

HEALTH AND WELLBEING BOARD

26 January 2016

Title: Health and Wellbeing Performance Report – Quarter 2 (2015/16)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Summary: The quarter 2 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 the following sub-headings: <ol style="list-style-type: none">1. Performance Summary2. Background / Introduction3. Primary Care4. Secondary Care5. Mental Health6. Adult Social Care7. Children’s Care8. Public Health	
Recommendation(s) Members of the Board are recommended to: <ul style="list-style-type: none">• 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 detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.• Note the areas where new data is available and the implications of this data; specifically, the immunisation uptake, under 18 conception rate, 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 Care Quality Commission inspections.	
Reason(s) The dashboard indicators were chosen to represent the wide remit of the Board, whilst remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review key areas of Board business and confirm that effective delivery of services and programmes is taking place. Subgroups are undertaking	

further monitoring across the wider range of indicators in the Health and Wellbeing Outcomes Framework. When areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

1. 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 3** for detailed information.

- 1.1. The Barking and Dagenham, Havering and Redbridge (BHR) Accountable Care Partnership proposal has been submitted to NHS England. There is a separate report elsewhere on the agenda.
- 1.2. Four out of six of the general practices inspected by the Care Quality Commission (CQC) in Q2 received a rating of 'good'. The remaining two were Dr MF Haq's Practice, which was rated 'inadequate', and Dr Niranjana's Practice, which was rated 'requires improvement'. Action plans are in place to make the improvements required.

Secondary Care

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

- 1.3. A&E performance deteriorated this quarter, as did delayed transfers of care (DTC). However, improvements continue to be made at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) following its CQC rating of 'requires improvement' earlier this year. In addition, the BHR System Resilience Group (SRG) successfully bid to become a Vanguard site.
- 1.4. The London Ambulance Service (LAS) received a CQC rating of 'inadequate' and has been placed into special measures. The leadership have already taken steps to address the areas of concern highlighted.

Mental Health

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

- 1.5. The number of children and young people accessing Child and Adolescent Mental Health Services (CAMHS) decreased in Q2; however, waiting times for emergency assessment were consistently good throughout the quarter. Improving access to psychological therapies (IAPT) performance did not meet the target during Q1 (most recent data available). To address this, the mental health service provider is working to improve performance.

Adult Social Care

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

- 1.6. There was a slight increase in DTC from hospital in Q2. The number of permanent admissions to residential and nursing care homes also increased this

quarter. An action plan is in place to improve performance.

- 1.7. Of the four providers inspected by the CQC this quarter, three received a 'good' rating; however, Lynwood Social Care Organisation was rated 'inadequate'. A CQC action plan is in place for improvements, and Quality Assurance is closely monitoring and supporting the provider to meet the CQC action plan requirements.

Children's Care

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

- 1.8. The percentage uptake of Measles, Mumps and Rubella booster immunisation (MMR2) and Diphtheria, Tetanus and Pertussis and Polio booster immunisation (DTaP/IPV) was above the London average, but below the national average, and did not meet the target. The NHS England action plan continues to be implemented to improve performance.
- 1.9. The percentage of looked after children with an up to date health check decreased this quarter. A performance improvement action plan has been demonstrated.

Public Health

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

- 1.10. The number of four week quitters in the borough this quarter did not meet the target. Public Health continues to implement a project plan to improve smoking cessation performance in the borough. A service review has also commenced.
- 1.11. Although there was an increase in the number of positive chlamydia screening results in Q2, this fell just short of the quarterly target. There was also an improvement in the Q2 2014 (most recent data available) conception rate for women aged under 18 years. In contrast, there was a decrease in cervical screening coverage in 2014/15 (most recent data available).
- 1.12. Action plans to improve performance in these indicators continue to be implemented.
- 1.13. In 2014, there was a 15% decrease in the rate of new cases of tuberculosis among London residents (most recent data available). Early detection and treatment remains a priority in reducing the rate of new cases in London.

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 Systems Resilience Group'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.
- 2.4. **A dashboard summary of performance in Q2 (July – September 2015) against the indicators selected for the Board can be found in Appendix A.** The most recently available data is presented. For some indicators data is only reviewed annually. For others there are gaps due to time lag or limitations in data availability.
- 2.5. The following indicators have not reported on because there is no new data available. These indicators are:
- Childhood obesity
 - Breast screening
 - Injuries due to falls in persons aged 65 and over
 - Emergency readmissions within 30 days of discharge from hospital, and
 - Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- 2.6. At the last report Barking and Dagenham was performing below national average on all of these indicators, with the exception of injuries due to falls in persons aged 65 and over.

3. Primary Care

Primary Care Transformation

- 3.1. The Primary Care Transformation Board is developing a vision statement which captures the person centred approach primary care will take once transformation is complete, and which the three boroughs will devise collaboratively. A scheme was piloted at Rydal Practice, Redbridge, and this was received positively, such that the pilot has now been extended to include 11 practices from BHR.
- 3.2. **BHR are continuing to deliver on the Strategic Commissioning Framework** by focusing on the ten key objectives set out in the document: primarily by achieving improvement in the health and wellbeing of all people through a stronger, collaborative focus on health promotion, the prevention of ill health and supporting self-care, as well as closing health inequality gaps.
A primary care strategy for each borough is in development. The draft strategies will be presented to local Health and Wellbeing Boards. In addition, a Primary Care Dashboard has been developed so that performance against several key performance indicators can be monitored by the Board.
- 3.3. **The BHR Accountable Care Partnership proposal was submitted to NHS England** to begin the development of a business case which aims to demonstrate whether a partnership could deliver improved care over the next 3-5 years. A process is currently being developed which will include an engagement and communication strategy for Clinical Directors and local GPs.
- 3.4. The recent signing of a London Health and Care Devolution deal means the BHR

Devolution Pilot can proceed. **The business case for the development of an Accountable Care Partnership is to be completed by Summer 2016** and will try to ensure that health and care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill.

CQC Inspections

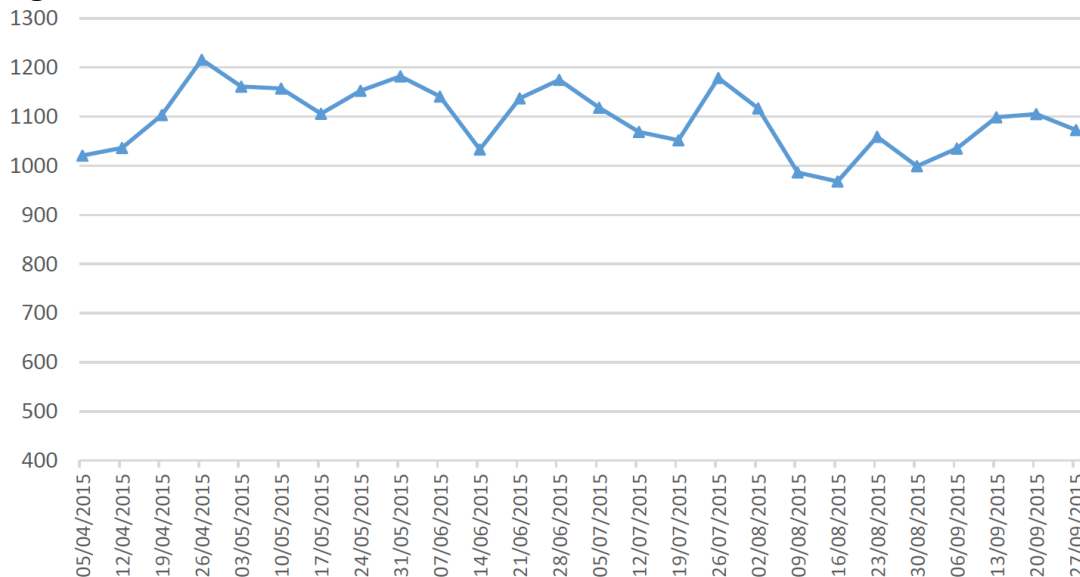
- 3.5. An overview of General Practice CQC inspection reports published during the second quarter of 2015/16 can be found in Appendix B. During this period 6 reports were published on local organisations. Of the **6 GPs inspected, 4 met the requirement for an overall rating of 'good'**. The remaining **2 GPs were rated 'requires improvement' and 'inadequate'**.
- 3.6. **Dr MF Haq's Practice, Abbey Medical Centre, rated 'inadequate'**. During their inspection, the CQC found several areas of concern including the absence of systems and processes to keep patients safe and a lack of clarity surrounding the reporting of incidents. They also found evidence of division and a lack of communication between clinical and non-clinical staff which hindered progress on improving patient outcomes. As a result, the provider has been placed into special measures. An action plan is in place to ensure the practice makes the required improvements. Please see Appendix B for further information.
- 3.7. **Dr Niranjan's Practice rated 'requires improvement'**. During their inspection the CQC found that safety was not a sufficient priority, there was little evidence of learning from events or actions implemented to improve safety and some leadership policies were out of date. The practice must now make improvements in the areas of concern highlighted. Please see Appendix B for further information. An action plan is in place to make the improvements required.

4. Secondary Care

Urgent Care

- 4.1. **A&E performance for patients waiting less than four hours from arrival to admission, transfer or discharge fell below the national standard this quarter.** The Trust's overall performance began the quarter at 95.9% in July, fell to 90.3% in August, and performance continued to fall below the national standard of 95% in September, with no weeks achieving the standard.
- 4.2. **BHR Clinical Commissioning Groups (CCGs) non-elective admissions at BHRUT increased** by 344 (8.8%), from 3,899 in July to 4,243 in September. NHS Barking and Dagenham CCG had an increase of 9 (0.1%) from 1,159 in July to 1,168 in September. In comparison with September 2014, September 2015 non-elective admissions were 9.8% higher (there were 1,064 non-elective admissions in September 2014).

Figure 1: BHRUT Non-Elective Admissions



- 4.3. In order to address this, BHRUT have started to track patients to identify where the demand is coming from, as it is felt the figures for utilisation of GP appointments and A&E attendances are increasing, raising questions around the demand in the system. The Adastra data system will help identify whether the cohort of patients utilising the GP appointments are the same that are attending A&E or are, in fact, a new cohort of patients.
- 4.4. **Overall, DTOC performance deteriorated between July and September, but remained within target.** The lower DTOC threshold target is 20, and the upper threshold limit is 40. At the start of the quarter the weekly average was 12.8. This decreased to 12.3 in August, before increasing to 13.0 in September.
- 4.5. In October 2015, for incomplete pathways (instances where the treatment pathway has not yet finished), NHS Barking and Dagenham CCG (as a commissioner) had 93.8% of referral to treatment (RTT) periods within 18 weeks of referral. This is higher than both the London (92.6%) and national (92.3%) averages. BHRUT, as a provider, did not submit data in October, so it is not possible to report on the percentage of RTT periods that were within 18 weeks of referral.
- 4.6. **The BHR SRG successfully bid to become a Vanguard site.** An Urgent and Emergency Care Programme Board has been established to lead the delivery of the programme. The SRG hosted a visit from the Vanguard team, the purpose of which was for the national care models team to understand the BHR vision and plans to transform urgent care. The final value proposition 2015/16 has been submitted to NHS England and SRG are awaiting the outcome. The next step is to write a value proposition for 2016/17.

CQC Inspections

- 4.7. **BHRUT remains in special measures.** Recent performance improvement highlights at BHRUT include the launch of the Trust's Falls Policy, communication

improvements, and the agreement of a pathway for young adults attending BHRUT Emergency Departments. NHS Barking and Dagenham CCG is working closely with the Trust Development Agency and NHS England, as well as local partners to act as the “system leader” to ensure that performance at BHRUT is recovered and then sustained.

- 4.8. **LAS NHS Trust rated ‘inadequate’ and placed into special measures.** Areas noted in the CQC report were the Trust’s poorly performing response times, a culture of bullying and harassment and insufficient support to allow staff to do their jobs. As a result, the provider has been placed into special measures. The leadership of LAS have already taken action to address the issues raised, and support from external partners including the NHS Trust Development Authority and NHS England will be crucial in achieving the required improvements. Please see Appendix B for further information.
- 4.9. **Improvements are being made to maternity services at Homerton Hospital.** Following the CQC rating of ‘requires improvement’, a range of quality improvement changes have been implemented at Homerton Hospital. Particularly around the review of training, newly appointed consultants and a triage system in the delivery suite. NHS Barking and Dagenham CCG are working closely with colleagues to ensure that they shape and influence the development of the plans to improve the maternity services that our residents may access within their patch.

5. Mental Health

CAMHS

- 5.1. **The number of children and young people accessing CAMHS tiers 3 and 4 decreased** from 585 in Q1 2015/16 to 490 in Q2. This performance is also a reduction on the Q2 2014/15 figure of 546. This indicator has not been given a RAG rating as there is no target associated with this indicator.
- 5.2. **CAMHS waiting times for emergency assessment were consistently good throughout Q2.** In July and August 100% of children and young people requiring emergency assessment were seen by the end of the following working day, and in September there were no emergencies.
- 5.3. **DTOC remained above the threshold throughout Q2** and ended the quarter on 13.1%, indicating poor performance. This indicator counts the number of occupied bed days lost to DTOC. Good performance in this indicator would be a DTOC figure of less than 7.5%. The current restriction on placements as agreed with the London Borough of Barking and Dagenham is preventing the service from placing service users who require discharge from acute care into suitable provision. DTOC have been over the agreed target since June 2015 due to the restriction. This delay poses both safeguarding and deprivation of liberty safeguards (DoLS) risks to patients who are not moved from inpatient care in a timely manner. The DoLS are part of the Mental Capacity Act 2005, and aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

5.4. Production of a weekly DTOC list, with early identification, has been implemented to support the process. Weekly bed management meetings are also taking place. Further discussions on DTOC take place during the Section 75 executive steering group.

Care Programme Approach (CPA)

5.5. **The proportion of adults on CPA in settled accommodation has increased slightly** from 88.2% in Q1 2015/16 to 88.4% in Q2. Therefore performance in this indicator has improved. In contrast, **the proportion of adults on CPA in employment has marginally decreased** from 5.4% in Q1 2015/16 to 4.8% in Q2, indicating a decline in performance.

5.6. At the end of Q2 97.2% of adults and 97.7% of older adults on CPA had received a formal CPA Review within the past 12 months. The target associated with this indicator is 97.0% minimum, so this target was exceeded.

IAPT

5.7. NHS Barking and Dagenham CCG is required to deliver two mental health standards related to IAPT; 15% of adults with relevant disorders will have timely access to IAPT services with a recovery rate of 50%. The CCG did not deliver the access standard in 2014/15 nor in Q1 2015/16, and is one of a small number of CCGs in London that did not achieve the required access target. Q1 2015/16 figures are the most recent data available for this indicator.

5.8. There was a small discrepancy between data reported nationally and provider reported data for Q1 due to a North East London NHS Foundation Trust (NELFT) data submission problem to the Health and Social Care Information Centre (HSCIC), therefore accurate data may not be available until October. Furthermore, NELFT local data predicts that the CCG has not achieved the access standard of 15% of adults having timely access to IAPT services for Q2. The primary cause of under performance has been due to insufficient referrals being received into the service.

Table 1: Performance against IAPT access target Q1 2015/16, Barking and Dagenham and neighbouring boroughs

	HSCIC published figures	NELFT local data	Target
NHS Barking and Dagenham CCG	3.09%	3.44%	3.75%
NHS Havering CCG	2.68%	2.96%	3.75%
NHS Redbridge CCG	2.61%	2.80%	3.75%

5.9. The CCG is implementing a Recovery Action Plan, as agreed at the September Governing Body meeting, to improve performance.

6. Adult Social Care

DTOC

- 6.1. This is a measure that reflects both the overall number of DTOC, and the number of these delays that are attributable to social care services.
- 6.2. **There was a slight increase in DTOC from hospital**, from 7.2 per 100,000 population in Q1 2015/16 to 7.4 in Q2. This figure is below the England average of 9.7, but exceeds the London average of 6.9. There was a significant increase in the DTOC due to social care, which increased from 2.63 per 100,000 in Q1 2015/16 to 4.55 in Q2. This figure brings the borough to above both the England and London averages of 2.3 and 3.1 respectively.
- 6.3. The joint assessment and discharge service (JAD) has met with Barts Health NHS Trust to ensure a formal sign off process is implemented. The JAD have been assured that there is now a new manager in place who will ensure the formal sign off process is implemented. This measure should address DTOC reporting without verification by the JAD. The Social Care delays reported without following due process account for 9% of all DTOCs reported thus far. This issue with Barts Health NHS Trust (in particular Newham General Hospital) is not unique to Barking and Dagenham, as other Local Authorities have expressed the same issue.
- 6.4. The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement or rehabilitation services fell to 67.2% in 2014/15. This is the most recent data for this indicator. This figure is 21.1 percentage points below the Q1 figure of 88.3%, and also brings the Barking and Dagenham figure significantly below the England (82.1%) and London (85.3%) averages. An action plan is in place to improve performance in this indicator.

Social Care Admissions

- 6.5. 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.
- 6.6. In Q2 2015/16 there were 42 admissions into residential and nursing care homes. This is 5 admissions above the Q1 figure of 37. 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. The cumulative figure by the end of Q2 2015/16 is 79 admissions, which equates to 401.91 admissions per 100,000 population. Therefore, if admissions continue at this high rate, it is unlikely that the target will be met. An action plan is in place to improve performance.

CQC Inspections

- 6.7. **Appendix B contains an overview of CQC inspection reports** published during Q2 2015/16, including those relating to social care providers in the Borough, or

those who provide services to our residents. During this period 6 reports were published on local organisations using the new CQC ratings introduced in October 2014. Of the 4 providers inspected, **3 met the requirement for an overall rating of 'good'; the remaining provider was rated 'requires improvement'**.

- 6.8. **Lynwood rated 'requires improvement'**. Lynwood is a supported living accommodation with personal care and support for learning and physically disabled people over the age of 18. They have capacity for 7 residents and are located in Beccles Drive in Barking. There are currently 7 residents which are all supported by Barking and Dagenham.
- 6.9. The CQC found that the service provided required improvements to be made in several areas which accounts for the overall rating of 'requires improvement' (please see appendix B). All 7 residents have been reviewed to ensure that they are safe and looked after. The residents were found to be happy in their environment, had good relationships with their carers and each other. A CQC action plan is in place for improvements and Quality Assurance within the council is closely monitoring and supporting the provider to meet the CQC action plan requirements. Good progress is being made against the action plan.
- 6.10. Separately to the inspection and after it had taken place, a fire broke out at the home in November caused by a firework/flare being fired at the window. This was an indiscriminate event as several of these were fired at houses in the same street and is being investigated by the Police. The fire caused considerable damage and one resident was severely burned and is currently in intensive care. The other 6 residents were found temporary accommodation in 80 Gascoigne, the Council's own learning disability provision, and have now returned to Lynwood.

7. Children's Care

Immunisation

- 7.1. **The percentage uptake of DTaP/IPV by the age of 5 remains above the London average** of 79.8%, but below the England average of 87.9%. Performance in this indicator has decreased by 0.6 percentage points, from 84.4% in Q1 to 83.8% in Q2.
- 7.2. **The percentage uptake of MMR2 by the age of 5 slightly increased in Q2**, from 81.0% in Q1 to 81.2% in Q2. Performance in this indicator is also above the London rate of 80.5%, but below the England rate of 87.9%. **Performance for both immunisation indicators is below the national target of 95%**, which has resulted in a red RAG rating.
- 7.3. **The action plan to address areas of poor performance continues to be implemented.** In line with this action plan, the Director of Public Health and Immunisation Commissioning Manager (NHS England) have visited 8 practices, and have arranged visits to a further 12 practices. In addition, the Immunisation Commissioning Manager has been working with NELFT to develop and implement look forward reports, with a view to implementing this at the start of Q4. Steps are

also being taken to improve the recording of immunisation data.

Annual Health Checks of Looked After Children (LAC)

- 7.4. **Performance decreased in September.** The percentage of LAC with an up to date health check decreased from 82.0% in Q1 2015/16 to 72.0% in Q2. This brings performance below both the London (88.1%) and England (84.3%) averages. However, this level of performance is comparable with Q2 2014/15, when 73.0% of LAC had an up to date health check. In previous years, performance in this indicator has improved significantly towards the end of the year. Therefore, if performance follows this trend there may be an upturn in performance in Q4. This indicator has been rated amber.
- 7.5. **An action plan is in place to improve performance.** In line with the action plan, meetings between Health Commissioners and Providers, including CAMHS, are taking place on a monthly basis to look at improvement strategies and to track performance. The LAC Nurse also delivered a presentation at the Children’s Social Care management meeting to highlight performance issues.
- 7.6. In addition, a performance spreadsheet is being sent on a weekly basis to all social care teams and their managers to highlight individuals with missing paperwork. The timeliness and quality of return forms is also being tracked, as a delay in the return of some reports following medical completion and quality issues have previously been highlighted.

8. Public Health

Four week smoking quitters

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

Table 2: Barking and Dagenham four week quitters

	Q1	Q2	Total	Annual Target
GP	32	20	52	2,000
Pharmacy	70	46	116	
Tier 3	18	14	32	1,000
Total	120	80	200	3,000

- 8.2. **There were 80 quitters in Q2 2015/16, which is 33.3 percentage points lower than the number of quitters in Q1 2015/16 (120 quitters).** This figure is also lower than the Q2 2014/15 figure of 162 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.
- 8.3. Women smoking during pregnancy are being targeted via the babyClear programme. Key performance indicators have been agreed with BHRUT, and activity will begin being reported from October 2015. All maternity staff have now received introductory babyClear training, and Nicotine replacement therapy will be available on all maternity wards. The aim of the programme is to reduce smoking during pregnancy in Barking and Dagenham to less than 10% by October 2018. In 2014/15, 10.2% of women were recorded as smoking at the time of delivery. This is the most recent data for this indicator. The national target is to reduce this rate to 11% or less by the end of 2015.
- 8.4. **Public Health continues to implement a project plan to improve smoking cessation performance in the borough.** This involves proactive measures to identify and support general practices with the highest number of registered smokers and unplanned hospital admissions for chronic obstructive pulmonary disease (COPD). In line with this plan, Public Health has contacted all general practices in the borough with smoking activity and ongoing visits to providers with a stop smoking contract are taking place. This will provide ongoing support and contract management.
- 8.5. QuitManager (the database used to manage stop smoking services) training and telephony support for providers is being set up. Public Health will also be piloting a small call and recall centralised system to assist practices with patient retention and smoking quit rates. To pilot this, a smoking support officer has been recruited to assist with stop smoking service administration. As a result, it is expected that there will be improvements in performance within the next 3 to 6 months.
- 8.6. Furthermore, the Government recently announced that the first e-cigarette device (e-Voke) has been licensed by the Medicines and Healthcare Regulatory Agency for prescription as a smoking cessation aid alongside other existing nicotine replacement therapies. Commercial e-cigarettes have been cited as a major cause for the drop in people accessing specialist stop smoking services.
- 8.7. Both Level 2 and Level 3 smoking cessation services can now prescribe this licensed product to their service users. The introduction of this device should help increase the number of successful 4 week quits, as smokers using e-cigarettes can now be targeted.
- 8.8. A service review of issues and potential future models has commenced.
- NHS Health Check**
- 8.9. This indicator measures the percentage uptake of NHS Health Check among the

eligible population of persons aged 40-74 years. This is a mandatory target for local authorities.

- 8.10. **Performance in this indicator improved in Q2**, from 2.5% (1,104 completed health checks) in Q1 2015/16 to 2.8% (1,228 completed health checks) in Q2 2015/16. However, this is a large reduction on the Q2 2014/15 performance, when 4.2% of the eligible population received an NHS Health Check. Performance in this indicator has therefore been rated red.
- 8.11. 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. **The year-to-date uptake is at 5.3% against the target of 7.5%.** This will make meeting the annual target challenging.
- 8.12. **An action plan is in place to facilitate performance improvement in this indicator.** Ongoing meetings with Lead GPs and Practice Managers are taking place to address the low uptake of Point of Care Testing (POCT). The POCT provider is also making direct contact with Primary Care providers to organise onsite POCT training to improve the uptake of health checks. Furthermore, as there has been no core training in the last few financial years, this is in the process of being arranged. This core training should help increase awareness and uptake of health checks.
- 8.13. Quarterly updates to providers have also been implemented to ensure timely performance reporting is shared.
- 8.14. Improved performance is predicted for Q3 as this service area is being tightly performance managed. Although it is not certain that the target will be achieved next quarter, Public Health remain optimistic.

Number of positive chlamydia screening tests

- 8.15. 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.
- 8.16. **The number of positive chlamydia screening results increased** from 118 in Q1 2015/16 to 130 in Q2. This is slightly lower than the number of positive results reported in Q2 2015/16 (141 positive results). To achieve this year's annual target of 596 positive tests, an average of 149 positives would be required each quarter. This quarter's result falls short of this target by 20, and falls short of the year-to-date result by 50 (248 positives against the target of 298). As a result, this indicator continues to be rated red.
- 8.17. **To encourage performance improvement, continued support has been provided to both pharmacies and general practices** to maximise their screening potential. This has included site visits, refresher training sessions and resource drop offs. Monthly figures are sent to each pharmacy/general practice to allow them to keep track of their progress and encourage greater activity.

8.18. In September 2015, 8 new pharmacies signed up to deliver the chlamydia screening programme. Full training has been provided to 7 of these new pharmacies. They are now awaiting safeguarding training and Disclosure and Barring Service checks before they can provide the service.

Conception rate in under 18 year olds

8.19. Figures for the quarterly conception rate for women aged under 18 years show that **the conception rate has decreased** from 31.0 conceptions per 1,000 women aged 15 to 17 years in Q1, to 20.5 in Q2 2014. This is a decrease of 10.9 conceptions per 1,000 women aged 15 to 17 years. This is the most recent data for this indicator.

8.20. These new figures put Barking and Dagenham in line with the London average (20.4), and below the England average (21.9) conception rate in under 18 year olds for this quarter. The London borough with the highest quarterly conception rate was Southwark with 33.7 conceptions per 1,000 women aged 15 to 17 years, and the lowest was Harrow with 7.5.

8.21. **Considerable work is being undertaken within the borough to reduce the conception rates via commissioned public health services and local partnership working.** This includes expansion of the local C-Card condom distribution scheme for 13-24 year olds to 100% coverage by local community pharmacies, the development of a local teenage pregnancy strategy and improvements are being made to the range and quality of sex and relationships education in secondary schools. **Please note that this is by no means a comprehensive list of actions being taken within the borough**, but has been included to provide an insight to the work being undertaken.

Cervical Screening

8.22. This indicator measures the percentage of eligible women screened adequately within the previous 3.5 or 5.5 years (according to age) on 31st March.

8.23. **In 2014/15 cervical screening coverage in Barking and Dagenham was 70.1%.** This is the most recent data for this indicator. This is higher than the London average of 68.4%, but is below the national average of 73.5%. **There has been a year on year decline in performance in this indicator since 2011/12** (uptake was 75.0% in 2011/12, 74.9% in 2012/13 and 72.4% in 2013/14). A similar trend has been seen across London (uptake was 74.1% in 2011/12, 74.1% in 2012/13, 70.3% in 2013/14 and 68.4% in 2014/15).

8.24. **Nationally, promotional campaigns are being implemented to raise awareness and improve coverage.** Throughout London, sexual health services are being supported to provide cervical screening.

8.25. Other initiatives to improve cancer screening in general include the development of projects that will improve awareness of the signs and symptoms of cancer, particularly in those from lower-socioeconomic groups, men, those who are younger and those from ethnic minorities. This is in line with the National Cancer Equalities Initiative.

- 8.26. **In 2014 there was a 15% decrease in the rate of new cases of tuberculosis** (TB) notified among London residents (2014 rate was 30 per 100,000 population). A total of 2,572 cases were notified. This is the most recent data available. The largest reductions were in the areas of London with the highest incidence. Most of the individuals with TB in 2014 were born abroad (82%) and the age group with the highest rate was adults aged 20-39 years. The sustained decrease in TB numbers and rates is promising, however early detection and treatment remains essential.
- 8.27. To improve TB detection and treatment, an expression of interest to roll out testing of latent TB to the newly registered population via primary care has been submitted to the national TB programme jointly with Redbridge. Should this expression of interest be successful, NHS Barking and Dagenham CCG would receive funding and hold the commissioning responsibility, and Public Health would implement the programme in line with HIV rapid testing. The outcome is expected in Q3.

9. Mandatory implications

9.1. 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.

9.2. 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.

9.3. Integration

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

9.4. 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.

9.5. **Financial**

Implications completed by: Carl Tomlinson Group Finance Manager

There are no financial implications directly arising from this report.

10. List of Appendices

Appendix A: Performance Dashboard

Appendix B: CQC Inspections Quarter 2 2015/16