used as performance metrics for the Better Care Fund ('Emergency admissions to hospital, all ages' and 'Injuries due to falls in people aged 65 and over'). As such, it has been one of the focuses of the Health and Adult Services Select Committee in 2015/16, as well as being the focus of a number of schemes from providers across the health system.
- 6.13 Some of the schemes being delivered by LBBB that are helping to contribute to the continued decrease in falls include the Handy Person Support Service, Whole Body Therapy, and work by the Occupational Therapy and Sensory Service to reduce environmental hazards. These all feed into the council's wider falls prevention strategy.
- 6.14 In addition, falls prevention has been made a high priority within BHRUT. This has led to the appointment of a consultant Orthogeriatrician with falls responsibilities, and increased provision for falls prevention measures such as non-slip socks, lower beds and falls symbols magnets for patients where appropriate. This has helped result in BHRUT having a rate that is approaching half the national average for falls per 1,000 bed days in 2015/16, continuing similar trends observed in 2014/15.
- 6.15 Work by NELFT in partnership with the London Ambulance Service has also contributed, with their K466 emergency car scheme (which attends emergency calls from patients aged 60 years and over) helping to reduce hospital admissions and to make patients feel more safe.

CQC Inspections

- 6.16 **Appendix B contains an overview of CQC inspection reports** published during Q3 2015/16, including those relating to social care providers in the borough, or those who provide services to our residents. During this period 4 reports were published on local organisations. Of the 4 providers inspected, **1 met the requirement for an overall rating of 'good'; the remaining 3 providers were rated 'requires improvement' and are detailed below.**
- 6.17 **Alexander Court rated 'requires improvement'**. Alexander Court has 1 residential and 4 nursing units and is registered to care for older people with dementia, physical disabilities, recovering from injury or illness and provides both residential and nursing care. There has recently been a change of ownership of the home from Lifestyle Care to Orchard Care Homes Ltd.
- 6.18 The CQC identified several areas of concern during their inspection, including staff training, inadequate infection control processes, record keeping not being robust enough, resident preferences on occasion not being taken into account, and residents not feeling cared for by some members of staff. There have been regular meetings with the management of the home and monitoring visits taking place because of concerns raised to adult social care through social work and quality assurance staff. LBBB currently have 36 clients placed in the home, all of whom have been reviewed and found to be safe and cared for. Orchard Care homes in December, after discussion with LBBB staff and as a result of the CQC rating, decided to suspend placements to the home so that they could address issues, produce a sustainability plan for all concerns to be addressed and monitored by their management, CQC and Quality Assurance.
- 6.19 **Harp House rated 'requires improvement'**. Harp House is an extra care scheme; the building is owned and run by Hanover Trust with the onsite homecare being delivered by Triangle Community Services under contract. Harp House has 37 flats, 31 of which are occupied by LBBB clients receiving homecare in their own homes. There are 3 other schemes in the borough which operate in this way, Colin Pond Court, Darcy House and Fred Tibble Court with on site homecare being provided by Triangle. The 4 schemes are contract monitored on a quarterly basis with unannounced visits by LBBB Quality Assurance staff in between.
- 6.20 During their inspection in October 2015, the CQC found that the service did not meet all the requirements on 2 domains, 'Safe' and 'Well Led'. On the release of the rating in November 2015, Quality Assurance reviewed the serious incident log book and has worked with the provider to ensure that robust reporting practices are adhered to throughout all of the schemes; improvements have already been made. Quality Assurance are also supporting the provider to meet the outstanding requirements of the CQC action plan. The 31 clients have been reviewed and found to be safe and happy living at Harp House. No complaints were made about staff or the standard of care they receive, all clients found Harp House a pleasant and sociable place to live, and many commented on the friendliness of staff and their willingness to assist residents of the home.
- 6.21 **Chosen Services rated 'requires improvement'**. Chosen services is a homecare provider providing services for adults of all ages. This agency operates within the

borough and currently provides homecare services to 2 of our clients. Both clients have been contacted and are satisfied and happy with the service they receive and the carers supplied and have no wish to change provider at present, which we respect as their choice is in keeping with the principles of personalisation. We have recently been through a tender process to achieve a Homecare Provider Framework for homecare agencies which meet all our requirements for operating in the Borough including long term sustainability. Chosen Care did not meet requirements, therefore will not appear on this list. Those clients who receive a personal budget will have access and be encouraged to use the agencies on the Homecare Provider Framework, which have been through a robust process to ensure quality. However, will continue to have choice over who they want to provide their care. As a result, agencies outside of the framework could be used.

7. Children's Care

Immunisation

- 7.1 There is no update available on the uptake of DTaP/IPV and MMR2 vaccinations at five years old since the last Health and Wellbeing Board performance report due to a time lag in figures being published.

Annual Health Checks of Looked After Children (LAC)

- 7.2 **Performance improved in Q3.** The percentage of LAC with an up to date health check increased slightly from 72.0% in Q2 2015/16 to 73.2% in Q3. However, this level of performance is a decrease on performance in Q3 2014/15, when 76.4% of LAC had an up to date health check. In previous years, performance in this indicator has improved significantly towards the end of the year; therefore, if performance follows this trend there is expected to be a large increase in performance in Q4.
- 7.3 LAC Services are awaiting the return of completed health check forms from the LAC nurse. The LAC nurse co-ordinates the responses from the other health professionals who have undertaken the health assessments (health visitors and school nurses). Once these are received they will be logged onto the Integrated Children's System. It is expected that the performance of annual health checks for LAC will improve to around 90% by the end of the year (compared to the national average of 84.3%). **This indicator is RAG rated amber.**
- 7.4 **An action plan is in place to improve performance.** This indicator is being jointly addressed by Children's Services and NELFT and has been discussed at the safeguarding board. In line with the action plan, meetings between Health Commissioners and Providers, including CAMHS, are taking place on a monthly basis to look at improvement strategies and to track performance.
- 7.5 In addition, a performance spreadsheet is being sent on a weekly basis to all social care teams and their managers to highlight individuals with missing paperwork. The timeliness and quality of returned forms is also being tracked, as a delay in the return of some reports following medical completion and quality issues have previously been highlighted.

8. Public Health

Smoking Quitters

- 8.1 **The target for the number of four-week smoking quitters was not met this quarter.** The four-week smoking quitter indicator measures the number of individuals who have successfully quit for four weeks.

Table 1: Number of smoking quitters by provider type

	Q1	Q2	Q3	Total Achieved to date	Annual Target
Referrals	173	214	484	871	TBC
GP	32	23	20	75	2,000
Pharmacy	72	51	60	183	
Tier 3	17	15	45	77	1,000
Total	121	89	125	335	3,000
Target	750	750	750	2,250	

- 8.2 In total, there were 125 quitters across tier 2 and 3 services in Q3, which is 40.4% higher than the number of quitters in Q2 (89 quitters).
- 8.3 There has been an upturn in the number of referrals to the stop smoking service so far this financial year.
- 8.4 In comparison to Q2 figures, the number of GP quits decreased slightly. Whilst there were increases in Pharmacy (17.6% increase) and tier 3 (200% increase) quit figures.
- 8.5 To achieve this year's annual target of 3,000, an average of 750 quitters would be required each quarter. This quarter's figure falls significantly short of this target. As a result, this indicator has been RAG rated red.
- 8.6 Women smoking during pregnancy are being targeted via the babyClear programme. Barking and Dagenham was successful in obtaining 36% co-funding from Public Health England to implement a full baby Clear programme, which offers a standardised approach to identifying pregnant smokers with the ambition of reducing smoking at the time of pregnancy to <10% in Barking and Dagenham by October 2018, and referral to smoking cessation services. In August and September 2015, all midwives at Queens and King George's Hospitals were trained to undertake CO monitor readings and provide smoking cessation advice to pregnant women. Nicotine replacement therapy is also available on all maternity wards. From September to December 2015, 273 women reported that they were smoking at their first maternity booking appointment, with 193 (71%) requesting support to stop smoking.

- 8.7 Public Health continues to implement a project plan to improve smoking cessation performance in the borough. This plan aims to increase uptake in both tier 2 and tier 3 services by implementing proactive measures to identify and support GPs with the highest number of registered smokers and unplanned hospital admissions for chronic obstructive pulmonary disease (COPD), as well as targeted approaches for high-risk groups including young people, pregnant women, routine and manual workers and those with mental health problems.
- 8.8 In line with this plan, all providers in the borough with smoking activity (29 pharmacies and 11 GPs) have been contacted, and over the last 4 months have been visited by Public Health. Action plans to improve performance have been developed and agreed with each individual provider, and areas of underperformance are addressed in subsequent visits. The next few months will focus on engaging providers to sign up to the 2016/17 contract and arranging initial performance meetings for this period.
- 8.9 Leisure services started delivering Tier 3 smoking cessation services from 1 October 2015. Six advisors have been recruited to operate the telephone helpline and coordinate community-based smoking cessation activities. The number of community venues offering face-to-face support to quitters will be increased by March 2016, with the advisors being based in Barking Learning Centre, tenancy support services, mental health and other community venues. This includes delivery of peer-led support groups via the Community Health Champions, local faith/community leaders and voluntary organisations. This should help increase take up of smoking cessation services, particularly amongst groups that are known to have a higher smoking prevalence.
- 8.10 To target smokers accessing services at BHRUT, from July 2015 the Trust has provided a stop smoking advisor who is available to offer up to 21-hours' support per week across both the King George and Queen's hospital sites and make referrals to specialist stop smoking services.
- 8.11 Preventing people from smoking has been identified as a priority by the Health and Wellbeing Board. Local health promotion campaigns will focus on preventing initiation of smoking by young people and vulnerable adults. While schools fund prevention initiatives as part of the PHSE curriculum, Barking and Dagenham will continue to invest in prevention via tobacco control initiatives and towards marketing as well as the other investment across the Council in environmental protection and schools as part of the Healthy Schools bronze award programme. The entry criteria into tier 3 services has also been widened to a lower age limit (from 18 years to 12 years) in order to provide specialist support to young smokers.
- 8.12 The Tobacco Alliance is collaborating to refresh the local smoking strategy (including actions to reduce the import and local distribution of illegal cigarettes) and development of smoke-free policies (in vehicles, homes, work places and public places). A tobacco control coordinator was recruited in January 2016 to oversee the delivery of the local tobacco control strategy action plan.
- 8.13 In addition to the above, the smoking cessation service review is near completion, and future local marketing and communications campaigns are being mapped to align with national campaigns.

NHS Health Check

- 8.14 This indicator is formed of two parts; Part I: The percentage of completed health checks for the eligible population (aged between 40 and 74 and not already diagnosed with a long term condition), and Part II: The uptake of health checks for those invited. This is a mandatory indicator for local authorities.

Table 2: NHS Health Check – Part I: Completed health checks for the eligible population

	Q1	Q2	Q3	Year-to-date	Annual Target
2015/16	2.5%	2.9%	3.1%	8.5%	15%
Target	3.75%	3.75%	3.75%	11.25%	

- 8.15 **The percentage of completed health checks for the eligible population (Part I) improved in Q3**, from 2.9% (1,251 completed health checks) in Q2, to 3.1% in Q3 (1,376 completed health checks). However, this is a reduction on Q3 2014/15 performance, when 4.4% (1,644 completed health checks) of the eligible population received an NHS Health Check.
- 8.16 To meet the national annual target, performance needs to average 3.75% each quarter. This quarter's performance does not meet this target. **The year-to-date percentage of completed health checks for the eligible population is 8.5% against the target of 11.25%**. This will make meeting the annual target challenging. **Performance in this part of the indicator has therefore been RAG rated red.**

Table 3: NHS Health Check – Part II: Uptake of health checks for those invited

	Q1	Q2	Q3	Year-to-date	Annual Target
2015/16	69%	70%	61%	66%	75%
Target	75%	75%	75%	75%	

- 8.17 **The uptake of health checks for those invited (Part II) decreased in Q3**. There was an uptake rate of 61% in Q3. This is a decrease on the Q2 rate of 70%, and is also lower than Q3 2014/15, when uptake was 66%.
- 8.18 To meet the national annual target, the uptake of health checks for those invited needs to maintain an average rate of 75%. This quarter's performance does not meet this target. **Furthermore, the year-to-date uptake of invites is 66% against a target of 75%**. This will make meeting the annual target challenging. **Performance in this part of the indicator has therefore been RAG rated amber.**
- 8.19 **An action plan is in place to facilitate improved performance**. As part of this, LBBD Public Health presented a case for purchase of Point of Care Testing (POCT) machines from Alere Ltd. The implementation of POCT across the 36 participating

GPs began in January 2015 and is ongoing. To date, 16 GP surgeries have taken up the offer of a machine and 3 GP surgeries have declined the offer.

- 8.20 POCT is a minimally invasive method of testing blood lipids, which is expected to improve the uptake of the NHS health check. Other benefits include:
- minimisation of health check turnaround time, with results available within a minute or two of analysis;
 - elimination of time delays as analysis and results are completed within one visit; and
 - greater convenience for both the staff conducting the check and the patient receiving it, as there is no longer a need for multiple visits.
- 8.21 Quarterly updates, with a performance dashboard including achievement to date, will be forwarded to all service providers this quarter and an audit of the completeness of eligible health checks is taking place for quality purposes.
- 8.22 In addition to the above, ongoing contract management and service improvement is taking place with a view to achieving the target in Q4.

Breast Screening

- 8.23 The breast screening indicator is a measure of the percentage of women screened adequately within the previous 3 years on 31st March.
- 8.24 **The percentage of women breast screened fell by 6.9%**, from 71.2% in 2013/14 to 64.3% in 2014/15. This brings performance to below both the national (75.4%) and regional (68.3%) averages. In addition, performance was 5.7% below the NHS Cancer Screening Programmes' minimum standard of 70%. **As a result, this indicator has been RAG rated amber.**
- 8.25 **Nationally, promotional campaigns are being implemented to raise awareness and improve coverage.** Other initiatives to improve cancer screening include the development of projects that will improve awareness of the signs and symptoms of cancer, particularly in those from lower-socioeconomic groups, those who are younger and those from ethnic minorities. This is in line with the National Cancer Equalities Initiative.

Chlamydia Screening

- 8.26 The chlamydia screening indicator is a measure of the number of positive tests from the screening process in young adults aged 16-24 years, compared with the expected numbers of positive tests.
- 8.27 **The number of positive Chlamydia screening results decreased this quarter**, from 130 in 2015/16 Q2 to 125 in Q3. To achieve this year's annual target of 596 positive tests, an average of 149 positives would be required each quarter. This quarter's result falls short of this target by 24. In the year-to-date there have been 374 positives against the target of 441. **As a result, this indicator continues to be RAG rated red.**

- 8.28 **An action plan is being implemented to encourage improvement in performance.** In line with this, the Chlamydia screening programme provider continues to support the 17 pharmacies and 36 general practices which are signed up to the Local Enhanced Services (LES) contract.
- 8.29 Providers have been contacted on a regular basis, and monthly performance figures are being sent to each provider to allow them to keep track of their progress and to encourage greater activity. Since this was introduced, many sites have requested training or increased their screening activity as a result of receiving poor performance figures.
- 8.30 Work has also been carried out to address the number of invalid screens on a case-by-case basis, working directly with practice managers via email and phone. This has led to a reduction in the number of invalid screens over the financial year so far.
- 8.31 8 new pharmacies signed up to join the LES in Q2. Follow-up training sessions were held in January for these new pharmacies. This is expected to lead to greater takeup of testing and a higher number of positives.

Conception rate in under 18 year olds

- 8.32 There is no update is available on under 18 conception rates since the last Health and Wellbeing Board performance report due to a time lag in figures being published.

9. Mandatory implications

Joint Strategic Needs Assessment

- 9.1 The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health and Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health and Wellbeing Board can track progress against the health priorities of the JSNA, the impact of which should be visible in the annual refreshes of the JSNA.

Health and Wellbeing Strategy

- 9.2 The Health and Wellbeing Outcomes Framework, of which this report presents a subset, sets out how the Health and Wellbeing Board intends to address the health and social care priorities for the local population. The indicators chosen are grouped by the 'life course' themes of the Health and Wellbeing Strategy, and reflect core priorities.

Integration

- 9.3 The indicators chosen include those which identify performance of the whole health and social care system, including in particular indicators selected from the Systems Resilience Group's dashboard.

Legal

Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services There are no legal implications for the following reasons:

- 9.4 The report highlights how the various bodies have met specific targets such as the performance indicators: whether they have or have not been met in relation to the indicators for London and England, and how the authority is measuring up against the National average.

Financial

Implications completed by: Roger Hampson Group Manager, Finance

- 9.5 There are no financial implications directly arising from this report.

10. List of Appendices

Appendix A: Performance Dashboard

Appendix B: CQC Inspections Quarter 3 2015/16