

**APPENDIX A**

**Outcomes Framework Performance Report**  
**HEALTH AND WELLBEING BOARD**

**5 July 2017**

<b>Title:</b>	<b>Health and Wellbeing Outcomes Framework Performance Report – Quarter 4 2016/17 (January to March 2017)</b>	
<b>Report of the Director of Public Health</b>		
<b>Open Report</b>	<b>For Decision:</b> No	
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No	
<b>Report Author:</b> Mark Tyrie, Senior Intelligence and Analysis Officer, Performance and Intelligence Unit, Care and Support, Service Development and Integration	<b>Contact Details:</b> mark.tyrie@lbbd.gov.uk 020 8227 3914	
<b>Sponsor:</b> Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham		
<b>Summary:</b>  To track progress across the wide remit of the Health & Wellbeing Board, the Board has agreed an outcomes framework which prioritises key issues for the improvement of the public's health and their health and social care services. This high-level dashboard is monitored quarterly by the Board, and this report forms the account of performance at the end of quarter 4 (to end March 2017) on the latest data available.		
<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> </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 and 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 key indicators included within this report show performance of the whole health and social care system. Added to selected indicators from the Barking & Dagenham Health and Wellbeing Strategy Outcomes Framework are indicators from the Local A&E Delivery Group's Urgent Care Dashboard, as well as information on CQC inspections where the quality of local service provision is highlighted.
- 1.2 The Health and Wellbeing Board has a strategic responsibility and is accountable for improving outcomes for local people, as outlined in the Health and Wellbeing Strategy. This strategy documents the borough's top health and care priorities, and identifies respective targets and indicators, agreed across all members of the Board. This end-of-year report is, therefore, critical in evaluating our progress in achieving the outcomes identified by the Health and Wellbeing Strategy. This is especially relevant in light of recent discussion between the Chair of the Board and the Barking and Dagenham CCG regarding the performance of primary care in delivering public health commissioned outcomes.

## **2 Structure of the report, and the key performance indicators selected**

- 2.1 The following report outlines the key performance indicators for the Health and Wellbeing performance framework. The indicators are broken down across the life course under the following categories:
- Children;
  - Adolescence;
  - Adults;
  - Older people; and
  - Across the life course.
- 2.2 All indicators are rated red, amber or green (RAG) as a measure of success and risk to end-of-year delivery. Any indicator that is RAG rated as 'red' or that has seen a significant change has additional commentary available in Appendix B. Board members should note, therefore, that this means the covering report is focused on poor performance to highlight what needs improving, and is not to be taken as indicative of overall performance.
- 2.3 The dashboard is a summary of the important areas from the Health & Wellbeing Board Outcomes Framework. The outcomes framework itself is based on selections from the key national performance frameworks: the Public Health Outcomes Framework; Adult Social Care Outcomes Framework; the NHS Outcomes Framework; and Every Child Matters. Priority programmes such as the Better Care Fund have also been represented in the selected indicators.

### **3 Performance Overview**

#### **Children**

- 3.1 The dashboard draws attention to a number of indicators which are performing poorly relative to the targets set where new data is available. These include 'red' RAG ratings for:
- Percentage of Uptake of Measles, Mumps and Rubella (MMR2) immunisation at 5 years old;
  - The number of children subject to Child Protection Plans.
- 3.2 Appendix ii contains further detail on these indicators for Board Members' reference.
- 3.3 It is still not possible to provide a target to 'rate' progress against for the number of children and young people accessing Tier 3/4 CAMHS services. This is due to the lack of national benchmarking information. Performance is currently broadly consistent with previous years.

#### **Adolescence**

- 3.4 There remains a 'red' rating for the under-18 conception rate (per 1,000 population). Additional data is now available for 2015/16 Quarter 3 and can be seen in Appendix ii.
- 3.5 Care leavers 'not in education, employment or training' (NEET) has improved from 'amber' in 2016/17 Q3, to 'green' in 2016/17 Q4 and for the year overall.

#### **Adults**

- 3.6 There remains a concern about both the performance against the number of four-week smoking quitters and the NHS Health Check performance; both are RAG rated red. However, Barking and Dagenham has successfully applied for an adjustment to the denominator used to calculate the Health Check eligible population, which will come into effect in 2017/18; this will lead to improved performance and could move the programme from a 'red' rating.
- 3.7 Appendix ii contains an updated account of actions being taken to address these performance issues.

#### **Older Adults**

- 3.8 The indicators of permanent admissions of older people (aged 65 and over) to residential and nursing care homes, and the level of service provision that follows short term services both remain 'amber'. These continue to be monitored closely for their impact on financial projections in adult social care.
- 3.9 There remains positive performance in injuries due to falls for people aged 65 and over, which is a Better Care Fund measure, although data has not been updated since the last meeting.

### **Across the Life Course**

- 3.10 There are a number of key indicators that apply across the life course, which include positive, or low-risk performance (and therefore a 'green' or 'amber' rating) for:
- Delayed transfers of care from hospital, which remains a significant national concern but one that is well-managed in Barking and Dagenham;
  - The number of leisure centre visits;
  - The number of children and adult referrals to healthy lifestyle programmes;
  - The percentage of people receiving care and support in the home via a direct payment.

## **4 Care Quality Commission (CQC) Inspections**

- 4.1 There were 19 CQC inspections to healthcare organisations in the borough in quarter 4. 12 inspections returned a rating of "Good", 5 received a rating of "Requires Improvement", and two received a rating of "Inadequate".
- 4.2 The two organisations who received a rating of "Inadequate" were Heathway Medical Centre, and Barking Enterprise Centre.
- 4.3 For further information, refer to Appendix iii, which details all the inspections carried out.

## **5 Mandatory implications**

### **Joint Strategic Needs Assessment**

- 5.1 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**

- 5.2 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**

- 5.3 The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the A&E Delivery Board's dashboard.

**Legal**

Implications completed by: Dr. Paul Feild Senior Governance Lawyer

- 5.4 The Health and Wellbeing Board is established under Section 194 of the Health and Social Care Act 2012. The primary duty of the Health and Wellbeing Board is to encourage those who arrange for the provision of health or social care services to work in an integrated manner. This is further extended to include encouraging integrated working with those who arrange for the provision of health-related services (defined as services that may have an effect on the health of individuals but are not health services or social care services).
- 5.5 This 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: Katherine Heffernan, Group Manager - Finance

- 5.6 There are no financial implications arising from this report.

**6 List of Appendices**

- Appendix i: Performance dashboard
- Appendix ii: Performance summary reports
- Appendix iii: CQC reports, 2016/17 Quarter 4