Title: Health and Wellbeing Outcomes Framework Performance Report – Q4 2017/18

Report of the Director of Public Health

Open Report For Decision: No
Wards Affected: ALL Key Decision: No
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Sponsor: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham

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 4 (to end March 2018) or the latest data available.

In light of the work currently underway to refresh the Joint Health and Wellbeing Strategy, it is proposed that this indicator set is retained as it is for now, with one exception, and reviewed as part of the refresh. However, we will be reviewing targets for 2018/19 and will make recommendations in the next report on these.

In addition to the usual appendices presented (A–C), this report includes an additional appendix (D) to fulfil the request of the Chair of the Health and Wellbeing Board at the meeting on 13 March 2018 that further information be provided on indicators which are often RAG (red, amber, green)-rated red.

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 manageable in number. 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 This report and its four appendices provide updated data and commentary on key performance indicators for the Health and Wellbeing Board. They also summarise CQC inspection reports published in quarter 4 to provide an update on the quality of local service provision.

1.2 The indicators included within this report provide an overview of performance of the whole health and social care system; the Health and Wellbeing Board has a wide remit and it is important to ensure that the Board has an overview across this breadth of activity. Indicators are categorised into lifecourse stages (children, adolescents, adults, older adults, and across the life course).

1.3 In light of the work currently underway to refresh the Joint Health and Wellbeing Strategy, it is proposed that this indicator set is retained as it is for now, with one exception (see 1.4), and reviewed as part of the refresh. However, we will be reviewing targets for 2018/19 and will make recommendations in the next report on these.

1.4 The change made to this report is to introduce a measure – The percentage of children and adults who start healthy lifestyle programmes that complete the programme – that will in time replace the current measure which is based on people who are referred to the programme. This is due to the fact that people may not start programmes for reasons that are outside of the control of the Healthy Lifestyles team. Both variants will remain in this report while a target is developed for the new measure.

1.5 The dashboard is a summary of important areas from the Health and Wellbeing Board Outcomes Framework as well as indicators from the Local A&E Delivery Group’s Urgent Care Dashboard. 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.

2 Structure of the report

2.1 This report provides an overview of performance and CQC inspections, with further information contained in four appendices:

- Appendix A: Dashboard of indicators
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2017/18 quarter 4
- Appendix D: Additional report on indicators that are often red rated.
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 red has additional information available in Appendix B. Appendix B has been retained for consistency, but signposts to more detailed commentary in Appendix D to avoid duplication.

2.3 Appendix D has been included to fulfil the request of the Chair of the Health and Wellbeing Board in March 2018 to provide further detail on indicators which are often RAG-rated red.

2.4 Board members should note that this means that Appendices B and D are focused on poor performance to highlight what needs improving and are not to be taken as indicative of overall performance.

3 Performance overview

3.1 Of 20 indicators, seven were RAG-rated red, six were rated amber, five were rated green and two could not be rated. Please note that indicators are ordered from red to no rating in the following sections which may not correspond to their order in Appendix A.

Children

3.2 Of the five children’s indicators, two were RAG-rated red, one was amber, one was green and one could not be rated:

a) **Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old:** This has decreased from 81.8% in quarter 2 to 77.3% in quarter 3 2017/18. Quarter 3 performance is similar to London (77.1%), but substantially lower than England (87.3%) and the target of 90%. Quarter 4 data is due to be published on 29 June 2018.

b) **Prevalence of children in Year 6 that are obese or overweight:** No updated data is available as this is an annual measure. Based on 2016/17 data, this indicator (43.8%) is more than 10% above the target of the London average (38.5%) and is therefore RAG-rated red.¹

c) **% looked after children with a completed health check:** This rose from 69.7% in quarter 3 to 90.3% in quarter 4 2017/18. This is with 10% of the target of 92% and is therefore RAG-rated amber.

d) **The number of children who turn 15 months old in the reporting quarter who receive a 12-month review:** This measure increased from 75.5% in quarter 3 to 82.2% in quarter 4 2017/18. It exceeds the target of 75% and is therefore rated green.

e) **Number of children and young people accessing Tier 3/4 CAMHS services:** Updated data shows that there were 620 children and young people in contact

¹ RAG ratings based on measures being more than 10% above or below target are based on percentage difference rather than difference in percentage points.
with CAMHS at the end of quarter 3, an increase from 565 at the end of quarter 2. It is not possible to provide a target to ‘rate’ progress against for this measure due to the lack of national benchmarking information.

Adolescents

3.3 Of the two adolescents’ indicators, one was RAG-rated red and one was green:

a) **Under 18 conception rate (per 1,000 population aged 15–17 years):** There remains a red rating for this measure (as a rolling 3-year average) based on the latest available data (quarter 3 2016/17). The 3-year rolling average for this period was 30.4 per 1,000 15–17 year olds compared with the target of the London average of 19.3 per 1,000.

b) **Care leavers in education, employment or training (EET):** The proportion of care leavers in EET was rated green in quarter 4 2017/18 as performance (57.1%) was above the target of 57%.

Adults

3.4 Of the three adults’ indicators, one was RAG-rated red, one was amber and one was green:

a) **Number of 4-week smoking quitters:** The number of 4-week smoking quitters is below the locally set target. However, the most recent benchmarking data (April to December 2017) indicates that Barking and Dagenham had more quitters per 100,000 smokers compared with London and England over this period.

b) **Percentage of eligible population that received a health check:** Coverage in quarter 4 2017/18 (3.54%) was within 10% of the quarterly target of 3.75%, although the annual coverage was more than 10% below the annual target of 15%. Benchmarking data for quarter 3 suggests that Barking and Dagenham coverage was higher than London and England.

c) **Cervical screening – coverage of women aged 25–64 years:** No updated data is available as this is an annual measure. Based on 2016/17 data, cervical screening coverage is rated green, as coverage (67.0%) is above the London average (65.7%). Nonetheless, coverage in Barking and Dagenham shows a downward trend and 2016/17 data indicates that one-third of eligible women had not been adequately screened within the last 3.5 years (ages 25–49 years) or 5.5 years (ages 50–64 years).

Older adults

3.5 Of the three older adults’ indicators, one was RAG-rated red, one was amber and one was green:

a) **Bowel screening – coverage of people aged 60–74 years:** No updated data is available for this report. Bowel screening coverage continues to be RAG-rated
red, with the latest available data (quarter 1 2017/18) placing Barking and Dagenham lowest among all local authorities in England for coverage.

b) **Breast screening – coverage of women aged 53–70 years:** No updated data is available as this is an annual measure. Based on 2016/17 data, breast screening coverage is rated amber as Barking and Dagenham’s coverage (67.8%) was within 10% of the figure for London (69.4%). This is an improvement from 66.5% in 2015/16.

It has come to light that 450,000 women nationally have been affected by an issue where they were not invited to breast screening, of whom 309,000 are still alive. All screening programmes in England were affected. Women affected will be contacted by the end of May to be offered a catch-up screen and it is anticipated that these screens will be completed by the end of October. It is not known how many Barking and Dagenham women this will apply to. Additional capacity is being found so this does not impact on routine screening. An independent review has been commissioned following this incident.

c) **Number of long-term needs met by admission to a residential or nursing care home:** This remains well below its target and is rated green.

**Across the lifecourse**

3.6 Of the seven ‘across the lifecourse’ indicators, two were RAG-rated red, three were RAG-rated amber, one was RAG-rated green and one could not be rated:

a) **A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all):** This decreased from 80.6% in quarter 3 to 74.5% in quarter 4 2017/18 and is more than 10% below the target of 90%.

b) **The percentage of children and adults referred to healthy lifestyle programmes that complete the programme:** Performance in quarter 2 2017/18 (latest available data) was 37.2%, which was more than 10% below the target of 50%, and therefore RAG-rated red. This measure should be viewed in conjunction with the new, unrated indicator below (starters to completers).

c) **Percentage of people using social care who receive services through direct payments:** This increased from 57.8% in quarter 3 to 58.3% in quarter 4, which is within 10% of the target of 60%.

d) **Emergency admissions aged 65 and over per 100,000 population:** No updated data is available.

e) **The number of leisure centre visits:** This indicator is no longer being updated and is presented for information only; performance of leisure centres is being managed through a separate contract management process following the transfer of management to Sports Leisure Management (SLM) Limited on 1 September 2017.

f) **Delayed transfers of care:** Performance in quarter 4 was 115.2 delayed days per 100,000 people, whilst this has increased compared with the previous quarter (106.7) this remains below our target of 190.8.
The percentage of children and adults who start healthy lifestyle programmes that complete the programme: This indicator is included for the first time in this report. No target has yet been developed and therefore no RAG-rating can be assigned.

4 CQC inspections

4.1 Seventeen reports of CQC inspections to healthcare organisations in the borough were published in quarter 4. Eight inspections returned a rating of ‘Good’, eight received a rating of ‘Requires Improvement’, and one received a rating of ‘Inadequate’.

4.2 The organisation receiving a rating of ‘Inadequate’ was Sahara Parkside, a residential home.

4.3 For further information, please refer to Appendix C, which details all the inspection reports published in quarter 4 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 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 by Dr. Paul Feild Senior Lawyer

5.4.1 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.
5.4.2 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.

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

5.5 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 fourth 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 4
- Appendix D: Additional report on indicators that are often RAG-rated red.