Report of the Director of Public Health

Open Report  
For Decision: No

Wards Affected: ALL  
Key Decision: No

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Summary:
In order to track progress across the wide remit of the Health & Wellbeing Board, the Board has agreed an outcomes framework which prioritises key issues for the improvement of the public’s health and their health and social care services. This high-level dashboard is monitored quarterly by the Board, and this report forms the account of performance at the end of Quarter 3 (to end December 2016) or the latest data available.

Recommendation(s)

Members of the Board are recommended to:

- Review the overarching dashboard and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit.
- Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.

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 Introduction

1.1 The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity. The indicators included within this report show performance of the whole health and social care system. Added to selected indicators from the Barking & Dagenham Health and Wellbeing Strategy Outcomes Framework are indicators from the Local A&E Delivery Group’s Urgent Care Dashboard, as well as information on CQC inspections where the quality of local service provision is highlighted.

2 Structure of the report, and the key performance indicators selected

2.1 The following report outlines the key performance indicators for the Health and Wellbeing performance framework. The indicators are broken down across the life course under the following categories:

- Children;
- Adolescence;
- Adults;
- Older people; and
- Across the life course.

2.2 All indicators are rated red, amber or green (RAG) as a measure of success and risk to end-of-year delivery. Any indicator that is RAG rated as ‘red’ or that has seen a significant change has additional commentary available in Appendix B. Board members should note, therefore, that this means the covering report is focused on poor performance in order to highlight what needs improving, and is not to be taken as indicative of overall performance.

2.3 The dashboard is a summary of the important areas from the Health & Wellbeing Board Outcomes Framework. The outcomes framework itself is based on selections from the key national performance frameworks: the Public Health Outcomes Framework; Adult Social Care Outcomes Framework; the NHS Outcomes Framework; and Every Child Matters. Priority programmes such as the Better Care Fund have also been represented in the selected indicators.

3 Performance Overview

Children

3.1 The dashboard draws attention to a number of indicators which are performing poorly relative to the targets set where new data is available. These include ‘red’ RAG ratings for:

- Percentage of Uptake of Diphtheria, Tetanus and Pertussis (DTaP);
- Percentage of Uptake of Measles, Mumps and Rubella (MMR2) immunisation at 5 years old;
- Annual health check of Looked After Children;
Appendix B contains further detail on these indicators for Board Members’ reference.

In terms of NCMP measures of childhood obesity (Reception and Year 6), finalised data for 2015/16 has been released, and while there are slightly improved figures for those in Reception, children in both Year 6 and Reception have levels of overweight and obesity that are significantly higher than those seen nationally and regionally. Further details can be seen in Appendix B.

The number of children subject to a Child Protection Plan is rated as ‘amber’.

It is still not possible to provide a target to ‘rate’ progress against for the number of children and young people accessing Tier 3/4 CAMHS services. This is due to the lack of national benchmarking information. Performance is currently broadly consistent with previous years.

Adolescence

There remains a ‘red’ rating for the under-18 conception rate (per 1,000 population) and its percentage change against the 1998 baseline. Additional data is now available for 2015/16 Quarter 2 and can be seen in Appendix B.

There is an ‘amber’ rating for care leavers ‘not in education, employment or training’ (NEET).

Adults

There remains a concern about both the performance against the number of four-week smoking quitters and the NHS Health Check performance; both are RAG rated red. Appendix B contains an updated account of actions being taken to address these performance issues.

New data on both Cervical and Breast Screening performance has been released, and continues previous trends, with figures below national averages, but closer in line with regional averages, giving a RAG rating of ‘amber’. Further detail can be seen in Appendix A.

Older Adults

The indicators of permanent admissions of older people (aged 65 and over) to residential and nursing care homes, and the level of service provision that follows short term services both remain ‘amber’. These continue to be monitored closely for their impact on financial projections in adult social care.

There remains positive performance in injuries due to falls for people aged 65 and over, which is a Better Care Fund measure.
Across the Life Course

3.12 There are a number of key indicators that apply across the life course, which include positive, or low-risk performance (and therefore a ‘green’ or ‘amber’ rating) for:

- Delayed transfers of care from hospital, which remains a significant national concern but one that is well-managed in Barking and Dagenham;
- The number of leisure centre visits;
- The number of children and adult referrals to healthy lifestyle programmes;
- The percentage of people receiving care and support in the home via a direct payment.

3.13 Data on rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions has been updated for 2015/16 (data released 23 February 2017) and this remains a concern.

4 Mandatory implications

Joint Strategic Needs Assessment

4.1 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.

Joint Health and Wellbeing Strategy

4.2 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.

Integration

4.3 The indicators chosen include those which identify performance of the whole health and social care system, including indicators selected from the A&E Delivery Board’s dashboard.

Legal

Legal implications completed by: Bimpe Onafuwa, Solicitor – Contracts and Procurement

4.4 There are no legal implications arising from this report

Financial Implications

Financial implications completed by: Katherine Heffernan, Group Manager, Finance

4.5 There are no financial implications arising from this report as it is for noting only.
5 List of Appendices

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports
- Appendix C: CQC reports, 2016/17 Quarter 3