# HEALTH AND WELLBEING BOARD

13 March 2018

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**Report of the Director of Public Health**

**Open Report** | For Decision: No |
**Wards Affected:** ALL | Key Decision: No |

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**Summary:**
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 3 (to end December 2017) 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 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 Board performance framework. The indicators are broken down across the life course under the following categories:

- children
- adolescence
- adults
- older people
- 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, and the NHS Outcomes Framework. 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. These include red RAG ratings for:

- 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 percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years has increased from 78.6% in quarter 1 to 81.8% in quarter 2 2017/18. This is
higher than London (76.9%), but lower than England (87.5%). As this is within 10% of the 90% target, it is RAG-rated amber.

3.4 The health visiting indicator, the number of children who turn 15-months old who have received a 12-month review, is RAG-rated green as performance in quarter 3 2017/18 was above the target of 75% (75.5%).

3.5 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.

**Adolescence**

3.6 The proportion of care leavers in education, employment or training was rated green in quarter 3 2017/18 as performance was above the target of 57% (57.4%)

3.7 There remains a red rating for the under 18 conception rate (per 1,000 population, as rolling 3-year average). Additional data is now available for 2016/17 quarter 2 and can be seen in Appendix B. This continues to decline but the quarterly rate (non-rolling) for this period was the highest in London.

**Adults**

3.8 Cervical screening coverage is rated green, as coverage is above the London average (67.0% in Barking and Dagenham compared with 65.7% in London in 2016/17). Nonetheless, coverage in Barking and Dagenham shows a downward trend with the most recent data indicating that one-third of eligible women have not been adequately screened within the last 3.5 years (ages 25–49 years) or 5.5 years (ages 50–64 years).

3.9 There remains a concern about both the number of four-week smokingquitters and the NHS Health Check performance, with both receiving a red RAG rating. However, NHS Health Check coverage per quarter is higher than London and England, while the most recent benchmarking data for smoking cessation (April to September 2017) also indicates that Barking and Dagenham had more quitters per 100,000 smokers compared with London and England over this period.

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

**Older adults**

3.11 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.

3.12 Breast screening coverage is rated amber as Barking and Dagenham’s coverage was within 10% of the figure for London in 2016/17 (67.8% in Barking and Dagenham compared with 69.4% in London). This is an improvement from 66.5% in 2015/16.
3.13 However, bowel screening coverage continues to be a concern and is RAG-rated red, with 2016/17 figures showing a further decrease from the low levels seen in 2015/16. Coverage in Barking and Dagenham in 2016/17 was 39.7%, which was lower than both London (49.6%) and England (58.8%).

3.14 Further detail can be found in Appendix B.

Across the life course

3.15 The percentage of children and adults referred to healthy lifestyle programmes that complete the programme was RAG-rated red. Performance in quarter 2 2017/18 (latest available data) was 37.2%, which was below the target of 50%.

3.16 The proportion of A&E attendances taking 4 hours or less from arrival to admission, transfer or discharge decreased in quarter 3 2017/18 and is also RAG-rated red.

3.17 Further details are available in Appendix B.

3.18 There are five other indicators that apply across the life course, which include positive, or low-risk performance (and therefore a ‘green’ or ‘amber’ rating):

- 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
- Emergency admissions in those aged 65 and above
- The number of leisure centre visits.

4 CQC inspections

4.1 There were 23 reports published in quarter 3 of CQC inspections to healthcare organisations in the borough. Twelve inspections returned a rating\(^1\) of ‘Good’, five received a rating of ‘Requires Improvement’, and two received a rating of ‘Inadequate’. Four were not eligible to be rated.

4.2 The two organisations receiving or maintaining a rating of ‘Inadequate’ were Dr Hamilton-Smith and Partners and Dr Alok Mittal (also known as Markyate Surgery).

4.3 For further information, please refer to Appendix C, which details all the inspection reports published in quarter 3 2017/18.

5 Mandatory implications

Joint Strategic Needs Assessment

5.1 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

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\(^1\) Not all inspection reports in quarter 3 influenced the overall rating; in those cases, the ratings here indicate their most recent rating.
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**

5.2 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**

5.3 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 Implications**

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

5.4 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.

5.5 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 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.

**Financial Implications**

*Financial Implications completed by Katherine Heffernan, Service Finance Group Manager:*

5.6 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 third quarter of 2017/18. As such there are no financial implications arising directly from the report.

6 **List of appendices**

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2017/18 quarter 3