

# HEALTH AND WELLBEING BOARD

27 September 2016

<b>Title: Health and Wellbeing Outcomes Framework Performance Report – Q1 (2016/17)</b>	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: ALL</b>	<b>Key Decision: NO</b>
<b>Report Author:</b> Fiona Wright Chris Bush Tudor Williams	<b>Contact Details:</b>
<b>Sponsor:</b> Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham	
<b>Summary:</b> Background The quarter 1 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"><li>1. Introduction</li><li>2. Key Performance Indicators</li><li>3. CQC inspections</li><li>4. Additional performance information and analysis requested by the Health and Wellbeing Board</li><li>5. Additional performance information and analysis from Systems Resilience Group</li><li>6. Mandatory implications</li><li>7. List of Appendices</li></ol>	
<b>Recommendation(s)</b> Members of the Board are recommended to: <ul style="list-style-type: none"><li>• Review the overarching dashboard, and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.</li><li>• Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.</li><li>• 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, the percentage of people receiving care and support in the home via a direct payment, delayed transfers of care and Care Quality Commission inspections.</li></ul>	
<b>Reason(s)</b> 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. Introduction

- 1.1 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. The indicators included within this report show performance of the whole health and social care system, including the Barking and Dagenham Health and Wellbeing Strategy Outcomes Framework, the Systems Resilience Group's Urgent Care Dashboard, information on CQC inspections as well as performance information drawn from the reporting of partners on the Health and Wellbeing Board.

### Structure of the report

- 1.2 The following report outlines the key performance indicators for the Health and Wellbeing performance framework. The indicators are broken down across the life course for Children, Adolescence, Adults, Older people and Across the life course. All indicators are RAG rated and any indicator that is RAG rated as red or has seen a significant change has additional commentary available in Appendix C.

### Changes to reporting for 2016/17

- 1.3 This report has been updated in line with the corporate and portfolio performance reports.

## 2. Key Performance Indicators

- 2.1 The dashboard is based on key performance frameworks: Public Health Outcomes Framework, Adult Social Care Outcomes Framework, Health and Wellbeing Board Outcomes Framework and Better Care Fund
- 2.2 The dashboard matches the Health and Wellbeing Strategy and is structured by stages in the life course and is available at Appendix A. Where performance is rated as red or there has been a significant change in performance further analysis has been provided within the report.

### Children

- 2.3 Key indicators for Children are:

Percentage of Uptake of Diphtheria, Tetanus and Pertussis (DTaP) RAG: **Amber**.

Percentage of Uptake of Measles, Mumps and Rubella (MMR2) Immunisation at 5 years old RAG: **Red**

Prevalence of children in reception year that are obese or overweight RAG: **Red**.

There is currently no new data available for this indicator. New data is expected to be available in November 2016.

Prevalence of children in year 6 that are obese or overweight RAG: **Red**. There is currently no new data available for this indicator. New data is expected to be available in November 2016.

Number of children and young people accessing Tier 3/4 CAMHS services. RAG rating not Applicable

Annual health check Looked After Children RAG: **Red**

The number of children subject to Child Protection Plans RAG: **Green**

- 2.4 Where the indicators are RAG rated red or where there has been a significant shift in performance, further information and analysis is provided in Appendix C.

### **Adolescence**

- 2.5 Key indicators for Adolescence are:

Under 18 conception rate (per 1000) and percentage change against 1998 baseline RAG: **Red**

Care leavers in education, employment or training (NEET) RAG: **Amber**.

- 2.6 Where the indicators are RAG rated red or where there has been a significant shift in performance, further information and analysis is provided in Appendix C.

### **Adults**

- 2.7 Key indicators for Adults are:

Number of four week smoking quitters RAG: **Red**

Cervical Screening RAG: **Amber**. There is currently no new data available for this indicator. New data is expected to be available in November 2016.

Coverage of women aged 25 -64 years RAG: **Amber**. There is currently no new data available for this indicator. New data is expected to be available in November 2016.

Percentage of eligible population that received a health check in last five years RAG: **Red**

- 2.8 Where the indicators are RAG rated red or where there has been a significant shift in performance, further information and analysis is provided in Appendix C.

### **Older Adults**

- 2.9 Key indicators for Older adults are:

Breast Screening - Coverage of women aged 53-70 years RAG: **Amber**. There is currently no new data available for this indicator. New data is expected to be available in November 2016.

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes RAG: **Amber**.

The outcome of short term services: sequel to service RAG: **Amber**.

Injuries due to falls for people aged 65 and over RAG: **Green**. There is currently no new data available for this indicator.

2.10 Where the indicators are RAG rated red or where there has been a significant shift in performance, further information and analysis is provided in Appendix C.

2.11 No indicators with RAG ratings red or significant shifts in performance

### **Across the Lifecourse**

2.12 Key indicators for Across the lifecourse are:

The percentage of people receiving care and support in the home via a direct payment RAG: **Amber**.

Delayed transfers of care from hospital RAG **Amber**.

Emergency readmissions within 30 days of discharge from hospital RAG: **Green**. Data available from the BHRUT board performance papers show that for May 2016 the trust were performing at 6.12% (Year to Date) with 5.59% within the month. BHRUT are performing above the standard which is 14.54%. The BHRUT board performance report indicates that the trust have been consistently operating above the standard over the last year. **Please note that this data is for BHRUT and not Barking and Dagenham alone.**

A&E attendances < 4 hours from arrival to admission, transfer or discharge (type all) RAG: **Red**

Unplanned hospitalisation for chronic ambulatory care sensitive conditions RAG: **Red**. There is currently no new data available for this indicator.

The number of leisure centre visits RAG: **Green**

The number of children and adult referrals to healthy lifestyle programmes RAG **Green**

Number of turned around troubled families RAG: **Red** at the end of Quarter 1 however data from July changes the RAG rating of this indicator to **Green**.

2.13 Where the indicators are RAG rated red or where there has been a significant shift in performance, further information and analysis is provided in Appendix C.

## **3. CQC Inspections**

3.1 Appendix B contains an overview of CQC inspection reports published during Q1 2016/17, including those relating to GP surgeries, social care providers, and all other healthcare providers in the borough, or those who provide services to our residents. Those providers where standards have fallen below expected levels, and either require improvement or have resulted in special measures being put in place, are listed below.

## **BHRUT**

- 3.2 The CQC revisited the Trust in March 2015 and found that there were improvements in responsiveness to patient needs, however at times there were still significant delays in initial clinical assessment.

### **Barking and Dagenham CCG care quality commission action plan**

The care quality commission (CQC) have so far inspected 13\* GP practices in Barking and Dagenham. These inspections have taken place under the new inspection criteria that came in to affect in October 2014. An additional 3 practices were inspected under the old criteria (prior to October 2014) each were rated as 'all standards met'.

- 3.3 Of these nine have been rated as 'good', two as 'requires improvement' and two rated as 'inadequate' and placed in special measures.

Where a practice is rated as requires improvement, or inadequate, the practice is required to develop an improvement plan which is then monitored by the CQC. Where a practice is rated as inadequate the practice will be re-inspected by CQC within six months.

#### **Heathway Medical Centre – in special measures**

- 3.4 Heathway Medical Centre is in a purpose built building, shared with another GP practice, located in a residential area in Dagenham. The registered patient list is 3800. Concerns were raised by the CQC from the inspection on 26 May 2016, published on 1 September 2016. Specifically, concerns around patient safety, service efficiency and leadership. Care and responsiveness also required improvement.

The practice has been placed in special measures and will be inspected again within six months of its original inspection. If sufficient improvements have not been demonstrated by Heathway Medical Centre, then CQC can take enforcement actions that could ultimately lead to the cancellation or variation of the terms of their registration.

The CCG are supporting the practice to put into action a plan to improve all aspects of the service provided to residents. The action plan and report on changes made will be taken to the Primary Care Commissioning Board. Matthew Cole, Director of Public Health, is a member of this board.

#### **Five Elms Medical Practice – in special measures**

- 3.5 Five Elms Medical Practice is a single location practice providing GP primary care services to approximately 4,300 people living in the Dagenham. Concerns were raised by the CQC in the inspection on 5 April 2016, published on 25 August 2016. Specifically, concerns were raised around patient safety, service efficiency, care, responsiveness and leadership.

The practice has been placed in special measures and will be inspected again within six months of its original inspection. If sufficient improvements have not been demonstrated by Five Elms, then CQC can take enforcement actions that could ultimately lead to the cancellation or variation of the terms of their registration.

The CCG are supporting the practice to put into action a plan to improve all aspects of the service provided to residents. The action plan and report on changes made will be taken to the Primary Care Commissioning Board. Matthew Cole, Director of Public Health, is a member of this board.

The inspection reports are also presented to the Barking and Dagenham Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons. The committee will then review the report and where applicable take further action; for example issue a contract remedial/breach notice and the practice would be required to put a remedial plan in place.

### **How the CCG is supporting practices to address issues?**

- 3.6 Practices are responsible for making the required improvements and ensuring they meet the CQC requirements. However, the CCG is working with practices to support them to deliver the high quality care that patients expect.

Across Barking and Dagenham, and our partner CCGs, Havering and Redbridge, we have reviewed the common themes that have come out of recent CQC reports on GP practices.

The common themes identified include:

- Safeguarding
- Chaperones
- Policies
- Pre-employment checks including DBS and references
- Health and safety
- Risk management
- Infection control
- Medicines management
- Mandatory training

To address these areas the CCGs has developed a plan to actively support practices to improve in key areas. This includes providing practices with best practice guidance, and information on training available, along with information on other recommended services and support, such as how to access DBS checks and language services.

The CCG is also in the process of reviewing practice training requirements and will set up some specific training sessions for practice staff and GPs particularly around:

- Managing risk and learning from mistakes
- Health and safety
- CPR
- Equality and diversity
- Informed consent
- Informed decision making
- Whistle blowing
- Fire safety

### **Governance**

The CCG also has Practice Improvement Leads who work with practices around specific pieces of work. Most recently they have been pro-actively supporting practices complete the national diabetes audit and talking to practices about the dementia work programme.

The CCG is also in the process of establishing a Quality Improvement Board with the neighbouring CCGs in North East London – we will advise of further detail about the board in the autumn.

### **National support for practices**

- 3.7 Recently, NHS England has issued guidance about the General Practice Resilience Programme (GPRP) that will operate to deliver the commitment set out in the [General Practice Forward View](#) to invest £40m nationally over the next four years to support struggling practices. The programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, so better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

In 2016/17 there is £2.6m available from this fund in London to be invested in support to help practices become more sustainable and resilient, with further money available per year thereafter until March 2020.

Working with NHS England the CCG is currently undertaking an assessment of practices to define where this support should be focused. The CCG will then need to develop a plan to ensure that practices in the borough are able to appropriately develop in order to be sustainable and resilient.

### **Sahara Parkside Care Home – Requires Improvement**

- 3.8 Sahara Parkside is a 30 bedded residential home located in Barking. The home offers specialist accommodation, care and support for adults with learning disabilities, who may have other conditions, including sensory impairment, a physical disability or other complex needs.

The Care Quality Commission (CQC) inspection report which was published on 5 April 2016 found that four out of five of the areas (Safe, Responsive, Effective and Well-Led) required improvement. It was agreed that improvements were required in consideration of the risks posed to the current service users and a suspension on future admissions was agreed until the required improvements were made.

Between May and the end of June 2016, regular Quality Assurance Audits of the provider were undertaken by LBBDD and an action plan was agreed with them. As a result of sustained and significant improvement in the provision of safe and effective services at Sahara Parkside, the suspension on placements was lifted in July 2016. LBBDD Quality Assurance staff continue to monitor the provider regularly and this will only be reduced when no further concerns are identified going forward.

### **Alexander Court Care Centre – Requires Improvement**

- 3.9 Alexander Court is an 80+ bed nursing home situated in Dagenham. Concerns were raised by CQC during their inspection which was published on 9 June 2016. This inspection rated Alexander Court as being good at caring and being responsive,

inadequate at maintaining a safe environment and a service that requires improvement in the areas of effectiveness and being well led. As a result of these concerns, a joint inspection was carried out by the local authority (Operational Social Care and Commissioning), the Clinical Commissioning Group (CCG) and Environmental Health. This led to the imposition of a formal suspension on placements to the care home.

A detailed action plan was agreed with the care home, who also provided supporting evidence of actions being met, and a further joint review was undertaken by the CCG and the local authority in August 2016. Following this it was determined that there had been sufficient significant improvement to lift the suspension of admissions at the care home.

Alexander Court will remain on a heightened level of inspection by both the CCG and LBBD over the next 6 months and the improvement plan will continued to be worked through, and maintained, by the care home.

### **Cloud House Care Home – Requires Improvement**

- 3.10 The Cloud House CQC inspection report was published on 17 June 2016 and rated the service as Good for the 'Caring' category. However, CQC also rated it as requiring improvement in the areas of Safe (Medication audits in the home were not effective and the process for staff promotions was not clear), Effective (Staff completing their induction had not received sufficient training to ensure they had the skills required to perform their roles), Responsive (The service did not complete formal needs assessments before people moved into the home) and Well-led (the service did not record the lessons learnt from incidents that occurred).

Cloud House are part of the local authority's quality assurance monitoring process and their progress with improvements, as part of the CQC action plan, is being monitored.

## **4. Additional performance information and analysis requested by the Health and Wellbeing Board**

- 4.1 The Health and Wellbeing Board has asked for regular reporting on BHRUT's Referral to Treatment performance. A series of slides providing an update on the position is attached at Appendix E. A letter from Dr Nadeem Moghal, Medical Director at BHRUT and member of the Health and Wellbeing Board, addressing issues raised by the Health and wellbeing board at previous meetings is attached at Appendix F.

## **5. Additional performance information and analysis from Systems Resilience Group**

- 5.1 **Delayed Transfer of Care (DTOC)** – As of July 2016 BHRUT are not achieving less than the local standard of 20 DTOCs with 24 DTOC patients reported. This is a worsening position when comparing against June 2016 performance (20).



## 5.2 Urgent Care Centre (UCC) 4 hour waits

**Queens Hospital** – For July 2016 the UCC at Queens Hospital is not achieving the 99% standard for seeing patients within 4 hours. July 2016 performance is currently at 98.48%. This is a reduction on performance compared to the June 2016 position of 98.98%.

**King George's Hospital (KGH)** – For July 2016 the UCC at King George's Hospital is achieving the 99% standard for seeing patients within 4 hours. July 2016 performance is currently at 99.51%. This is a slight reduction on performance compared to the June 2016 position of 99.85%.

## 6. Mandatory implications

### Joint Strategic Needs Assessment

- 6.1 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

### Joint Health and Wellbeing Strategy

- 6.2 The 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 Strategy, and reflect core priorities.

### Integration

- 6.3 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: Christopher Pickering

- 6.4 There are no legal implications for the following reasons:

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. How the authority is measuring up against the National average.

### Financial

Implications completed by: Katherine Heffernan

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

## **7. List of Appendices**

**Appendix A: Performance Dashboard**

**Appendix B: CQC inspection report for Adult Social Care**

**Appendix C: Performance summary reports**

**Appendix D: Urgent and Emergency Care Programme Dashboard**

**Appendix E: BHRUT RTT Update**

**Appendix F: Letter from Dr Moghal re RTT**