

HEALTH AND WELLBEING BOARD

17 SEPTEMBER 2013

Title:	Health & Wellbeing Outcomes Framework Performance Report - Quarter 1 2013/14		
Report of the Director of Public Health			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: NO	
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Summary: At its meeting of 16 July 2013, the Health & Wellbeing Board agreed the subset of performance measures that would form its regular Board reporting, from within the extensive set of measures agreed in the Outcomes Framework whilst the Board was in shadow form. The Board also agreed a dashboard format, and a format for reporting further detail on those indicators that required escalation, whether due to noteworthy success, failure to meet targets, or because they were deemed to be of particular policy significance. It also contains a summary of reports issued by the Care Quality Commission on Barking & Dagenham providers during the period. This is the first report presented to the Board under that agreed system. It covers the period from 1 April to 30 June 2013.			
Recommendation(s) Members of the Board are recommended to: <ul style="list-style-type: none">• Review the overarching dashboard, and raise any questions to lead officers, lead agencies or the chairs of subgroups as Board members see fit;• Note the further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance;• Note the information provided about Urgent Care and CQC activity in the period.			
Reason(s): The dashboard was chosen to represent the wide remit of the Board, but to remain manageable. It is important, therefore, 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 Outcomes Framework.			

1. Background/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 performance framework is designed to provide this overview, and to provide on-going monitoring of areas of concern.
- 1.2. In July 2013, the Board agreed a process and format for performance reporting, including a selection of indicators from within the more exhaustive Outcomes Framework agreed in 2012. This is the first report under that system.

2. Overview of Performance in Quarter 1

- 2.1. Appendix 1 contains the dashboard that summarises performance against the measures selected by the Board in July 2013.

3. Data availability and timeliness of indicators chosen

- 3.1. Board members will note that there are a significant number of indicators chosen for the dashboard which cannot be reported on until data becomes available after the end of the financial year. In other cases, there is a significant lag in quarterly data availability.
- 3.2. Work will be undertaken in time for the next performance report to find proxy measures wherever possible in order that emerging performance concerns may be responded to more promptly.

4. Areas of concern

- 4.1. Appendix B contains detail sheets for nine areas of concerning performance highlighted this quarter, as below.

Indicator 4: Percentage of children aged 5 receiving their second dose of MMR vaccination

- 4.2. Coverage levels for MMR 2 have been below target for all four quarters in 2012/13. Quarter four was 9.5 percentage points below the 95% target. This indicator has been subject to numerous discussions in recent Health & Wellbeing Boards, following on from national concern about immunisation levels, and opportunities to publicise uptake have been taken.

Indicator 6: Prevalence of obesity in children in Reception Year

Indicator 7: Prevalence of obesity in children in Year 6

- 4.3. Prevalence rates in Reception class are far above national and regional averages, with Barking ranking the fifth highest prevalence rates in the country; at Year 6 prevalence rates rank as fourth highest in England.

- 4.4. Coverage continues to improve. A range of activities are in place to improve physical activity and healthy eating in schools and, through Children's Centres, to address family health before the child reaches school. These are detailed in the Healthy Weight Strategy and the Health & Wellbeing Strategy.

Indicator 13: Annual health checks for looked after children

- 4.5. The percentage of looked after children in care for one year or more with an annual health check has fluctuated over the last year and dropped to 63% as at the end of Q1 2013/14.
- 4.6. However, performance as at the end of August 2013 has improved and risen to 71%. It is predicted that this indicator will increase further to over 80% by the end of Q3 and over 90% by the end of year 2014, based on the range of actions set out in the appendix. This indicator is monitored monthly at Complex Needs and Social Care senior management teams and escalated to LAC nurses who sit in the Council's LAC team.

Indicator 15: Number of positive Chlamydia screening tests

- 4.7. Barking and Dagenham has only met the monthly target for positive tests on one month in 2012/13 which was May 2012. There has been a drop-off in positive tests since August 2012, with monthly numbers being below 50 every month since.
- 4.8. Barking, Havering & Redbridge University Hospitals NHS Trust are committed to providing qualitative data that will help in the analysis of this issue. This information is expected within the next 2 months, and will inform a targeted marketing campaign to raise the profile of the sexual health services at BHRUT.

Indicator 19: Percentage of women who are smoking at time of delivery

- 4.9. Barking & Dagenham is, and has been historically, performing far worse than both the London and England averages. Rates for the last two quarters have risen sharply from 12.1% to 15.0%.

Indicator 20: Percentage of eligible population that received a health check in last five years

- 4.10. The percentage receiving health checks is below target. Quarter one is down on both the last quarter (2012/13 Q4) and the quarter for the same time period last year (2012/13 Q1). For the whole year of 2012/13, Barking & Dagenham achieved 10.0% of those eligible receiving health checks. This is below the target of 15%.
- 4.11. Public Health have initiated discussions with the Behavioural Change Team who are working with Public Health England to look at ways of improving uptake across the borough and will be looking to pilot ideas with a few practices over the next few months. Monitoring under-performing practices will continue during 2013/14, this proved successful last year with a number of practices, improving their uptake between 10-20%. Work on improving the quality of the data uploaded by practices

onto Health Analytics has continued in Q1 of 2013/14 with several visits to practices undertaken.

Indicator 27: Percentage households in temporary accommodation

- 4.12. Expressed as a percentage of all households, Barking & Dagenham has a far higher rate than the national average. On the face of these figures, prevalence has increased slightly over the course of the year too.
- 4.13. However, the crude measure of temporary accommodation is not as important as the mix of different types, or the durations of temporary accommodation stays. This indicator is likely to need revision for future performance reporting, with absolute numbers being a more realistic guide than percentages and, in particular, the need to take account of the use of bed and breakfast accommodation as part of the overall mix. The headline figure does not provide the true picture of reductions in the use of B&B or of those who have spent longer than six weeks in temporary accommodation, both of which figures have shown marked improvement over the past year. The impact of welfare reform is yet to be felt, and it should be noted that positive performance will become more difficult to sustain.

Indicator 31: Emergency readmissions within 30 days of discharge from hospital

- 4.14. Barking & Dagenham has a higher percentage than both national and regional averages. The rate has also shown an increasing trend since 2006/07.
- 4.15. The Urgent Care Board leads the partnership between health and social care services, putting in place a substantial programme of work in place which aims to improve the performance of hospital discharge, and further interventions are subject of separate reports to the Health & Wellbeing Board.

Indicator 32: Rate of premature mortality under the age of 75 from all causes

- 4.16. Barking & Dagenham has consistently been above the regional and national rates over the last 17 years. The rate for Barking & Dagenham does show a downward trend though, with rates falling by 28.2 per 100,000 in the last four years.
- 4.17. Activities to address this indicator are the basis of the Health & Wellbeing Strategy overall. More detailed analysis of the specific diseases that contribute to premature mortality in this borough is contained in the Joint Strategic Needs Assessment.

5. Areas of good performance to highlight

- 5.1. Appendix C contains detail sheets for two areas of good performance that are highlighted in this quarter's report.

Indicator 38: Delayed Transfers of Care that are the fault of the local authority, or jointly with NHS providers

- 5.2. This indicator is showing strong performance, following consistent decreases over the past year. Currently the rate is 0.75 per 100,000 population, a reduction from a level in excess of 9.0 in 2011/12 and 6.0 for the same period in 2012/13. As Board members will be aware, this is an important measure of the effectiveness of joint working on discharge from hospital.

Indicator 22: The percentage of people receiving direct payments for care and support in the home

- 5.3. This is showing steady increases, at 59.2% compared to 40.1% in the same quarter of last year. It is an important measure of independence, choice and control in the provision of adult social care.

6. Performance reporting from the Urgent Care Board

- 6.1. Since agreeing the performance framework, the Urgent Care Board (which operates across Barking & Dagenham, Havering and Redbridge to improve urgent care services) has begun to receive reports which contain performance information on this crucial part of the local health economy. The overview of A&E attendances is provided as an example of the sort of reports received, and further dashboards are produced on admissions, ambulance calls, waiting time and breach analyses. It was felt timely to bring this information to the Health & Wellbeing Board alongside the core performance reporting.
- 6.2. Board members are recommended to consider whether this information might become a regular enhancement to the performance reporting in future. If agreed, the Corporate Director of Adult & Community Services will agree with the Accountable Officer for the Clinical Commissioning Group a set of information that was appropriate monitoring by the Board.

7. Inspection activity of the Care Quality Commission to Barking & Dagenham registered providers during the period 1 April 2013 - 30 June 2013

- 7.1. Appendix D contains an overview of investigation reports published during the period on providers in the London Borough of Barking & Dagenham, or who provide services to residents in the Borough. This first report is possibly not complete, but nonetheless provides a summary of some of the activity undertaken in the quarter. Now systems are in place for collating the information, quarter 2's report will be comprehensive.
- 7.2. In future reports, it is proposed that the outcome of the inspections be drawn from within the reports. Given that reporting is at the end of the quarter, those providers who have failed to meet the standard at the point of the inspection will have had opportunity to rectify these shortcomings, and if appropriate this will be noted on the performance report. Board members' views on this reporting and its usefulness are requested.

8. Mandatory Implications

8.1. Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment provides an overview of the health and care needs of the local population, against which the Health & Wellbeing Board sets its priority actions for the coming years. By ensuring regular performance monitoring, the Health & 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.

8.2. Health and Wellbeing Strategy

The Outcomes Framework, of which this report presents a subset, sets out how the Health & 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.

8.3. Integration

The indicators chosen include some which identify performance of the whole health and social care system, including in particular those indicators selected from the Urgent Care Board's dashboard.

9. List of Appendices:

9.1. Appendix A: Performance Dashboard

9.2. Appendix B: Detailed overviews for indicators highlighted in the report as being in need of improvement

9.3. Appendix C: Detailed overviews for indicators highlighted in the report as performing particularly well

9.4. Appendix D: Example of information from the Urgent Care Board performance report for consideration alongside the Health & Wellbeing Board's own performance monitoring.

9.5. Appendix E: Details of inspection activity undertaken by the Care Quality Commission on Barking & Dagenham registered providers