

# HEALTH AND WELLBEING BOARD

08 November 2017

<b>Title:</b>	<b>Health and Wellbeing Outcomes Framework Performance Report - Q1 and Q2 2017/18</b>		
<b>Report of the Director of Public Health</b>			
<b>Open Report</b>		<b>For Decision:</b> No	
<b>Wards Affected:</b> ALL		<b>Key Decision:</b> No	
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<b>Sponsor:</b> Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham			
<b>Summary:</b> To track progress across the wide remit of the Health and 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 2017/18 Quarter 2 (to end September 2017) or the latest data available. The report also highlights the changes that have been made to the indicators which make up the dashboard.			
<b>Recommendation(s)</b> Members of the Board are recommended to: <ul style="list-style-type: none"><li>• Review the overarching dashboard and raise any questions with lead officers, lead agencies or the chairs of subgroups as Board members see fit</li><li>• Note the new key indicators and agree changes to the high-level dashboard</li><li>• Note the detail provided on specific indicators, and to raise any questions on remedial actions or actions being taken to sustain good performance.</li></ul>			
<b>Reason(s)</b> The dashboard indicators were chosen to represent the wide remit of the Board while 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 and 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 therefore note that this means the covering report is focused on poor performance to highlight what needs improving, and is not to be taken as indicative of overall performance.
- 2.3 The dashboard is a summary of important areas from the Health and 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.
- 2.4 The high-level dashboard has been reviewed and new key health indicators have been added as requested by the Director of Public Health. Those indicators are as follows:
- The number of children who turn 15 months old in the reporting quarter who receive a 12-month review (as an indicator for the health visiting service); and
  - Bowel screening – coverage of people aged 60–74 years (as this is an area where the borough is performing poorly).

As part of this review, the following indicators have been deleted from the dashboard:

- Prevalence of children in Reception year that are obese or overweight;
- The number and rate of children subject to Child Protection Plans;
- The outcome of short term services: sequel to service;

- Injuries due to falls for people aged 65 and over (due to the lack of timely, quarterly data);
- Emergency readmissions within 30 days of discharge from hospital (due to a lack of data); and
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (due to the lack of timely, quarterly data).

In addition, one indicator has been modified to reflect changes to how this is reported internally:

- The percentage of children and adults referred to healthy lifestyle programmes that complete the programme (previously reported on as number of referrals).

### **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 uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old;
  - The percentage of children in Year 6 that are obese or overweight; and
  - Percent of looked after children with a completed health check.
- 3.2 Appendix B contains further detail on these indicators for Board Members' reference.
- 3.3 The new health visiting indicator, the number of children who turn 15-months old who have received a 12-month review, is RAG-rated amber and has shown consistent improvement from quarter 2 2016/17 (57.7%) to quarter 1 2017/18 (68.4%).
- 3.4 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**

- 3.5 There remains a 'red' rating for the under-18 conception rate (per 1,000 population). Additional data is now available for 2016/17 Quarter 1 and can be seen in Appendix B. This continues to decline but the quarterly rate remains among the highest in London.

#### **Adults**

- 3.6 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; however, NHS Health Check coverage per quarter is higher than London and England, while the most recent benchmarking data for smoking cessation (April 2016 to March

2017) also suggests Barking and Dagenham had more quitters per 100,000 smokers compared with London and England.

- 3.7 Appendix B contains an updated account of actions being taken to address these performance issues.

### **Older Adults**

- 3.8 The number of long-term needs met by admission to a residential or nursing care home remains well below its target and is rated green.
- 3.9 However, bowel screening coverage continues to be a concern, with provisional figures for 2016/17 showing that performance has not improved from the low levels seen in 2015/16. Coverage in Barking and Dagenham in 2015/16 was 41.1%, which was lower than both London (48.8%) and England (57.9%).
- 3.10 Further detail can be found in Appendix B.

### **Across the Life Course**

- 3.11 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:
- Percentage of people using social care who receive services through direct payments;
  - Delayed transfers of care from hospital, which remains a significant national concern but one that is well-managed in Barking and Dagenham;
  - A&E attendances less than 4 hours from arrival to admission, transfer or discharge;
  - Emergency admissions in those aged 65 and above;
  - The number of leisure centre visits; and
  - The percentage of children and adult referred to healthy lifestyle programmes that complete the programme.

## **4 CQC Inspections**

- 4.1 There were 40 CQC inspections to healthcare organisations in the borough in quarters 1 and 2. Twenty-three inspections returned a rating of 'Good', eight received a rating of 'Requires Improvement', and three received a rating of 'Inadequate'. Six were not eligible to be rated.
- 4.2 The three organisations receiving a rating of 'Inadequate' were Barking Enterprise Centre, Barking (Metropolitan Care Services Ltd.), and Dr. Hamilton-Smith and Partners.
- 4.3 For further information, please refer to Appendix C, which details all the inspections carried out.

## **5 Mandatory implications**

### **5.1 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

### **5.2 Joint 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.

### **5.3 Integration Implications**

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.

### **5.4 Legal Implications**

#### **Legal Implications by Dr. Paul Feild Senior Lawyer**

The Health and Social Care Act (2012) conferred the responsibility for health improvement to local authorities. In addition, as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.

The function of this report is to provide "dashboard indicators" to represent the wide remit of the Board while remaining a manageable number of indicators. It is, therefore, important that Board members use this opportunity to review indicator data so as to confirm that effective delivery of services and programmes is taking place and ensure that providers of health and social care are working to their best effect.

### **5.5 Financial Implications**

#### **Implications completed by Olufunke Adediran, Group Accountant.**

This report is mainly for information and sets out to track performance progress across the wide remit of the Health and Wellbeing Board at the end of the second quarter of 2017/18. As such there are no financial implications arising directly from the report.

## **6 List of Appendices**

The appendices to this item are included in the 'Supporting Documents' pack.

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC reports, 2017/18 Quarters 1+2