

HEALTH AND WELLBEING BOARD

9 SEPTEMBER 2014

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 1 (2014/15)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: <p>Performance reporting to the board is developed from the Health and Wellbeing Outcomes Framework, which sets out the indicators by which Health and Wellbeing is assessed in the borough. Originally a summary of these indicators representing the overall aims of the Outcomes Framework was reported quarterly to the board. In July 2014, a new process and format for performance reporting, including a wider selection of indicators from within the more comprehensive Outcomes Framework agreed in 2012, was agreed. The choice of indicators is designed to provide an overview and more detailed monitoring of areas of concern. This report follows the format of the Quarter 4 2013/14 report, which was the first report using the new format.</p> <p>As with the 2013/14 Quarter 4 performance report, unplanned admissions for ambulatory care sensitive is highlighted as an area of poor performance, although new data is not due for release until September. Chlamydia screening, which was highlighted as an area of concern previously has seen an improvement, meeting its monthly target for June. Teenage Conceptions in the borough continue to fall, with the gap between the relatively high Barking and Dagenham rate and the national average narrowing to the closest it has been over the last five years.</p> <p>Childhood immunisations and cancer screening both continue to perform better than regional averages, but provisional childhood obesity figures indicate an increase in those that are overweight or obese. There has also been an increase in the rate of tuberculosis cases in the borough.</p> <p>Updates are provided on the performance of the numbers of four week smoking quitters, delayed transfers of care, injuries due to falls, and breastfeeding.</p> <p>An update is also given to the board on published reports from the Care Quality</p>	

Commission (CQC) inspections in the quarter and also how CQC Social Care Inspection reports will be reported in future when the new system is implemented in October 2014.

Recommendation(s)

Members of the Board are recommended to:

- 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.

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 Health and Wellbeing Outcomes Framework and, when areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1. Background

- 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.
- 1.2. In July 2014, a new process and format for performance reporting, including a selection of indicators from within the more comprehensive Outcomes Framework agreed in 2012, was agreed. The choice of indicators is designed to provide an overview and more detailed monitoring of areas of concern. This report follows the format introduced in the Quarter 4 2013/14 report.
- 1.3. The indicators contained within the report have been rated according to their performance, measured against targets and national and regional averages, with red indicating poor performance, green indicating good performance and amber showing that performance is similar to expected levels.
- 1.4. The performance report for 2013/14 Q4, which is not presented to the board here, has been reviewed by Councillor Worby, and areas of poor performance have been noted. The full report is available upon request.

2. Overview of performance in Quarter 1

- 2.1. **Appendix A** contains a dashboard summary of performance in Q1 2014/15 against the indicators selected for the Board in July 2014.

3. Data availability and timeliness of indicators chosen

- 3.1. As mentioned in previous reports, there continues to be substantial gaps in monitoring information due to indicators being on annual cycles or having significant delays in the data becoming available. Difficulties remain in data flows to Public Health from parts of the NHS; however, issues are close to being resolved, particularly in relation to access to Hospital Episodes Statistics data.

4. Areas of concern

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

4.2. **Indicator 21: Emergency admissions for ambulatory care sensitive conditions**

Although performance has shown signs of improvement over the last two quarters, decreasing from a high of 1,202.1 per 100,000 population in 2013/14 Q1 to 1,108.1 per 100,000 population in Q3, the rate remains far in excess and statistically significantly higher than both national and regional averages, which are both more than 400 admissions per 100,000 population below than Barking and Dagenham's figure.

5. Areas of Improved Performance

- 5.1. **Appendix B** also contains detailed sheets for areas of improved performance highlighted this quarter, as below.

5.2. **Indicator 7: Under 18 conception rate**

The most recent figures for under 18 conceptions, from 2012/13 quarter 4, show that Barking and Dagenham is continuing the decrease seen in the borough since 2010/11. The gap between Barking and Dagenham's relatively high rate and the national and regional averages has also greatly narrowed over the last year and is now the closest it has been over the course of the last five years.

5.3. **Indicator 8: Number of positive Chlamydia screening tests**

Quarter 1 has seen an upturn in the number of positive screenings, with the quarterly figure only five below target. June's count of 54 is the highest single month figure since June 2012 and is the first time a monthly target has been met since May 2012, representing real progress.

Performance had been below target for this indicator over the course of the last financial year but work has been done with the provider (Terrence Higgins Trust) to address the shortfall in performance and also to ensure that Chlamydia testing will be part of the new Integrated Sexual Health procurement. Targets have also been adjusted to a more realistic and attainable figure.

6. Further highlighted areas

6.1. Indicators 1 & 2: Childhood Immunisations

Barking and Dagenham continues to have childhood immunisation coverage that is higher than the London average for both two doses of MMR (81.7%), and DTaP (82.4%) at five years of age. Barking and Dagenham also performs better than neighbouring boroughs, although coverage levels remain below that required to achieve herd immunity.

6.2. Indicators 3 & 4: Childhood Obesity

Provisional figures from the NCMP for 2013/14 show a slight increase in Barking and Dagenham's proportion of both 5 and 11 year olds that are overweight or obese. Local figures cannot be contextualised against London or England figures until these are released in the finalised data set in December 2014.

6.3. Indicator 9: Four week smoking quitters

There were 1,174 four week smoking quitters in Barking and Dagenham in 2013/14, which was below the target set for the provider. The provider of the smoking contract has changed and the data system through which the number of quitters is reported is still in development. As such, numbers for quarter 1 will only include those that have quit through GPs and pharmacies, but will be updated to include those who have quit through the commissioned provider once data systems are fully operational. At present, 169 people are recorded as having quit in quarter one.

The rate of smoking related deaths has reduced from 404.3 per 100,000 population aged 35 and over in 2009/11 to 386.0 per 100,000 in 2010-12, but remains significantly worse than the England average (291.9 per 100,000)¹.

6.4. Indicators 10 & 12: Cancer Screening

The borough has a slightly higher proportion of the eligible population that are adequately screened for both cervical and breast cancer than regional averages, with 74.9% and 68.7% screened, respectively. These figures are, however, below national averages.

6.5. Indicator 15: Injuries due to falls

Although new data is not available for injuries due to falls for 2013/14, a recently released briefing by PHE (Public Health England) London on the Public Health Outcomes Framework² highlighted that injuries due to falls is one of five priority

¹ <http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/0/par/E12000007/are/E09000002>

areas in the region due to the rate being significantly worse than the national average and showing a worsening trend between 2010/11 and 2012/13. This indicator was selected as one of Barking and Dagenham's Better Care Fund indicators and will be a key indicator moving forward.

6.6. Indicators 17 & 18: Delayed transfers of care

In 2014/15 Q1, a total of 500 days were lost due to our residents having delayed transfers of care (DTOC), of which 285 were reported to be the responsibility of the NHS, 55 were reported to be the responsibility of Social Care and the remaining 160 were jointly the responsibility of both.

Rates for both total delayed transfers of care and social care responsible transfers of care are below national and regional averages.

6.7. Breastfeeding

Due to data validation issues since the breastfeeding reporting system was changed in 2013, it is difficult to compare performance to previous years, and caution should be exercised when doing so. In 2013/14, 2,022 infants out of 4,350 (46.5%) recorded maternities were either partially or wholly breastfed at their 6-8 week check. This compares to 1,948 infants out of 3,711 (52.5%) recorded maternities in 2012/13 that were wholly or partially breastfed. Although this appears to indicate a fall in the percentage of mothers that are breastfeeding, the lack of data validation makes it difficult to draw sure conclusions.

6.8. Tuberculosis

The recently published 2014 PHE Health Profiles showed that the rate per 100,000 of people with new cases of TB has worsened from 35.0 in 2012 to 37.3 in 2013. This is significantly worse than the England value of 15.1 per 100,000 population and represents 76 new cases in the borough that were reported to PHE in 2013.

7. Summary of the Local Health Economy

- 7.1. During Quarter 1 2014/15 the local CCGs have continued to function effectively and have settled into the role of Health System Leadership. They are continuing to pursue a transformation agenda for the local health economy but are also successfully holding the local providers to account for their performance. The GP federations are now progressing at pace and will be delivering additional access for local residents from late in the second quarter of 2014/15. This is a significant step forward in the development of primary care.

- 7.2. In secondary care Barking, Havering and Redbridge University Hospitals NHS Trust have appointed Matthew Hopkins as their new permanent CEO and Steve Russell as his Deputy. Other leadership positions have been recruited to and individuals will start in post during Quarter 2 and Quarter 3. Whilst performance has yet to improve, the new team have identified and articulated a clearer diagnosis of the problems and have started to address the root causes. They have developed and approved, with local support, an 'Improvement Plan'. Implementation has already commenced and progress is being made. We are following developments closely and will continue to do so.
- 7.3. North East London NHS Foundation Trust, as the mental health and community services provider, continues to perform well and is financially secure. There is a joint programme in place with the local CCGs to review the detailed performance of these local services.
- 7.4. There are developments occurring nationally which are relevant to the local area. Commissioning of primary care and specialised services is being reviewed with the potential for additional local commissioning by CCGs to be the result. We will update on developments once the likely outcomes become clearer.

8 CQC Inspections in Quarter 1 2014/15

- 8.1 **Appendix C** contains an overview of overview of investigation reports published during the period on providers in the London Borough of Barking and Dagenham, or who provide services to residents in the borough.
- 8.2 During this period 7 reports were published on local organisations. Of these, 4 met all required standards set by CQC. The following list outlines the remaining three organisations with the standards they failed to meet

8.3 Sahara Parkside Limited, Standards 1, 2, 3, 4, 5 not met:

Treating people with respect and involving them in their care. (Consent to care and treatment)

Providing care, treatment and support that meets people's needs (Care and welfare of people who use services)

Caring for people safely and protecting them from harm (Safeguarding people who use services from abuse & Management of medicines)

Staffing (Requirements relating to workers)

Quality and suitability of management (Assessing and monitoring the quality of service provision, Notification of other incidents & Records)

8.4 Havilah Prospects Limited, Standard 5 not met:

Quality and suitability of management (People's personal records, including medical records, should be accurate and kept safe and confidential)

8.5 Laburnum Health Centre, Standards 1, 2 and 5 not met:

Treating people with respect and involving them in their care. (Respecting and involving people who use services)

Providing care, treatment and support that meets people's needs (Care and welfare of people who use services)

Quality and suitability of management (Complaints)

Since the inspection reports were published, Sahara Parkside has been re-inspected and are now meeting the standards expected.

9. Changes to CQC Social Care Inspections

9.1 The CQC are changing the way in which they carry out inspections. They will be carrying out a mixture of both announced and unannounced inspections, aiming to get to the heart of patients' experiences. The new inspection regime comes into force in October 2014 for Adult Social Care, however changes are already in effect for Hospitals and GPs.

9.2 Their aim is to look at the quality and safety of the care provided based on the things that matter to people. They will look at whether the service is;

- Safe.
- Effective.
- Caring.
- Responsive to people's needs.
- Well-led.

9.3 With this approach CQC plan to have a richer and broader understanding of the quality of services provided, they will also comment on new areas around leadership and governance. The teams undertaking the inspections will be led by an experienced CQC manager and be chaired by a senior NHS clinician or executive.

9.4 They will always include professional and clinical staff, experts by experience, patients and carers.

9.5 Whilst undertaking inspections the CQC will gather evidence whether or not the service is meeting the five areas above by;

- Speaking with people who use services, as well as their carers and

advocates.

- Holding focus groups with staff and people who use services.
- Observing care.
- Interviewing key members of the senior management team and staff of all levels.
- Visiting certain services out of hours and unannounced.

9.6 Once the inspections have been undertaken and decisions have been made the CQC will publish reports which clearly set out their judgments and the evidence used to make these. Where there are concerns and it is deemed necessary the CQC will take enforcement action against the service

9.7 Quality summits will be held with the service and local partners and the local Healthwatch which submitted information; these summits will give all parties the opportunity to hear about the findings of the inspection and to focus on the next steps needed for the service to improve. The CQC will publish their data packs and inspection reports on the CQC website the day after the quality summit.

10. Mandatory implications

10.1 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 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.

10.2 Health and Wellbeing Strategy

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.

10.3 Integration

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

10.4 Legal implications

There are no direct legal implications at this stage, but a robust and efficient system must be embedded.

10.5 Financial implications

There are no financial implications directly arising from this report.

11. List of Appendices:

Appendix A: Performance Dashboard

Appendix B: Detailed overviews for indicators highlighted in the report as being in need of improvement and detailed overviews for indicators highlighted in the report as performing particularly well.

Appendix C: Overview of CQC Inspections published in Quarter 1 2014/15 on providers in the London Borough of Barking and Dagenham.