

HEALTH AND WELLBEING BOARD

14 June 2016

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 4 (2015/16)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
Report Author: Michael Sinclair, Public Health Analyst Sandeep Prashar, Interim Head of Public Health Intelligence Dr Fiona Wright, Consultant in Public Health	Contact Details: Tel: 020 8227 5431 Email: michael.sinclair@lbbd.gov.uk
Sponsor: Matthew Cole, Director of Public Health	
Summary: The quarter 4 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, children and young people accessing tier 3/4 Child and Adolescent Mental Health Services, annual health check of looked after children, chlamydia screening, smoking quitters, breast screening, the percentage of people receiving care and support in the home via a direct payment, delayed transfers of care 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 primary care transformation strategy was submitted to the March Governing Body. The Governing Body reviewed a high-level draft of this strategy and agreed a programme of stakeholder engagement to review and refine the strategy proposals so that the strategy could be finalised.
- 1.2. During this quarter, Becontree Medical Centre was inspected by the Care Quality Commission (CQC), and was rated 'requires improvement'.
- 1.3. During this quarter, Dr R Chibber's Practice was inspected by the CQC, and was rated 'good'.

Secondary Care

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

- 1.4. A&E performance remained below the national threshold this quarter. However, improvements continue to be made at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) following its CQC rating of 'requires improvement' in July 2015.
- 1.5. BHRUT are failing to meet several of the national standards required in the Operating Framework. There are action plans in place to recover the standards for A&E, Referral to Treatment (RTT), cancer and diagnostics.
- 1.6. The number of non-elective admissions at BHRUT decreased in Q4. The Barking and Dagenham CCG had an increase in number of admissions from February to March.

Mental Health

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

- 1.7. The number of children and young people accessing Child and Adolescent Mental Health Services (CAMHS) increased in Q4.
- 1.8. The proportion of clients on Care Programme Approach (CPA) who have received a review within the last 12 months is exceeding the target.
- 1.9. Delayed transfers of care (DTC) remained above threshold throughout the quarter. An action plan is in place to mitigate against further poor performance.

Adult Social Care

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

- 1.10. There was a slight increase in DTC from hospital this quarter. However, there was a decrease in DTC due to social care.
- 1.11. Injuries due to falls in people aged 65 and over improved further in 2014/15 compared to 2013/14.
- 1.12. Of the 4 providers inspected by the CQC this quarter, 1 received a 'good' rating; however, 2 were rated 'requires improvement'. CQC action plans are in place for improvements, and Quality Assurance is closely monitoring and supporting the

providers to meet the CQC action plan requirements.

Children's Care

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

- 1.13. The percentage of looked after children (LAC) with an up-to-date health check increased this quarter. A performance improvement action plan has been demonstrated.

Public Health

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

- 1.14. The number of four week quitters in the borough did not meet the target this quarter. Public Health continues to implement a project plan to improve smoking cessation performance. A service review is now complete and recommendations are under discussion.
- 1.15. There was a decrease in the number of positive chlamydia screening results in Q4, and performance fell short of the quarterly target.
- 1.16. The percentage of the eligible population receiving a NHS Health Check slightly decreased this quarter. Performance continues to be closely monitored.

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 Q4 (January – March 2016) 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 been reported on because there is no new data available.

These indicators are:

- (i) Childhood obesity
- (ii) Cervical screening
- (iii) Proportion of older people still at home 91 days after discharge from hospital
- (iv) Emergency readmissions within 30 days of discharge from hospital, and
- (v) Unplanned hospitalisation for chronic ambulatory care sensitive conditions.

2.6. At the last report Barking and Dagenham was performing below the national average on all of these indicators.

3. Primary Care

Primary Care Transformation

- 3.1. Work on the primary care transformation strategy continues to progress. Substantial further engagement has been undertaken, including facilitated discussions at locality meetings and one-to-one discussions with chairs and clinical leads for primary care. The perspectives and insight gained from this are being used as inputs into the primary care vision, objectives and transformation plans, the workforce development strategy and the development of a financial model.
- 3.2. Feedback was received from NHS England during the primary care stock take meeting, and emerging themes and discussion points were taken away from the Joint Executive Team meeting. Both are taken into consideration in the drafting of a written primary care transformation strategy, which was submitted to the March Governing Body. The Governing Body reviewed a high-level draft of this strategy and agreed a programme of stakeholder engagement to review and refine the strategy proposals so that the strategy could be finalised.

CQC Inspections

- 3.3. An overview of General Practice CQC inspection reports published during the fourth quarter of 2015/16 can be found in Appendix B. During this period 4 reports were published on local organisations.
- 3.4. Goodmayes Medical Centre was rated as 'requires improvement' in a recent CQC inspection in October 2015.

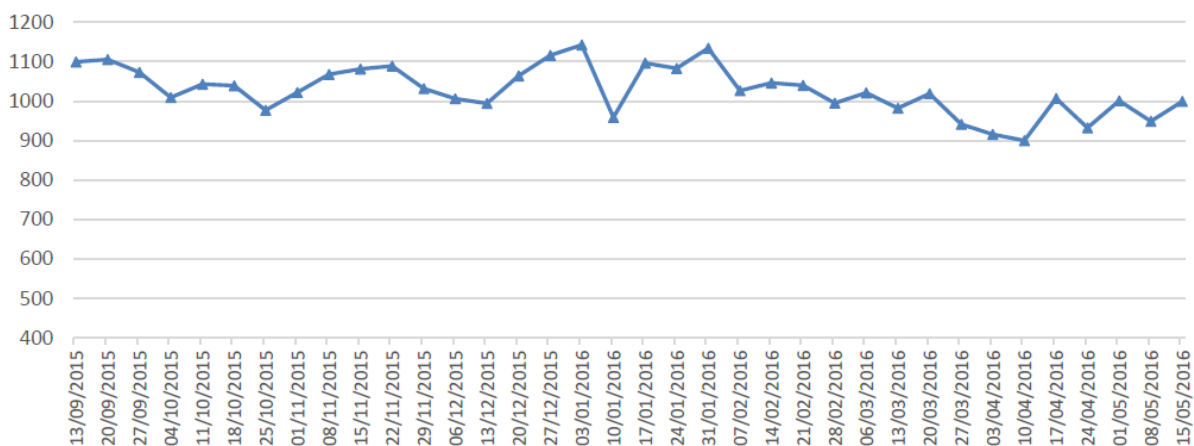
4. Secondary Care

Urgent Care

- 4.1. **A&E performance for patients waiting less than four hours from arrival to admission, transfer or discharge remained below the national standard this quarter.** The Trust's overall performance began the quarter at 83.3%, fell to 80.4% in February and remained fairly static at 75.6% in March. In Q4 there were no months that achieved the national standard of 95%. Overall performance this quarter was 79.8%. This is a deterioration on Q3 performance (86.5%). However, is similar to the Q4 2014/15 performance of 88.8%. **This indicator is RAG rated amber.**

- 4.2. The un-validated March performance for BHRUT is 75.6% with a full year un-validated position of 87.83%; deterioration has been seen throughout Quarter Four with significant issues at both sites but particularly at Queen’s Hospital. Site performance in March was 82.1% (un-validated) at King George Hospital and 71.27% at Queen’s Hospital.
- 4.3. A&E performance continues to be impacted by high attendances reported in January and February continuing through March; an increase of 18.7% has been recorded compared to 2014/15 for these months.
- 4.4. A review of demand for A&E and urgent care services has been undertaken which has not identified a specific trend in increased activity compared to 2014/15 by age cohort or condition.
- 4.5. **BHR Clinical Commissioning Groups (CCGs) non-elective admissions at BHRUT.** The total numbers of BHR CCGs non-elective admissions at BHRUT in March 2016 (3,966) are 2% (65) lower than they were in the same month in 2015 (4,031) Barking and Dagenham – 0.36% increase March 2016 (1,129) compared to March 2015 (1,125). **This indicator is RAG rated red.**

Figure 1: BHRUT Non-Elective Admissions 2015-16



- 4.6. **Overall, DTOC performance remained within target this quarter.** The lower DTOC threshold target is 20, and the upper threshold limit is 40. At the start of the quarter the weekly average was 16. This remained at 16 in February, and increased slightly to 17 in March. Although, one week in December did breach the lower limit, with the week ending 03 December 2015 having an average of 22 DTOC. **This indicator is RAG rated green.**
- 4.7. There were two weeks during quarter 4 where the DTOC lower threshold was breached.
BHRUT failed to meet national standards for Referral-to-treatment (RTT)
- 4.8. In December 2013, the Trust identified significant RTT issues following the implementation of its upgrade to a new operating system, including internal system and capacity issues that affected RTT performance.
- 4.9. As a consequence the Trust suspended national reporting on RTT performance this remains true as of May 2016.

- 4.10. The NHS Constitution gives patients the right to access services within 18 weeks following a GP referral. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) which runs King George and Queen's Hospitals, suspended formal reporting of its Referral to Treatment (RTT) performance in February 2014 due to a lack of confidence in the ability of the Trust to reliably report the numbers of patients waiting.
- 4.11. BHR CCGs and BHRUT were subsequently tasked by NHS England (NHSE) and the Trust Development Agency (TDA), now NHS Improvement (NHSI), to develop and deliver an RTT recovery and improvement plan. The full extent of the RTT challenge has evolved more recently through the development of the recovery plan which has a parallel focused requirement of limiting inflowing planned care demand to the Trust.
- 4.12. Despite BHRUT data quality not being assured, its March 2016 Board papers stated that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway. This led to considerable national publicity. Clearly this is a major issue for commissioners and commissioners have made it very clear to BHRUT that it is unacceptable for patients to wait this long for the treatment that they need.
- 4.13. Ernst & Young (EY) have been commissioned to support the RTT turnaround work and the first phase of their work has specifically focused on system governance, clinical harm review, data validation and demand and capacity planning.

CQC Inspections

- 4.14. **BHRUT remains in special measures, but improvements continue to be made.** Examples of recent performance improvement highlights at BHRUT now follow. Patient risk assessments are being regularly undertaken on each ward and there is consistent performance above the 80% target.
- 4.15. BHRUT are failing to meet several of the national standards required in the Operating Framework. Commissioners continue to actively manage performance through a number of forums held on a weekly basis and as a consequence Contract Performance Notices have been served. There are action plans in place to recover the standards for A&E, Referral to Treatment (RTT), cancer and Diagnostics. The Trust is held to account on actions required with associated penalties enforced in accordance within the contract.
- 4.16. Poor performance at both acute trusts (BHRUT and Barts) has led to them being placed in special measures. National reporting of 18 weeks has been suspended for both trusts.

5. Mental Health

CAMHS

- 5.1. **The number of children and young people accessing CAMHS tiers 3 and 4 increased** from 526 in Q3 to 539 in Q4. However, this quarter's performance is a reduction on the Q4 2014/15 figure of 563. **This indicator has not been given a RAG rating** as there is no target associated with this indicator.
- 5.2. **DTOC remained above the threshold throughout Q4.** This indicator counts the number of occupied bed days lost due to DTOC. Good performance in this indicator would be a DTOC figure of less than 7.5%.

In January, DTOC was 13.54%. This figure rose to 24.40% in February, before falling to 15.57% in March 2016. **This indicator is therefore RAG rated red.**

- 5.3. DTOC poses 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. The current restriction on placements as agreed with the London Borough of Barking and Dagenham (LBBD) has been lifted with further investment in the service aim at reducing DTOC to an acceptable level.
- 5.5. To support this, production of a weekly DTOC list, with early identification, has been implemented. Weekly bed management meetings are also taking place. Further discussions on DTOC continue to take place during the Section 75 executive steering group.
- 5.6. Following a Board decision, Goodmayes Hospital's Brookside mental health unit has closed. This unit provides tier 4 services to CAMHS. The situation has presented an opportunity to redesign the tier 4 provision and the NELFT, B&D CCG and NHS England team are in dialogue to look at this. The decision to close the unit temporarily affected one Barking and Dagenham resident who has been relocated to an appropriate in-patient unit.

Care Programme Approach (CPA)

- 5.7. The proportion of **clients on CPA who have received a review within the last 12 months is exceeding the target.** North East London NHS Foundation Trust (NELFT) policy states that CPA reviews must be completed at least every 6 months and be recorded on the Clinical Records Management System (RiO) by the Care-Co-ordinator. The target for 2015/16 is 97%.
- 5.8. At the start of the quarter performance in this indicator was 98.3%. In February this fell to 96.8%, before rising to 97.1% in March. The service is exceeding targets set in reviewing clients on time. **This indicator is RAG rated green.**
- 5.9. **The number of carers offered carers' assessments is also on target.** This indicator reports the percentage of carers, who have been identified on RiO as caring for a service user on CPA, that have been offered a Carers' Assessment. Carers' are legally entitled to be offered an assessment of their needs and this enables appropriate resources to be provided. The target for 2015/16 is 80%.
- 5.10. Performance in this indicator has remained fairly static with a drop below the target for the first time in January 2016 at 76.95%. Remedial work was undertaken by the service to ensure all carers we offered an assessment and recorded. This resulted in improvement in February and March 2016 of 79.62% and 81.37% respectively. This service continues to assess identified carers and signpost them to relevant services where necessary. **This indicator is RAG rated green.**

Improving Access to Psychological Therapies (IAPT)

- 5.11. 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%.

Table 1: Performance against IAPT access target Q4 2015/16, Barking and Dagenham and neighbouring boroughs

	HSCIC published figures	Target
NHS Barking and Dagenham CCG	4.24%	3.75%
NHS Havering CCG	3.91%	3.75%
NHS Redbridge CCG	3.16%	3.75%

- 5.12. Quarter 4 HSCIC figures are provisional.
- 5.13. It should be noted that the B&D IAPT service has achieved the quarterly IAPT target for the first time this year during Q3 and Q4 provisional figures are also showing that same trend.
- 5.14. As of the 1 April 2016 CCGs are expected to deliver, in addition to access and recovery standards, a waiting time standard for IAPT. This standard will mean that 75% of people referred to IAPT are treated within six weeks of referral and 95% will be treated within 18 weeks of referral.
- 5.15. Barking and Dagenham, Havering and Redbridge CCGs have contracted with NELFT to provide the IAPT service and have agreed additional investment to ensure that the capacity is in place to deliver these new targets.
- 5.16. Delivery of the IAPT access and recovery standards was a component of the CCG operating plan in 2015/16 and continues to be so in 2016/17 in addition to the new standards. BHR CCGs have historically been some of the few in London not attaining the required access targets.

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. DTOC from hospital have remained static at 7.7 per 100,000 population since Q3 of 2015/16. This figure is below the England average of 9.7 but exceeds the London average of 6.9.
- 6.3. DTOC attributable to social care have declined slightly from 4.1 per 100,000 in Q3 2015/16 to 3.8 in Q4. The borough is now below the England average of 5.3.

Health Checks for people with Learning Disabilities

- 6.4. Officers in the CCG, CLDT and LA have continued to support GPs to ensure the actions agreed are being implemented. The practice Improvement lead, Lead Nurse and Commissioner continue to attend the PTI forums in order to support the surgery needs on health check planning and developing health action plans.

- 6.5. The CLDT continues to validate the details of each of their learning disability register. To date 22 of the 39 surgeries have returned their register for validation. The validation process has identified patients who were previously not known to the CLDT and clarified patients that should be removed from the Learning Disability register. There has been a 120% increase on the number of health checks since January 2016. The previous percentage was 25% it is now reporting 56%.
- 6.6. CLDT has also begun to facilitate training sessions with providers and service users on the need for, and process of, a health check. This will empower service users to expect a health check routinely when visiting their GP. The issue and importance of health checks are also discussed at the Learning Disability Partnership Board and the 3 sub-group forum that represent Service users, Carers and Providers.

Social Care Admissions

- 6.7. 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. Performance in this indicator as at the end of Q4 is 910.0 per 100,000 population (179 admissions). The annual Better Care Fund target for this indicator is 635.93 per 100,000 population so the target has been exceeded considerably. An action plan is in place to improve performance. **This indicator is RAG rated red.**
- 6.8. The percentage of people receiving care and support in the home via a direct payment decreased from 74.3% in Q3 to 73.2 in Q4. This is also a decrease on the same period last year, when the figure was 76.7%. The target for this indicator is a year on year increase in the number of clients receiving direct payments.
- 6.9. In keeping with the principles of personalisation service users can choose how they receive services and some prefer to remain on a managed personal budget, due to their circumstances. Where appropriate, work is ongoing to move service users onto a direct payment.
- 6.10. **Injuries due to falls in people aged 65 and over improved further in 2014/15.** This is the most recent data available for this indicator. The rate of injuries due to falls in people aged 65 and over fell from 2,027 per 100,000 population in 2013/14 to 1,656 in 2014/15. As a result, the borough's performance is better than the national average of 2,125. **This indicator is RAG rated green.**
- 6.11. Falls prevention is a high priority for LBBDD, with two indicators relating to it being used as performance metrics for the Better Care Fund ('Emergency admissions to hospital, all ages' and 'Injuries due to falls in people aged 65 and over'). As such, it has been one of the focuses of the Health and Adult Services Select Committee in 2015/16, as well as being the focus of a number of schemes from providers across the health system.
- 6.12. Some of the schemes being delivered by LBBDD that are helping to contribute to the continued decrease in falls include the Handy Person Support Service, Whole Body Therapy, and work by the Occupational Therapy and Sensory Service to reduce environmental hazards. These all feed into the council's wider falls prevention strategy.
- 6.13. In addition, falls prevention has been made a high priority within BHRUT. This has led to the appointment of a consultant orthogeriatrician with falls responsibilities, and increased provision for falls prevention measures such as non-slip socks, lower beds and falls symbols magnets for patients where appropriate.

This has helped result in BHRUT having a rate that is approaching half the national average for falls per 1,000 bed days in 2015/16, continuing similar trends observed in 2014/15.

- 6.14. Work by NELFT in partnership with the London Ambulance Service has also contributed, with their K466 emergency car scheme (which attends emergency calls from patients aged 60 years and over) helping to reduce hospital admissions and to make patients feel more safe.

CQC Inspections

- 6.15. **Appendix B contains an overview of CQC inspection reports** published during Q4 2015/16, including those relating to social care providers in the borough, or those who provide services to our residents.

During this period 7 reports were published on local organisations. Of the 4 providers inspected, **3 met the requirement for an overall rating of 'good'; the remaining 4 providers were rated 'requires improvement' and are detailed below.**

- 6.16. **Darcy House rated 'requires improvement'**. Darcy House is one of 4 extra care schemes operated by Triangle Community Services. Quality Assurance regularly monitors all the schemes and meets with management of both Triangle and the building. We have increased monitoring to ensure that the CQC action plan for improvements is being adhered to.
- 6.17. **Elora House rated 'requires improvement'**. This home caters for learning disabled people from 18 to 64. There are currently no LBBD services users in this home. After the publication of the CQC report we increased our quality assurance monitoring and also liaised with placing authorities on our findings. The home has made improvements and is working with the CQC action plan.
- 6.18. **Rupaal Care and Training rated 'requires improvement'**. This is a homecare provider and we currently do not have any service users placed with them on managed personal budgets; however, there may be people using their personal budgets to purchase care from them. We have not had any complaints or safeguarding concerns raised about this provider, however we monitor them as part of our quality assurance framework and they are working to make the required improvements.
- 6.19. **Br3akfree rated 'requires improvement'**. Br3akfree provides homecare to people with a learning disability. We currently have no service users getting a managed personal budget receiving services from them; however those service users who have a personal budget are free to buy services from a provider of their choice. Br3akfree are part of our quality assurance quarterly monitoring process and we are monitoring their progress with improvements as part of the CQC action plan.

7. Children's Care

Immunisation

- 7.1. The quarter 3 data available on the uptake of DTaP/IPV (84.1%), year to date, and MMR2 (85.3%) vaccinations, year to date, at five years shows that Barking and Dagenham are performing above the London average, 76.5% and 77.6% respectively; however below the England average, 87.4% and 87.6% respectively. **As a result, this indicator is RAG rated as amber.**

Annual Health Checks of Looked After Children (LAC)

- 7.2. **Performance improved in Q4.** 2015/16 outturn for looked after children health checks is good with the year end position exceeding national levels, despite concern about mid-year figures. The percentage of looked after children in care for a year or more with an up to date health check increased to 94% compared to 74% in Q3.
- 7.3. Our end of year performance is 1% better than last year and RAG rated as green as the local target was exceeded and performance remains above national and London averages. **This indicator is RAG rated green.**

8. Public Health

Smoking Quitters

- 8.1. **The target for the number of four-week smoking quitters was not met this quarter.** The four-week smoking quitter indicator measures the number of individuals who have successfully quit for four weeks.

Table 2: Number of smoking quitters by provider type

	Q1	Q2	Q3	Q4	Total Achieved to date	Annual Target
Referrals	173	214	484	405	1,276	TBC
GP	32	23	22	43	120	2,000
Pharmacy	72	50	64	94	281	
Tier 3	17	15	45	74	151	1,000
Total	121	88	131	211	551	3,000
Target	750	750	750	750	3,000	

- 8.2. **In total, there were 211 quitters across tier 2 and 3 services in Q4, which is 61.1% higher than the number of quitters in Q3 (131 quitters) and the highest quarter for 2015/16.**
- 8.3. There has been a 16% decrease in the number of referrals to the stop smoking service so far between quarter 3 and quarter 4. The quarter 3 figures were high due to stop smoking week activities.
- 8.4. In comparison to Q3 figures, the number of GP quits has almost doubled. Whilst there were increases in Pharmacy (46.9% increase) and tier 3 (64.4% increase) quit figures.
- 8.5. 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. **As a result, this indicator has been RAG rated red.**
- 8.6. In total, there were 211 quitters across tier 2 and 3 services in Q4, which is a significant improvement on the previous three quarters and is testament firstly to the work of the then primary care engagement officer who had invested time in visiting and building relationships with Providers over several months. Secondly, a pilot support process was undertaken with Quit Manager to help clean up data and

make telephone follow-ups to non-respondents in order to encourage would be quitters back into the service.

- 8.7. Going forward for 16/17 PH will continue to support Providers to maintain a quality service, monitor smoking quits on a monthly basis and implement initiatives that will drive smokers into the services.eg mail shots to smokers on practice registers and target high risk groups.
- 8.8. This indicator has continued to be RAG rated red as it is clearly too great a challenge to achieve the 3000 quits target. Going forward for 16/17 a more realistic target will be set, that will still represent a stretch, but should be achievable. Robust monthly monitoring and detailed action plans will be followed to support the achievement of this target.
- 8.9. Women smoking during pregnancy are being targeted via the babyClear programme. Barking and Dagenham was successful in obtaining 36% co-funding from Public Health England to implement a full babyClear programme, which offers a standardised approach to identifying pregnant smokers with the ambition of reducing smoking at the time of pregnancy to <10% in Barking and Dagenham by October 2018, and referral to smoking cessation services. In August and September 2015, all midwives at Queens and King George’s Hospitals were trained to undertake CO monitor readings and provide smoking cessation advice to pregnant women. Nicotine replacement therapy is also available on all maternity wards. From September to December 2015, 273 women reported that they were smoking at their first maternity booking appointment, with 193 (71%) requesting support to stop smoking.
- 8.10. The Tobacco Control Coordinator has produced an action plan document for the Tobacco Alliance to work from in order to achieve the goals set out in the Tobacco Control strategy, The Action plan is in the final phase of allocating tasks and budgets to relevant leads & service managers to undertake specific tasks. Including the smokefree homes programme.

NHS Health Check

- 8.11. This indicator is formed of two parts; Part I: The percentage of completed health checks for the eligible population (aged between 40 and 74 and not already diagnosed with a long term condition), and Part II: The uptake of health checks for those invited. This is a mandatory indicator for local authorities.

Table 3: NHS Health Check – Part I: Completed health checks for the eligible population

	Q1	Q2	Q3	Q4	Year-to-date	Annual Target
2015/16	2.5%	2.9%	3.2%	3.1%	11.7%	15%
Target	3.75%	3.75%	3.75%	3.75%	15%	

- 8.12. **The percentage of completed health checks for the eligible population (Part I) reduced slightly in Q4**, from 3.2% (1,387 completed health checks) in Q3, to 3.1% in Q4 (1,359 completed health checks). This is a reduction on Q4 2014/15 performance, when 1,649 members of the eligible population received an NHS Health Check. The uptake percentage cannot be compared as the base population numbers were changed in 2015/16.

8.13. To meet the national annual target, performance needs to average 3.75% each quarter. This quarter's performance does not meet this target. **The year-to-date percentage of completed health checks for the eligible population is 11.7% against the target of 15.0%.** This will make meeting the annual target challenging. **Performance in this part of the indicator has therefore been RAG rated amber.**

Table 4: NHS Health Check – Part II: Uptake of health checks for those invited

	Q1	Q2	Q3	Q4	End of Year	Annual Target
2015/16	69%	70%	60%	67%	66%	75%
Target	75%	75%	75%	75%	75%	

- 8.14. **The uptake of health checks for those invited (Part II) increased in Q4.** There was an uptake rate of 67% in Q4. This is an increase on the Q3 rate of 60%, and is also higher than Q4 2014/15, when uptake was 66%.
- 8.15. To meet the national annual target, the uptake of health checks for those invited needs to maintain an average rate of 75%. This quarter's performance does not meet this target. **Furthermore, the year-to-date uptake of invites is 66% against a target of 75%.** This will make meeting the annual target challenging. **Performance in this part of the indicator has therefore been RAG rated amber.**
- 8.16. **An action plan is in place to facilitate improved performance.** As part of this, LBBB Public Health presented a case for purchase of Point of Care Testing (POCT) machines from Alere Ltd. The implementation of POCT across the 36 participating GPs began in January 2015 and is ongoing. To date, 16 GP surgeries have taken up the offer of a machine and 3 GP surgeries have declined the offer.
- 8.17. POCT is a minimally invasive method of testing blood lipids, which is expected to improve the uptake of the NHS health check. Other benefits include:
- (i) minimisation of health check turnaround time, with results available within a minute or two of analysis;
 - (ii) elimination of time delays as analysis and results are completed within one visit; and
 - (iii) greater convenience for both the staff conducting the check and the patient receiving it, as there is no longer a need for multiple visits.
- 8.18. Quarterly updates, with a performance dashboard including achievement to date, will be forwarded to all service providers this quarter and an audit of the completeness of eligible health checks is taking place for quality purposes.

Breast Screening

- 8.19. The breast screening indicator is a measure of the percentage of women screened adequately within the previous 3 years on 31 March.
- 8.20. **The percentage of women breast screened fell by 6.9%,** from 71.2% in 2013/14 to 64.3% in 2014/15. This brings performance to below both the national (75.4%) and regional (68.3%) averages. In addition, performance was 5.7% below the NHS Cancer Screening Programmes' minimum standard of 70%. **As a result, this indicator has been RAG rated amber.**

- 8.21. **Nationally, promotional campaigns are being implemented to raise awareness and improve coverage.** Other initiatives to improve cancer screening include the development of projects that will improve awareness of the signs and symptoms of cancer, particularly in those from lower-socioeconomic groups, those who are younger and those from ethnic minorities. This is in line with the National Cancer Equalities Initiative.

Chlamydia Screening

- 8.22. 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.
- 8.23. **The number of positive chlamydia screening results decreased this quarter,** from 125 in 2015/16 Q3 to 120 in Q4. This year's annual target of 596 positive tests has not been met, with a total of 493 at year end. The year end result falls short of this target by 103. As a result, **this indicator continues to be RAG rated red.**

Conception rate in under 18 year olds

- 8.24. The 2014/15 end of year under 18 conception rate per 1,000 population shows that there has been a 30.9% decrease from 42.4 in 2013/14 to 29.3 in 2014/15.
- 8.25. The chlamydia screening service provided by the Terrance Higgins Trust has now been decommissioned and closed on 31 March 2016. Mandatory screening functions (reporting to the national database and screening diagnostics) have now transferred to primary care.

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. The JSNA 2016 refresh is underway and will be completed by September 2016.

9.2. Health and Wellbeing Strategy

The Health and Wellbeing 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 Health and Wellbeing 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, and how the authority is measuring up against the National average.

9.5. Financial

Implications completed by: Roger Hampson Group Manager, Finance (carried over from previous performance reporting)

There are no financial implications directly arising from this report.

10. List of Appendices

Appendix A: Performance Dashboard

Appendix B: CQC Inspections Quarter 4 2015/16