

HEALTH AND WELLBEING BOARD

12 MAY 2015

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 4 (2014/15)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: The Quarter 4 data shows the following improvements: <ul style="list-style-type: none">• A&E attendances have decreased between February and March. This follows the opening of the extended hours services.• Non-elective admissions for January – February were above target, and in the year to-date non-elective admissions were below target indicating that demand is being managed.• In March there was an average of 167 ambulance conveyances per day to BHRUT compared to 179 in February a decrease of 12 per day (6.7%).• Improvements in Chlamydia screening uptake were made in quarter 4 (132), with an increase, compared to the previous two quarters in number of positive screening tests detected. Detection rates were significantly higher than London and England rates.• Numbers of NHS Health Check received by eligible residents has increased and is now above target at 15.3%.• There were significant reductions in the IAPT referral waiting times, with figures for those waiting more than 28 days from contact to treatment, down from 22 in quarter 1, to 5 patients by Quarter 4, a decline also seen in previous quarters. There is not a nationally set target for IAPT waiting times, although it is stipulated that adequate service provision must be provided to ensure access for all who need treatment within 28 days of first contact.• Children and young people accessing CAMHS services was up 16% compared to the previous quarter (635), an increase observed since the beginning of the financial year.• The percentage of children receiving a face-to-face visit from a health visitor within 14 days of birth has improved from 81.5% to 85.1% from 2014/15 Q2 to 2014/15	

Q4. National targets have not yet been set for face-to-face health visits to allow comparisons. However, we would expect this to be a 100% of mothers.

Quarter 4 data shows the following need improvements:

- Immunity of our population is not as good as it could be but better than the London average. Uptake of childhood immunisations for children 5 years old decreased for MMR2 and for DTaP. NHS England and partners have agreed an action plan to improve immunisation uptake.
- Overall teenage conception rates is on a decline, consistent with the trends across London and nationally, although our rates (40.1/1000 female population aged 15-17), based on Q3 2013/14 figures remain higher compared to these areas – 21.5/1000 and 24.4 respectively. The Borough continues to run a comprehensive sexual health education and advice service & to support mothers who chose to give birth under 18 years.
- Since the beginning of the financial year, annual health checks of looked after children have decreased. Compared to the first quarter of the 2014/15 (84.2%), checks were down nearly 10 percentage points by Q3 (74.8%), which is lower than both London (84%) and England's rates (88%). National targets have not yet been set for this indicator.
- Number of four week smoking quitters remains 14% below target; however, this is a national trend. BabyClear has been introduced to support quitting in mothers.
- Published reports from the Care Quality Commission inspections for the quarter are summarised for the information of the Board. Alexander Court Care Centre has six breaches of the Health and Social Care Act 2012 in its most recent inspection.
- The reported number of children seen by a health visitor for their 2-2.5 year review fell from 46.4% in 2014/15 Q2 to 30.3% in Q4. It's been suggested that this is a reporting systems issue; however, it is important that provider have an opportunity to address this issue. National targets have not yet been set for face-to-face health visits to allow comparisons. However, our aspiration would that 100% of children are seen.

Two NHS Trusts that serve our population are currently in special measures, Barking, Havering and Redbridge University Hospitals NHS Trust with a particular focus on Queen's Hospital, and Barts Health NHS Trust. Both Trusts have action plans in place and are being supported to improve the healthcare provided to patients.

Recommendation(s)

Members of the Board are recommended to:

- 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 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 areas where new data is available, specifically the immunisation uptake, teenage conception, Chlamydia screening, smoking quitters, NHS Health Check, delayed transfers of care, A&E attendance, and CQC inspections.

Reason(s)

The indicators within the dashboard were chosen to represent the wide remit of the Board, and 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. 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.

1.2. A number of significant issues the Board may wish to discuss are the performance against target for:

- Immunisations at 5 years (DTaP/IPV and MMR2)
- Under 18 conception rate
- Four week smoking quitters
- Alexander Court Care Centre having six breaches of the Health and Social Care Act
- Improvement in the % of patients seen at A and E within 4 hours
- Support to BHRUT, particularly Queens, and Barts Health NHS Trust that are in special measures
- Reported numbers of children seen by health visitors for their 2 – 2.5 year review

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.

2. Overview of performance in Quarter 4

2.1. **Appendix A** contains a dashboard summary of performance in Quarter 4 2014/15 against the indicators selected for the Board in July 2014.

3. Data availability and timeliness of indicators chosen

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. Barking and Dagenham council now have access to HES data to support the provision of health and social care services.

4. Areas of concern

4.1. Appendix B contains detailed sheets for areas of concerning performance

highlighted this quarter, as below.

4.2. There are a number of areas where Barking and Dagenham are performing poorly in comparison to national and regional figures that have been reported on in previous performance reports; however, as data for these indicators are either annual or not due for release this quarter, a further update is not given. These areas include childhood obesity, and cancer screening.

4.3. Indicators 1 and 2: Immunisation

The immunity of our young population is not as good as it could be but better than the London average. Barking and Dagenham's uptake is higher than London averages for both MMR2 and DTaP/IPV. There has been a decrease in uptake of the DTaP/IPV and MMR2 vaccines. DTaP/IPV vaccine uptake dropped from 83.3% in Q2 to 80.9% in Q3. MMR2 uptake dropped from 82.2% in Q2 to 78.8% in Q3. These figures are all below the population wide target of 95% that would give herd immunity. NHS England and partners have agreed an action plan to improve immunisation uptake. LBB and NHS Barking and Dagenham CCG have been consulted in the development of the plan.

4.4. Indicator 7: Under 18 conception rate

Barking and Dagenham continues to have the highest conception rate in London. The most recent information that is available is for Q3 2013/14 when the average conception rate was 40.10 for every 1000 females aged 15-17; this compares poorly against the London average of 21.48 and the England average of 24.35. Although the borough's conception rates are high, there is a general downward trend for both under 18 conceptions and for abortions to those aged under 18, with both falling by over a third between 2007 and 2013. This shows that while there still remains work to be done in reducing rates for conceptions towards regional averages, positive sexual health messages to appear to be having effect.

There is a national target for under 18 conceptions to fall by 50% in each local authority from 1998. At present, Barking & Dagenham's rate has fallen by 26.6%. Until recently, the borough had been close to achieving this goal but the recent upturn has widened the gap.

The borough has an extensive programme of sexual health education, advice and services available to support under 18's. We also have a complete programme of support for young women who chose to become mothers under 18 years old.

4.5. Indicator 9: Four week smoking quitters

The four week quitter figure measures the number of individuals who have successfully quit for four weeks. There have been 166 quitters to date in this quarter. This is below target.

The quarterly target for quitters is 175 (minimum), and in quarters one, two and three were below target (142, 161 & 134 quitters), to date quarter four has produced

166 quitters. It should be noted that there has been a national downturn in the number of reported quitters. It is thought that this is due to increase in use of e-cigarettes, and the hard-to-reach nature of smokers who have not quit previously, this is yet to proven.

Of the 603 people who did quit, 10 were pregnant, and 141 were in the Routine & Manual category.

With Barking and Dagenham having one of the highest rates of women smoking at the time of delivery, with 10.0% of all deliveries in 2013/14 to women who were smoking, special focus has been given to increasing the number of pregnant women using the smoking cessations service.

The Council has taken three actions to improve the smoking health outcomes for Barking and Dagenham residents.

1. The specialist Stop Smoking service, North 51 have put in place a remedial action plan to increase the number of quit
2. The national stop smoking campaign was enhanced in Barking and Dagenham to give a high profile to the importance of quitting. Planning for future campaigns is also due to start.
3. The BabyClear programme is about to start which should see an increase in the numbers of referrals from pregnant women into the stop smoking service.

There have been difficulties with recruiting to the stop smoking service manager position. The service has therefore recruited the services of a recruitment agency to identify and place the vacant position.

Difficulties in making payments to practices and pharmacies are being resolved and visits made in order to galvanise action and increase the number of quits. North 51 (the stop smoking service) will be setting up a robust payments system in conjunction with the council finance team in order to ensure these problems do not continue to arise.

Areas of improvement

4.6. Indicator 8: Number of positive chlamydia screening tests

The chlamydia indicator is a simple measure of the number of positive tests from the screening process, compared with the expected numbers of positive tests. The trend in positive results in the first two quarters was an improvement compared to the target, this trend reversed in the third quarter. In quarter four, there has been an upturn back towards the target, with each month seeing progressively higher numbers of positives as a result of mitigation measures put in place. Although the number of positives remains below target, Barking and Dagenham has a higher chlamydia detection rate than the national average, and a statistically significantly higher detection rate than neighbours Havering, and Redbridge. At the monthly sexual health contract meeting on 26th March, BHRUT submitted a list of actions to take for the improvements in levels of chlamydia screening and HIV testing uptake for 2015/16. The Council invited BHRUT to complete a performance

improvement action plan. A meeting is also scheduled with Terence Higgins Trust for 28 April 2015 to put in place a remedial action plan that will include increased training for staff at sites with high positivity but low activity, and sites that were not conducting screening.

4.7. Indicator 11: NHS Health Check Received

Quarters 2, 3 and 4 of 2014/15 have seen an upturn in performance, with uptake increased from Quarter 1's level of 2.4% (807) to 4.0% (1,425), 4.5% (1,603) and 4.4% (1,567) respectively, an annual performance of 15.3%. Quarter 4 figures compare very favourably with the equivalent quarters in the previous year and to national and regional averages and puts the borough above the previously set national annual target of 15%.

There does, however, remain to be large inequalities in delivery levels across the borough's GP practices. An action plan has been agreed and visits to poorly performing practices continuing with a quality audit planned. Individual Practice performance data is being communicated to all practices on a monthly basis with recommendations on number of weekly health check events required to reach their individual targets. Point of Care Testing (POCT) pilot is being rolled out with 23 surgeries participating initially. Barking and Dagenham have been included in a national pilot to improve the quality of the health check programme at a local level. Discussions are also taking place with regards to cross referral from GP to Pharmacy.

4.8. Indicator 20: A and E attendances less than 4 hours from arrival to admission transfer or discharge

Q3 saw a downturn in performance with on 80.5% of attendances meeting the target. Q4 has seen that downturn reversed with 88.8% of attendances meeting the target. Performance has improved significantly; however, BHRUT is performing below the national and regional averages for 2014/15 Q4, with 88.8% seen in less than four hours compared to 91.8% in England and 92.6% in London. BHRUT is performing better than Barts Health NHS Trust though, who saw 88.3% within four hours in Q4.

5. CQC (Care Quality Commission) Inspections in Quarter 4 2014/15

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. In March, the Care Quality Commission published 65 reports across England on the quality of care provided by GP practices that have been inspected under its new approach.

Following recent inspections by specialist teams, 58 of the practices were rated as Good, one was rated as Outstanding, four were rated as "requires Improvement and two were rates as Inadequate. A further 36 reports on the quality of care provided by adult social care services across London were published in April. 19 of these care homes and homecare agencies have been rated as Good, 13 have been rated

Requires Improvement and four have been rated Inadequate. One of the care homes was located within Barking and Dagenham, with Hart Lodge being one of those rated as 'good'.

Under CQC's new programme of inspections, all of England's adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.

Hospitals in special measures

5.1. Barking, Havering and Redbridge University Hospitals NHS Trust

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is currently in special measures. The CQC has warned BHRUT that they must make immediate improvement within a set timescale particularly at Queen's Hospital. CQC has issued a formal warning to the trust following an unannounced inspection at which it failed to meet two of the three national standards which were reviewed. Inspectors found that Barking, Havering and Redbridge University Hospitals NHS Trust was failing to meet two standards at Queen's Hospital:

- Care and welfare of people who use services
- Staffing

The Trust is being supported to deliver an action plan for improvement. This action plan is available on the CQC website <http://www.cqc.org.uk/provider/RF4/reports>

5.2. Bart's Health NHS Trust

The NHS Trust Development Authority (NHS TDA) placed Barts Health NHS Trust into special measures on 17th March 2015. This follows the Care Quality Commission's (CQC) publication of its report into the Whipps Cross Hospital site. The report raised a number of serious concerns including:

- Insufficient staffing levels to provide safe care, high use of agency staff and low staff morale
- A persisting culture of bullying and harassment
- Bed occupancy that is too high
- A failure to meet national waiting time targets

Updates on under-performing organisations - rated as either "Inadequate" or "improvements required"

5.3. Liberty Centre – overall inadequate

Following inspection on 31st March 2015, Liberty Centre care home was marked down on both being well led and safe. It was also marked down on as effectiveness, responsiveness and caring. The care home was therefore rated as both "Inadequate" and "improvements required" based on these scores.

Care Management is carrying out reviews on each service user and exploring best interest regarding ongoing attendance at Liberty Day service. This commenced on 7

April.

At the time of publication, Quality Assurance were carrying out a compliance/monitoring visit.

Social care commissioning is to source alternative provision in readiness should the compliance report evidence unacceptable or service reviews indicate an alternative provision is required.

Other authorities with individuals placed with the Provider within the borough have been advised of the CQC alert and other authorities have been informed of the decision undertaken by the London Borough of Barking to carry out a compliance/quality assurance visit and to review our service users. They have been recommended to do the same.

A follow up meeting will take place in 2 weeks after the compliance/quality assurance visit and reviews. The council will make a decision based on the findings.

5.4. Abbeyfield East London Extra Care Society – 2 standards not met

There were sixty staff working in the home, however two thirds had not completed safeguarding training. This suggested that staff were unable to identify the different types of abuse, and therefore appropriate responses to safeguarding concerns. It was also noted that two thirds had not completed the infection control training - staff were unable to identify the different types of infection and respond appropriately to infection control precautions to minimise cross- infection.

Following the CQC concerns about management and infection control, an action plan was put in place, but did not address all issues. A further inspection took place in February 2015. A further quality assurance action plan was put in place to address findings from the inspection in Feb 2015 – as of March 2015; the provider is working to the action plan and completed 75% of actions. Regular monthly monitoring visits have been in place since July 2014.

5.5. Bennetts Castle Care Centre – 1 standard not met

It was observed that medicines were not always stored and safely administered, which raised the issues of safety concerns. However, the service had procedures in place for dealing with safeguarding allegations and staff understood their responsibilities with regard to safeguarding adults.

A quality assurance action plan has been put in place covering standards not met alongside CQC action plan. A quality assurance visit took place in February 2015 with a follow up in April 2015 – the provider is currently working to action plan.

5.6. Fern Care Services – 1 standard not met

The service was not always effective. Annual appraisals were not being performed which suggest that care staff were not being formally appraised for the quality of their work. A quality assurance action plan was put in place in March 2015 alongside the CQC action plan.

A further monitoring visit is planned in May 2015 to review the action plan. Currently one client is placed with Fern Care Services – a telephone spot check was carried out in March on this client and there were no concerns raised regarding the care being given.

5.7. Alexander Court Care Centre – 6 breaches of the Health and Social Care Act

The Provider must send a CQC Report that indicates what actions they are going to take to meet these essential standards (No date provided).

Regulations:

1. Care and Welfare of service users
2. Safeguarding service users from abuse
3. Cleanliness and infection control
4. Meeting nutritional needs
5. Safety and suitability of premises
6. Respecting and involving Service users

Although staff knew how to recognise “How to keep Service Users safe” signs, some staff were unaware of the Provider's whistle blowing policy. People were not protected from the risks of inadequate nutrition and dehydration.

Good interactions between service users and staff were identified; however, it was indicated by some users that they were not treated with consideration, or respect, or involved in decisions relating to their care or if treatments staff were rushed and task focused. People were not always protected against the risks of receiving inappropriate or unsafe care.

Draft CQC findings were given to the provider and LBBB in August 2014. An unannounced quality assurance visit took place in August 2014 and an action plan was put in place based on the CQC pre-published report findings. Regular quality assurance visits (monthly) have taken place and action plans adjusted to incorporate additional concerns raised – the provider is currently working to action plan.

There was a change of manager and further changes in April 2015 with the home now awaiting the appointment of an interim. Monthly quality assurance visits will continue to monitor progress with action plan.

6 Urgent Care Board

Appendix D contains detailed information from the Urgent Care Board Dashboard on initiative including the Barking Havering and Rebridge University Hospitals NHS Trust (BHRUT) Improvement Plan and the operational resilience schemes.

During 2014/15, rather than being measured against the national standard, Barking and Dagenham was being measured against an improvement trajectory; however, as we move into 2015/16, this improvement trajectory is no longer in use and services will once again be measured against the national standard. Through 2014/15 there have been improvements in the resilience of A&E services, particularly in the days after poor performance was seen. Whereas previously it would take a number of days for the whole system to recover, now this is happening within the next day or two days.

6.1. A&E waiting times

The number of delays faced by ambulances when they arrive at A&E has doubled in the last year according to NHS England figures. Meanwhile, new A&E waiting time figures show performance against the four-hour target of 95% has worsened in the New Year. The last three months of 2014 also saw the worst waits figures for a decade.

Q3 saw a downturn in performance with only 80.5% of attendances meeting the target. Q4 has seen that downturn reversed with 88.8% of attendances meeting the target. Performance has improved significantly, however BHRUT is performing below the national average for 2014/15 Quarter 4, with 88.8% seen in less than four hours compared to 91.8% in England.

6.2. A&E Attendances

Activity has decreased against planned BHRUT A&E attendances – Numbers of people attending A&E have decreased between January and February. This is possibly due to the opening of extended hours services.

Less people than expected attended A&E in January, February and March 2015. This is in line with BHR 5 year strategy. Total A&E attendances across the BHR CCG area was 7.7% less than expected - 15,349 patients compared to 16,626 planned for patients. At individual CCGs levels, Barking and Dagenham was down, 9.1% (4,839 actual against 5,326 planned), Havering CCG down 6% (6,378 actual against 6,782 planned), and Redbridge was down 8.5% (4,133 against 4,518 planned).

In the same period Together First Ltd began operating the extended hours services across Barking, Havering and Redbridge (BHR). It is too early to assess if the reduction in attendance is due to seasonal variation or the impact of the Together First services.

BHR CCGs financial year to January 2015 activity vs. plan

In the rolling the year to January total attendances at the BHRUT for BHR CCG patients was 0.8% below plan (162,818 actual vs. 164,115 planned). At individual CCG level, Barking and Dagenham CCG attendances were 2.6% below plan (51,218 actual vs. 52,574 planned).

Increases in use of Urgent Care Centres

Overall the demand at Urgent Care Centre sites were up 3.2% in February compared to the previous month and between January 2015 and February 2015, which was reflected in increased demand at Queens, 28.2% to 29.6% in February compared to 23.7% to 26.5% in January. In contrast, King George Hospital (KGH) rates were slightly down in February, ranging from 33.6% to 34.9% in February, compared to the previous month. As would be expected there was also an increase in ambulance conveyance to Queens Urgent Care Centre increased by 8.5% in the same period, from 201 in February to 228 in March.

6.3. Community Treatment Team – decrease in referrals between February and March but above target

Referrals into the Community Hub decreased by 6.7% (739) in March compared to previous month (792). Referrals to the service have been consistently above the weekly target of 97 – an average of 185 referrals a week was recorded for the month of March. Acute Hub referrals in the same period marginally went up 1.2% to 259 increased from 256 to 259 representing a 1.2% increase. The weekly average in March was 65, which is higher than the target of 33. All weeks were above target

7. Referral to treatment

7.1. Ambulance Conveyances – February to March increase

The total number of ambulance conveyances to BHRUT went up 3.1% in March, 5180 compared to 5024 in February. Please note this is driven in part by the different number of working days in both months. In March there was an average of 167 conveyances per day compared to 179 in February a decrease of 12 per day (6.7%).

Conveyances to Queens Hospital went up 2.6% from February. Conveyances to King Georges increased by 2.8% in same period respectively from February. Ambulance conveyances to the Queens Urgent Care Centre increased by 8.5% in the same period, from 201 in February to 228 in March.

7.2. Ambulance handovers

The proportion of ambulance handovers within 30 minutes deteriorated at Queens from, 90.8% and 91.3% in March compared to 90.3% - 94.6% in February. This pattern was also reflected at KGH. March figures were between 93.1% - 95.5% compared to 95.8% and 99.5% in February.

BHRUT has not reported any 60-minutes ambulance handovers breaches in the last two months since the 43 (unvalidated) reported in January 2015. This reflects the change in dispatch time for 999 call handlers from 1 minute to 3 minutes.

7.3. Delayed Transfer of care (DToC) /Discharges – levels unchanged between February and March

The BHRUT average weekly DToC in March were 8.5 patients, a slight decrease from the previous month (9 patients). The month of March also recorded the lowest weekly DToC figure of 4 patients for the financial year in the week ending 15/03/2015.

A comparison of weekend discharges between December and January shows that:

- i) Average number of Saturday discharges was unchanged - at 114 in both February and March.
- ii) While the average number of Sunday discharges decreased from 93 in February to 80 in March.

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

7.4. BHR CCGs Non-Elective (emergency) Admissions - increase between December and January but below plan

Between December 2014 and January 2015, non-elective admissions at BHRUT for BHR CCGs increased by 56 (1.5%). There were increases of 0.4% for Barking & Dagenham CCG, for a 7.5% increase for Redbridge CCG, and a decrease of 1.5% for Havering CCG, and when comparing the two months.

The rolling number of non-elective admission to January 2015 showed 36,995 non-elective admissions at BHRUT is below the plan of 37,399 by 404 (1.1%) for BHR CCGs. The current financial year monthly rolling average is 3,700 for the period April to January 2015. This is an increase of 18 non-elective admissions (0.5%) per month when compared to the rolling average of 3,682 for the financial year to December 2014.

7.5. NHS 111 Service

The percentage of calls answered within 60 seconds deteriorated between February and March – from a range of 94.2% - 94.8% in February 2015 to between 86.5% and 94.0% in March 86.5% to 94%, compared with 95% target. The trend - red rated 2 of the 4 weeks in March with the other 2 weeks Amber is in slight contrast to that across the London region rated green in one week and three weeks were rated amber in March.

8. Early Years Health Visitors

- 8.1.** The percentage of children who turned thirty days old during the quarter receiving a face-to-face New Birth Visit from a health visitor within 14 days of birth has improved from 81.5% to 85.1% from 2014/15 Q2 to 2014/15 Q4. The corresponding percentage of those who turned 30 days who received a New Birth Visit more than 14 days after birth remained static in the same period at 9.0%. National targets have not yet been set for face-to-face health visits to allow comparisons, However, we would expect this to be a 100% of mothers.
- 8.2.** There was a slight improvement in the percentage of children receiving their 12

month review by the age of 12 months, with 37.1% receiving a review in 2014/15 Q4 compared with 36.2% in Q2. However, there was a fall in those who turned 15 months in the quarter who received a 12 month review by 15 months, from 66.4% to 62.7%. National targets have not yet been set for face-to-face health visits to allow comparisons. Our aspiration would be that 100% of children are seen.

- 8.3.** The number of children seen by a health visitor for their 2-2.5 year review fell from 46.4% in 2014/15 Q2 to 30.3% in Q4. It's been suggested that this is a reporting systems issue; however, it is important that the provider has an opportunity to address this issue. National targets have not yet been set for face-to-face health visits to allow comparisons. However, our aspiration would be that 100% of children are seen.

9. Mental Health

Appendix E shows details of the performance of Mental Health services within Barking and Dagenham, as carried out by NELFT.

9.1. Improving Access to Psychological Therapies (IAPT)

2,111 patients have been referred for psychological therapies in 2014/15. There were significant reductions in the IAPT referral waiting times, with figures for those waiting more than 28 days from contact to treatment down from 22 in quarter 1 to 9, 6 and 5 patients in Quarters 2, 3 and 4 respectively. 772 people in have completed treatment and are moving to recovery. There is not a nationally set target for IAPT waiting times, although it is stipulated that adequate service provision must be provided to ensure access for all who need treatment within 28 days of first contact.

9.2. Child and Adolescent Mental Health Services (CAMHS)

Children and young people accessing CAMHS services was up 16% compared to the previous quarter (635), an increase observed since the beginning of the financial year.

The CAMHS team had DNA rates that were higher than the target of 25% in both Quarters 1 & 2, with 25.3% and 27.2% respectively. January and February 2015 saw greatly improved figures, with just 10.6% DNA over the two months. 100% of staff have completed level one and two safeguarding training. In Quarter 3 all staff also achieved level three training. 100% of inpatients discharged from hospital received follow up within 7 days in the first three quarters.

9.3. Annual Health checks of Looked - After Children

Since the beginning of the financial year, annual health checks of looked after children has decreased. Compared to the first quarter of the 2014/15 (84.2%), checks were down nearly 10% points by Q3 (74.8%), which is lower compared to London (84%) and England rates (88%).

9.4. Care Programme Approach

In Quarter 1, 1 out of 59 detained patients had an Absent Without Leave episode. There have not been any patients with an Absent Without Leave episode in any of the other three quarters.

The proportion of adults on Care Programme Approach in settled accommodation has increased from 75.6% in Q1 to 88.5% in Q4; this is above the England average measure. The proportion of adults on Care Programme Approach in employment has increased from 2.64% in Q1 to 4.9% in Q4. The Richmond Fellowship continues to support access to employment for individuals on Care Programme Approach.

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 2014/15 Quarter 4 on providers in the London Borough of Barking and Dagenham.

Appendix D: Urgent Care Board Performance Dashboard – 20/04/2015

Appendix E: Mental Health Dashboard