HEALTH AND WELLBEING BOARD

5 September 2018

Title:	Health and Wellbeing Outcomes Framework Performance Report – Q1 2018/19

Report of the Director of Public Health

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

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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 2018/19 quarter 1 (to end June 2018) or the latest data available.

This indicator set is due be reviewed as part of the work currently underway to refresh the Joint Health and Wellbeing Strategy.

Recommendation(s)

The Board is recommended to review and note the performance information for the period 1 April to 30 June 2018, as set out in the appendices to the report.

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 1 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 was proposed in the previous report that this indicator set be retained as it is, with one exception (the inclusion of a revised healthy lifestyles programme measure) and reviewed as part of the refresh.

1.4 We are in the process of agreeing a revised target for the smoking cessation indicator. A target of 65% has been agreed for the new healthy lifestyles programme indicator (*The percentage of children and adults who start healthy lifestyle programmes that complete the programme*).

1.5 The previous healthy lifestyles programme indicator (*The percentage of children and adults referred to healthy lifestyle programmes that complete the programme*) has been included in this report to provide a complete set of 2017/18 data for this measure. It will be removed in the next report.

1.6 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 three appendices:
- Appendix A: Dashboard of indicators
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2018/19 quarter 1

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.

2.3 Board members should note that this means that Appendix B is focused on poor performance to highlight what needs improving and is not to be taken as indicative of overall performance.

3 Performance overview

3.1 Of 20 indicators, seven were RAG-rated red, six comments (out of seven) included on those that are amber, five were rated green and one 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 increased from 77.3% in quarter 3 to 78.1% in quarter 4 2017/18. Quarter 4 performance is similar to London (77.6%), but substantially lower than England (87.2%) and the target of 90%.

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 decreased from 92.4% in quarter 4 to 86.0% in quarter 1 2018/19. 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 decreased from 83.1% in quarter 4 2017/18 to 79.7% in quarter 1 2018/19. 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 695 children and young people in contact with CAMHS at the end of quarter 4, an increase from 620 at the end of quarter 3. 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 amber:

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 4 2016/17). The 3-year rolling average for this period was 29.1 per 1,000 15–17 year olds compared with the target of the London average of 18.9 per 1,000.

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[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.

b) **Care leavers in education, employment or training (EET):** The proportion of care leavers in EET was rated amber in quarter 1 2018/19.

Adults

3.4 Of the three adults' indicators, two were RAG-rated red 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 1 2018/19 (2.32%) was more than 10% below the quarterly and year-to-date target of 3.75%. This figure is a decrease from quarter 4 2017/18 and is lower than quarter 1 last year. However, benchmarking data for quarter 4 suggested that Barking and Dagenham coverage was higher than London and England for that quarter.

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:** Bowel screening coverage continues to be RAG-rated red, with the latest available data (quarter 2 2017/18) placing Barking and Dagenham second 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.

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, one was RAG-rated red, three comments are provided on (four) RAG-rated amber and two were RAG-rated green:

a) **The percentage of children and adults who start healthy lifestyle programmes that complete the programme:** This is the new healthy lifestyles programme indicator introduced in the previous report. A target of 65% has now been agreed for this indicator, allowing it to be RAG-rated for the first time. This will replace the indicator in e) below (*The percentage of children and adults referred to healthy lifestyle programmes that complete the* programme) in the next report. Performance in quarter 4 2017/18 was 57.2%, which is more than 10% below target and hence this measure has been RAG-rated red.

b) **A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all):** This increased from 74.5% in quarter 4 2017/18 to 82.3% in quarter 1 2018/19.

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

d) **The percentage of children and adults referred to healthy lifestyle programmes that complete the programme:** Performance in quarter 4 2017/18 was 45.9%, which was less than 10% below the target of 50%, and therefore RAG-rated amber. This indicator will be replaced by the new measure (*The percentage of children and adults who start healthy lifestyle programmes that complete the* programme) in the next report.

e) **Percentage of people using social care who receive services through direct payments:** This increased from 58.3% in quarter 4 to 65.5% in quarter 1, which is above the target of 60%.

f) **Delayed transfers of care:** Across quarter 1, there were an average of 125.8 delayed days per 100,000, which is below the target of 190.8 per 100,000 and hence RAG-rated green. This relates to 558 delayed days, of which 534 were attributable to NHS organisations and 24 to social care.

4   CQC inspections

4.1   Sixteen reports of CQC inspections to healthcare organisations in the borough were published in quarter 1. Eight inspections returned a rating of 'Good', four received a rating of 'Requires Improvement', one received a rating of 'Inadequate', and three were not eligible to be rated as they were dental practices.

4.2   The organisation receiving a rating of 'Inadequate' was Faircross Care Home London Limited, a residential home. Work was underway with Faircross before this judgment was published, in partnership with neighbouring councils who had made placements there (Newham, Redbridge and Waltham Forest). This is to ensure that the assessment of individual service user outcomes and their safety, can inform the assessment of the service overall and the improvements necessary.

4.3   For further information, please refer to Appendix C, which details all the inspection reports published in quarter 1 2018/19.

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

5.4   Not applicable.

Financial

5.5   Not applicable.

Public Background Papers Used in the Preparation of the Report: None

List of appendices
- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2018/19 quarter 1.