

HEALTH AND WELLBEING BOARD

20 October 2015

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 1 (2015/16)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary <p>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 6 sub-headings:</p> <ul style="list-style-type: none">• Primary Care• Secondary Care• Mental Health• Adult Social Care• Children's Services• Public Health	
Recommendation(s) <p>(I) The Health and Wellbeing Board is recommended to:</p> <p>(I) Review the overarching dashboard, and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.</p> <p>(II) 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.</p> <p>(III) Note the areas where new data is available and the implications of this data, specifically the immunisation uptake, children and young people accessing Child and Adolescent Mental Health Services (CAMHS), health checks of looked after children, Chlamydia screening, smoking quitters, NHS Health Check, permanent admissions of older people to residential and nursing care homes, delayed transfers of care, A&E attendance and CQC inspections.</p>	

Reason(s)

The dashboard indicators 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. Performance Summary

Section 1 is a summary. Further information and detail on the actions implemented to improve performance can be found in the main report.

Primary Care

Please see **section 4** for detailed information.

- 1.1. The development of the Primary Care Transformation Strategy is currently underway. This will outline how NHS Barking and Dagenham Clinical Commissioning Group (CCG) intend to address the complex context of primary care delivery in the borough.
- 1.2. The Care Quality Commission inspected Dr P and S Poologanathan's practice, which was rated good.

Secondary Care

Please see **section 5** for detailed information.

- 1.3. A&E performance for patients waiting less than four hours from arrival to admission, transfer or discharge improved between April and June, but remained below the 95% national standard. In contrast, A&E attendances at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) increased between April and June 2015.
- 1.4. NHS Barking and Dagenham CCG non-elective admissions decreased between April and June. However, delayed transfers of care increased during the same period.
- 1.5. The Care Quality Commission (CQC) conducted a re-inspection of BHRUT in March 2015. The outcome recommended that the trust should remain in special measures.
- 1.6. BHRUT has been selected to participate in a new initiative to receive mentorship from the Virginia Mason Institute to help deliver improvements to the services it provides.

Mental Health

Please see **section 6** for detailed information.

- 1.7. The number of children and young people accessing Child and Adolescent Mental Health Services (CAMHS) increased between Q4 2014/15 and Q1 2015/16.
- 1.8. The proportion of adults on Care Programme Approach in employment increased this quarter. However, we are unable to report IAPT performance as we are awaiting validation.

Adult Social Care

Please see **section 7** for detailed information.

- 1.9. The number of permanent admissions to residential and nursing care homes decreased compared to Q1 2014/15. However, if admissions continue at this high rate, we are likely to overshoot the Better Care Fund annual target.
- 1.10. This ASCOF indicator is a snapshot taken on the last Thursday of the month. This indicator feeds into Domain 2 of the ASCOF (Adult Social Care Outcomes Framework). This is a two-part measure that reflects both the overall number of delayed transfers of care (part 1) and the number of these delays which are attributable to social care services (part 2). In Q1 there was an increase in both delayed transfers of care from hospital and delayed transfers of care due to social care. However, this increase in delays is not significant and we are still below the England average and only slightly above the London average. Early indications are that this is likely to level out over the next two quarters.
- 1.11. During the first quarter of 2015/16, six CQC inspection reports were published. Four were rated good, and the remaining two were rated requires improvement and inadequate. The appropriate action has been taken as a result of the inspections. Please see section 7.5 and appendix C for detailed information.

Children's Care

Please see **section 8** for detailed information.

- 1.12. Most recent data for the uptake of childhood immunisations for MMR2 and DTaP/IPV in children aged up to 5 years shows that coverage increased in Q4 2014/15, but performance remains below the national target (MMR2 by nine percentage points, and DTaP by twelve percentage points). An action plan, with NHS England input, has been put in place to improve performance.
- 1.13. The percentage of looked after children with an up to date health check decreased in Q1. However, this level of performance is comparable to Q1 2014/15. A drop in performance, of around ten percentage points, between Q4 and Q1 has been observed for the last two years as performance on LAC health checks fluctuates throughout the year as new children come into care. By the end of the financial year performance usually exceeds 90%, above national and London averages.

Regular meetings to review progress and address any issues have been implemented to improve performance. An action plan is in place to improve performance, monitored at monthly meetings between the Local Authority and Designated LAC Nurse to review progress and address any issues. There has also been a recent change of process, resulting in an improvement in the return of paperwork. Performance on health has also been included in performance dashboards for each team across social care. Performance is on track to exceed 90% at the end of March 2015/16.

Public Health

Please see **section 9** for detailed information.

- 1.14. The number of positive Chlamydia screening results decreased in Q1. In contrast, the annual Chlamydia detection rate increased in 2014. However, this still remains below the national target. A robust payment process and increased offer and uptake in primary care are being implemented to improve performance.
- 1.15. The number of four week smoking quitters in the borough this quarter was less than half of the number reported in Q4 2015/16, and fell short of the quarterly target. An action plan focusing on increasing promotion and activity in acute, primary care and community-based settings is being implemented.
- 1.16. The provisional figure for NHS Health Check uptake shows a decrease in performance in Q1. However, this is comparable with the performance reported in Q1 2014/15, and this trend has been observed in previous years.

Indices of Deprivation

Please see **section 10** for detailed information.

- 1.17. Barking and Dagenham is now ranked as the 12th most deprived borough in England, and the 3rd most deprived borough in London for overall deprivation. Both rankings have worsened since 2010, which means that there has been slower improvement in the borough compared to other boroughs.

2. Background / Introduction

- 2.1. 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.
- 2.2. The indicators chosen include those which show performance of the whole health and social care system, and include selected indicators from the Urgent Care Board's dashboard.
- 2.3. The indicators contained within the report have been rated according to their performance; red indicates poor performance, green indicates good performance and amber shows that performance is similar to expected levels. The indicators are measured against targets, and national and regional averages.

2. Main Report

Overview of Health and Wellbeing performance in Quarter 1

- 2.4. **A dashboard summary of performance in Q1 (April – July 15) against the indicators selected for the Board can be found in Appendix A.** 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.

We have not reported on childhood obesity, under 18 conception rate, cervical screening, breast screening and injuries due to falls in persons aged 65 and over because there is no new data available on these indicators. At the last report Barking and Dagenham was performing below national average on these indicators.

3. Primary Care

Primary Care Transformation Strategy

- 3.1. **Development of the Primary Care Transformation Strategy is currently underway.** This strategy will outline how NHS Barking and Dagenham CCG intend to address the complex and changing context of primary care delivery in the borough, including the increased demand for healthcare services, more people suffering from long term conditions and the emergence of GP federations. The Primary Care Transformation dashboard will be approved by the Primary Care Transformation Board in autumn 2015.

CQC Inspections

- 3.2. **The CQC carried out an inspection of Dr P and S Poologanathan's practice** on 18 March 2015, the outcome of which was published in July 2015. The practice was rated **good** for providing well-led, effective, caring and responsive services. However, the provision of safe services was highlighted as an area requiring further improvement. Further details on the areas that were judged by the CQC to be good, and those areas where improvements must be made can be found in the [full report](#).

4. Secondary Care

Urgent Care

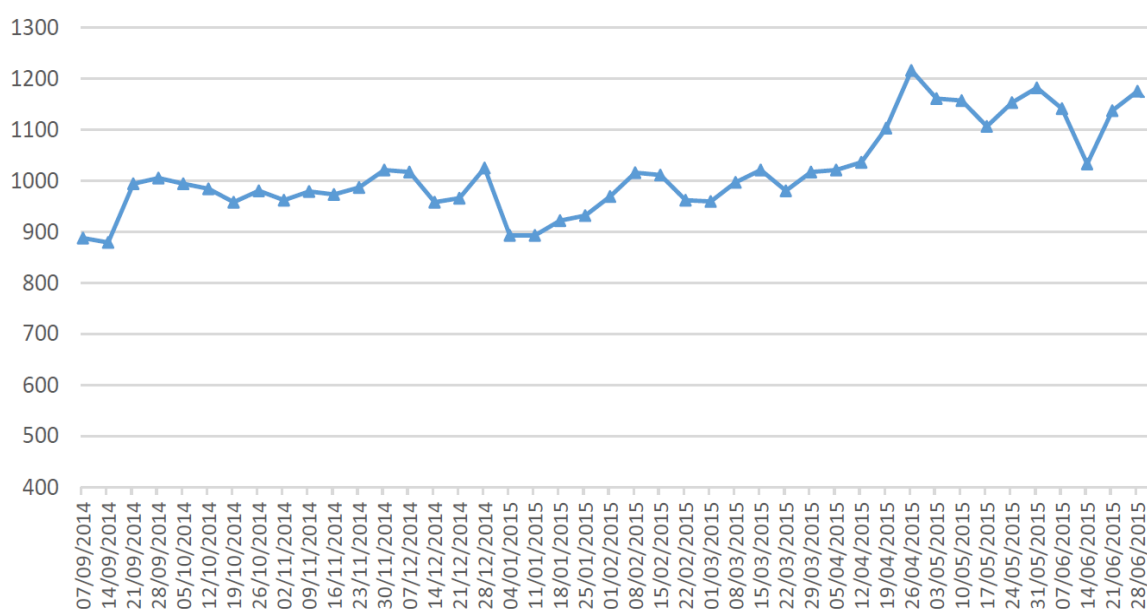
- 4.1. **A&E performance for patients waiting less than four hours from arrival to admission, transfer or discharge improved this quarter.** The Trust's overall performance began the quarter at 93.3% in April, before decreasing slightly to 93.1% in May, then increasing again to 94.6% in June. Therefore, in Q1 performance was below the national standard of 95%. Overall, Queens Hospital

performance increased from 91.2% in April to 93.3% in June, and King George Hospital performance began and ended the quarter on 96.6%.

4.2. **Overall, A&E attendances at BHRUT increased; attendances rose from 21,571 in April to 22,444 in June.**

4.3. **The total Barking and Dagenham, Havering and Redbridge CCGs non-elective admissions at BHRUT decreased by 134 (3.4%) from 3,967 in April to 3,833 in June.** NHS Barking and Dagenham CCG had a decrease of 14 (0.1%) from 1,129 in April to 1,115 in June. In comparison with June 2014, June 2015 non-elective admissions increased by 11.4% (1,001 non-elective admissions in June 2014).

Figure 1: BHRUT Non-Elective Admissions



4.4. **Overall, delayed transfers of care performance deteriorated between April and June, but remained within target.** At the start of the quarter the weekly average was 9.8. This increased to 12.3 in May, before falling again to 10.8 in June. In response to the performance concerns around delayed transfers of care, the Joint Executive Management Group for the Better Care Fund requested a deeper analysis of the causes. Three key areas were identified as affecting performance, and action is being taken to address these:

- Patients awaiting Specialist Rehabilitation placements. NHS England is responsible for this area and they are currently carrying out a review of the pathway to ensure delays are reduced.
- There is currently a freeze on further social care placements for people with mental health problems whilst a budget overspend is contained for this service. Urgent placements are being made by exceptional agreement with the statutory Director of Adult Services.

- The Joint Assessment & Discharge Service reviews all cases which BHRUT propose to report as a delayed transfer to confirm that they meet the requirements for reporting. This was not in place with other hospitals, but it has now been agreed that the JAD will review reporting so that causes can be understood.

CQC Inspections

- 4.5. **Both Trusts that serve Barking and Dagenham are still in special measures.** The population of Barking and Dagenham is mainly served by BHRUT. However, services are also provided by Barts NHS Trust, Whipps Hospital. Both of these NHS Trusts have been placed into special measures and have performance improvement plans in place. As a result, improvements have been made, but further work is required.
- 4.6. **The CQC conducted a re-inspection of BHRUT in March 2015**, the outcome of which was published in July 2015. The CQC report stated that the trust had made significant progress over the past year. However, further improvement in quality and safety was required across multiple services before they could be rated good; the trust received a rating of **requires improvement** for **4 out of 5** of the standards required by CQC, and received a rating of **inadequate** for its **responsiveness**. Therefore, the recommendation was made that the trust should remain in special measures. The trust is now working with its partners to update their improvement plan on how they can continue to develop and improve services for patients.
- 4.7. **BHRUT is one of five NHS Trusts to be selected to participate in a new initiative to receive mentorship from the Virginia Mason Institute in the USA** – a hospital renowned for its healthcare expertise.
- 4.8. **Improvements to maternity services are required at Homerton Hospital.** The CQC inspected the maternity unit at the Homerton Hospital in March and published their report in August. The report found that maternity and gynaecology services required improvement and that services were rated **inadequate** for safety. Further details can be found in the [full report](#). Assurances are being sought from City and Hackney CCG on the immediate steps that have been taken to ensure the safety of services.

5. Mental Health

Child and Adolescent Mental Health Services (CAMHS)

- 5.1. **The number of children and young people accessing CAMHS tiers 3 and 4 increased from 563 in Q4 2014/15 to 585 in Q1 2015/16.** This performance is also an improvement on Q1 2014/15, when 528 children and young people accessed CAMHS. This indicator has not been given a RAG rating as there is no target associated with this indicator.
- 5.2. **100% of inpatients discharged from hospital received follow ups within 7**

days in Q1. Performance in this indicator has remained constant since Q1 of 2014/15, with the exception of Q4 2014/15.

Improving Access to Psychological Therapies (IAPT)

- 5.3. IAPT data is being validated, so we are unable to report on performance this quarter.
- 5.4. **In Q1, 258 people completed treatment and moved towards recovery, which is higher than the Q4 2014/15 figure of 225.** Therefore, performance in this service area has improved.

Care Programme Approach (CPA)

- 5.5. **The proportion of adults on CPA in settled accommodation has decreased slightly from 89.3% in Q4 2014/15 to 88.2% in Q1 2015/16.** Therefore performance in this indicator has slightly decreased.
- 5.6. **The proportion of adults on CPA in employment has increased from 5.0% in Q4 2014/15 to 5.4% in Q1 2015/16, indicating improved performance.** The Richmond Fellowship continues to support access to employment for individuals on CPA.

6. Adult Social Care

Delayed Transfers of Care

- 6.1. This is a measure that reflects both the overall number of delayed transfers of care, and the number of these delays attributable to social care services.
- 6.2. **There was a significant increase in delayed transfers of care from hospital, from 5.4 (per 100,000 population) in Q4 2014/15 to 7.2 in Q1 2015/16.** There was also a significant increase in the delayed transfers of care due to social care, which increased from 2.2 (per 100,000) in Q4 2014/15 to 2.63 in Q1 2015/16. However, this figure continues to be lower than the national average, which for Q1 2015/16 was 4.39.

Social Care Admissions

- 6.3. The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services.
- 6.4. **In Q1 2015/16 there were 40 admissions into residential and nursing care homes, which equates to 183.03 admissions per 100,000 population. This is an improvement on the Q1 2014/15 figure of 240.80 admissions per 100,000 population.** However, the annual target set by the Better Care Fund is 125 admissions (635.93 per 100,000 population), where good performance would not

be higher than this figure. Therefore, if admissions continue at this high rate, we are unlikely to meet the target.

CQC Inspections

- 6.5. **An overview of CQC inspection reports published during the first quarter of 2015/16 on providers in the Borough, or those who provide services to our residents and actions taken as a result of the inspection, can be found in Appendix C.**
- 6.6. **During this period 6 reports were published on local organisations using the new CQC ratings introduced in October 2014.** Of the 6 providers inspected, 4 met the requirement for an overall rating of good. The 2 remaining providers were rated requires improvement and inadequate.
- 6.7. **Cherry Orchard Care Home (CareUK) rated requires improvement.** Cherry Orchard is registered for adults aged 18 years onwards with dementia, mental health conditions and learning disabilities who also have challenging behaviour. Residents are all health funded.
- 6.8. The CQC identified during their inspection several areas of concern including staff training, administration of medication, level of staffing and inefficient Deprivation of Liberty training and processes.

Care UK took the decision to suspend placements to address the concerns raised by the CQC and to comply with the CQC action plan. Please see Appendix C for further information.

- 6.9. **George Brooker House (Abbeyfield East London) rated inadequate.** George Brooker House is registered for people over 65 with dementia and physical disabilities.
- 6.10. During their inspection, the CQC found poor administration of medicine, inadequate staff training and record keeping, lack of effective infection control, ineffective management structure and poor reporting of incidents to CQC.

As a result of the poor rating, risk assessments on residents in the home have been carried out. Residents were found to be safe, well cared for and happy with the service being provided to them. We have increased quality assurance monitoring to support the provider to meet the requirements of the action plan. The Deputy Manager has now taken over all managerial responsibilities and is making the necessary changes to comply with the CQC action plan. Please see Appendix C for further information.

7. Children's Care

Immunisation

- 7.1. **The percentage uptake of Diphtheria, Tetanus and Pertussis and Polio booster immunisation (DTaP/IPV) by the age of 5 remains above the London**

rate of 77.0%, but below the England rate of 88.4%. Performance in this indicator increased by 5.3 percentage points, from 80.9% in Q3 2014/15 to 86.2% in Q4. This is the most recent data for this indicator.

- 7.2. **The percentage uptake of Measles, Mumps and Rubella immunisation (MMR2) by the age of 5 also increased in Q4, from 78.8% in Q3 2014/15 to 83.4% in Q4.** Therefore performance in this indicator is also above the London rate of 80.1%, but below the England rate of 88.6%. **Performance for both immunisation indicators is below the national target of 95%, which has resulted in a red RAG rating.**
- 7.3. **An action plan, with NHS England input, has been put in place to address areas of poor performance.** Actions are also being undertaken to ensure Barking and Dagenham GP practices have access to I.T. support for generating immunisation reports. Furthermore, children who persistently miss immunisation appointments are to be followed up to ensure they are up to date with immunisations. Identifying the best performing practices for immunisation uptake and sharing their best practice will help improve immunisation uptake in poorer performing practices. GP practices are also to be encouraged to remove ghost patients from their register, as a significantly higher than expected number of eligible children was highlighted as a data quality issue for NHS Barking and Dagenham CCG.

Annual Health Checks of Looked After Children (LAC)

- 7.4. **Performance is currently 82% (Q1 2015/16), which is below the London (88.1%) and just below the England (84.3%) average rates.** The percentage of looked after children with an up to date health check decreased from 93% in Q4 2014/15 to 82% in Q1 2015/16. However, this level of performance is comparable with Q1 2014/15, when 84.2% of looked after children had an up to date health check. A drop in performance of around 10% between Q4 and Q1 has been observed in the last two years; prior to this data was reported annually. This indicator has been rated amber. Performance, however, is on track to exceed 90% at the end of March 2015/16.
- 7.5. **An action plan is in place to improve performance.** This includes monthly meetings between the Local Authority and Designated LAC Nurse to review progress and address any issues. There has also been a recent change of process which has resulted in an improvement in the return of paperwork.
- 7.6. **The LAC Nurse attended the Children's Social Care management meeting in July to outline performance requirements and issues to all responsible managers, and will continue to attend this meeting quarterly.** Performance on health has also been included in performance dashboards for each team.

8. Public Health

Four week smoking quitters

The four week quitter figure measures the number of individuals who have successfully quit for four weeks.

Table 1: Barking and Dagenham four week quitters

	April	May	June	TOTAL	Annual Target
GP	6	12	12	30	2,000
Pharmacy	28	20	22	70	
Tier 3	5	5	8	18	1,000
TOTAL	39	37	42	118	3,000

- 8.1. **There were 98 quitters in Q1 2015/16, which is less than half of the number of quitters in Q4 2014/15 (200 quitters).** This figure is also significantly lower than the Q1 2014/15 figure of 142 quitters. To achieve this year's annual target of 3,000, an average of 750 quitters would be required each quarter. This quarter's figure falls significantly short of this target, and as a result this indicator has been rated red.
- 8.2. **Women smoking during pregnancy are being targeted via the babyClear scheme. In Q1 2015/16, there were 3 pregnant quitters, compared to 1 pregnant quitter in Q1 2014/15.** However, the scheme was introduced recently, and it is expected that there will be more pregnant quitters in subsequent quarters, following completion of stop smoking advice training for midwives in Queen's and King Georges Hospital in September 2015.
- 8.3. **Public Health has implemented a project plan to improve smoking cessation performance in the borough by focusing on increasing stop smoking services promotion and activity in acute, primary care and community-based settings.** The project plan intends to improve awareness of stop smoking services and accessibility, targeting priority groups including pregnant women, routine and manual workers and those with chronic obstructive pulmonary disease and mental health diagnoses.
- 8.4. **Care pathways are to be improved to allow better referral and navigation of the stop smoking pathway.** Those wishing to quit smoking will be signposted to a comprehensive range of support including access to healthy lifestyle support, nicotine replacement therapy, or intensive specialist advice as appropriate. Local implementation of national quit smoking campaigns such as Stoptober is underway.

NHS Health Check

- 8.5. This indicator measures the percentage uptake of NHS Health Check among the eligible population of persons aged 40-74 years.
- 8.6. **Provisional figures for this indicator show that the uptake of health checks**

decreased from 4.8% (1,628) in Q4 2014/15 to 2.5% (1,079) in Q1 2015/16.

However, this performance is comparable with Q1 2014/15, when 2.6% of the eligible population had received an NHS Health Check. Performance in this indicator has therefore been rated amber.

- 8.7. **To meet the national annual target of 15%, the uptake of health checks needs to maintain an average of 3.75% each quarter.** This quarter's performance does not meet this target. However, if this year's performance follows the trend observed last year, and performance improves over the remaining quarters, Barking and Dagenham could meet the annual target.
- 8.8. **An action plan is in place to facilitate performance improvement in this indicator.** This includes making improvements to the NHS Health Check invitation letter to increase uptake, developing a local marketing campaign to raise awareness of the benefits of the NHS Health Check, and working with external stakeholders, such as the CCG and the GP Federation and Local Medical Committee. The worst performing practices for NHS Health Check offer and uptake will be identified and targeted.

Number of positive chlamydia screening tests

- 8.9. The chlamydia screening indicator is a measure of the number of positive tests from the screening process in young adults aged 16-24 years, compared with the expected numbers of positive tests.
- 8.10. **The number of positive chlamydia screening results decreased from 132 in Q4 2014/15 to 118 in Q1 2015/16.** This is also lower than the number of positive results reported in Q1 2014/15 (141 positive results). To achieve this year's annual target of 593 positive tests, an average of 149 positives would be required each quarter. This quarter's result falls short of this target by 31. As a result, this indicator has been rated red.
- 8.11. **In 2014, the chlamydia detection rate in Barking and Dagenham was 2,174 per 100,000 population aged 15-24. This is an improvement on the 2013 figure of 2,087, and is higher than the 2014 England average of 2,012.** However, this rate remains below the national target of 2,300. To achieve the national target the positive detection rate would need to increase by 126 per 100,000 population aged 15-24 years.
- 8.12. **To improve performance in this indicator a robust payment process has been implemented,** as payment delays for reported activity impacted on GP activity in 2014/15. The number of GPs and pharmacies providing chlamydia screening will be increased in Q2 to provide wider primary care screening capacity, as well as GUM clinics at BHRUT. In addition, enhanced integrated approaches to delivering chlamydia screening and psychosexual support will be developed, as will a local promotional campaign to support the normalisation of regular chlamydia screening amongst young people.

10. Indices of Deprivation

- 10.1. The English Indices of Deprivation measure relative levels of deprivation across small areas (neighbourhoods) in England. The 7 areas which make up the English Indices of Deprivation are: income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, crime, barriers to housing and services, and living environment deprivation. Figures for 2015 were recently released.
- 10.2. **Barking and Dagenham is now ranked as the 12th most deprived borough in England for overall deprivation; the borough is now ranked as more deprived relative to other boroughs in England.** In 2010, the borough was ranked as the 22nd most deprived borough in England, so there has been a change of 10 positions.
- 10.3. **The borough is now the 3rd most deprived borough in London,** below Tower Hamlets and Hackney. In 2010, the borough was ranked as the 7th most deprived borough in London, so there has been a change of 4 positions.
- 10.4. **It is essential to note that the worsening in rank does not mean that deprivation has worsened in the borough,** but that **there has been a slower relative improvement in Barking and Dagenham compared to some other London and England boroughs** and local authorities.

11. Mandatory implications

11.1. 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.

11.2. 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.

11.3. 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.

11.4. **Legal**

Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

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.

11.5. **Financial**

Implications completed by: Roger Hampson Group Manager, Finance

There are no financial implications directly arising from this report.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices

Appendix A: Performance Dashboard

Appendix B: NELFT Mental Health Services Quarter 1 2015/16 Dashboard

Appendix C: CQC Inspections Quarter 1 2015/16