

HEALTH AND WELLBEING BOARD

10 September 2019

Title:	Health and Wellbeing Outcomes Framework Performance Report – Quarter 1 2019/20		
Report of the Director of Public Health			
Open Report	For Decision: No		
Wards Affected: ALL	Key Decision: No		
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Summary <p>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.</p> <p>This high-level dashboard is monitored quarterly by the Board and this report forms the account of performance in quarters one 2019/20 or the latest data available.</p> <p>This indicators set is currently being reviewed in order to align it with the refreshed Joint Health and Wellbeing Strategy, where it is likely that most reported and monitored indicators will change, with an emphasis on moving away from activities and output-based indicators to health outcomes-based indicators.</p>			
Recommendation(s) Members of the Board are recommended to:			
<ul style="list-style-type: none">• 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.• Comment and feedback on the proposed future approach for monitoring performance framework.			

Reason(s)

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.

Whilst this approach has offered a robust and an ongoing feasibility of Health monitoring, it is becoming an outdated model of health monitoring and evaluating performance; as a result, it is recommended that this performance monitoring framework based on output measures is replaced with a new outcome based one.

Initial scoping work on the new framework suggests that firstly, many of the proposed outcomes-based indicators can only be reported on an annual basis due to data availability and secondly the reporting will require multi-agency input in the future as we do not have direct access to all the data. It is therefore recommended that the current HWBB performance quarterly reporting frequency is changed to an annual substantive Performance and Progress Report.

1 Introduction

- 1.1 This report and its three 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 one of 2019/20 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 vital to ensure that the Board has an overview across this breadth of activity.

Indicators are categorised into life course stages (children, adolescents, adults, older adults, and across the life course).

- 1.3 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, an update on the current progress on delivering a new framework, 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, quarter 1 2019/20.

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.

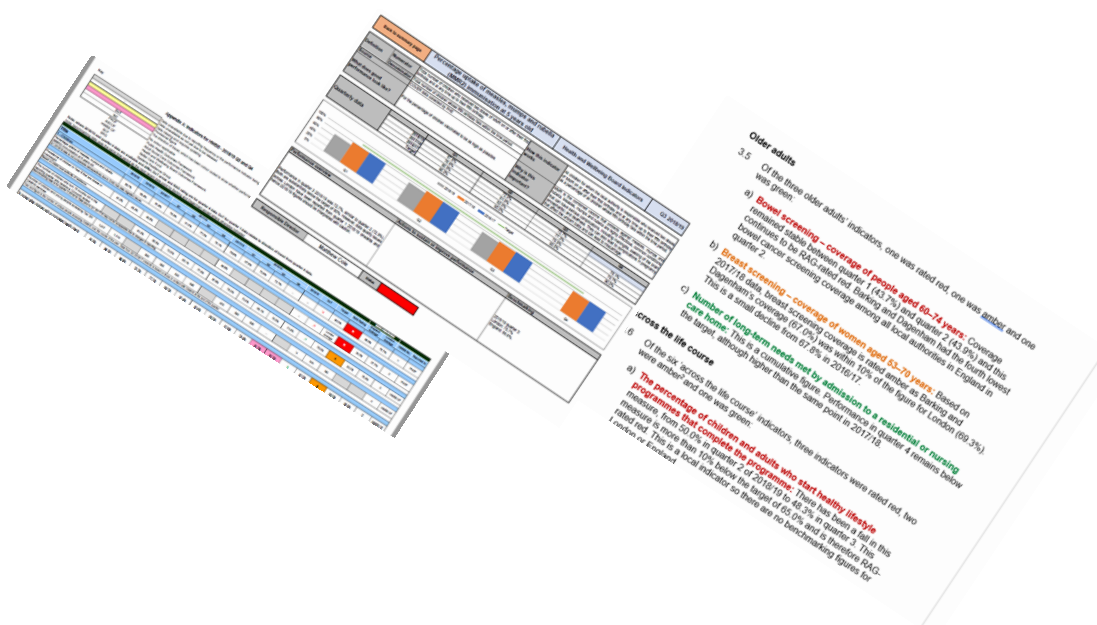
2.3 Board members should note that this means that **Appendix B** is focused on below targets performance requiring amelioration, with the aim to highlight what needs improving, therefore it is not to be taken as indicative of overall performance.

3 Considerations for a New Performance Monitoring Framework:

3.1 The current performance reporting framework has been designed based on delivering a cohort set of indicators in the format of a dashboard/performance scorecard, the indicators are chosen to represent the wide remit of the Board while remaining manageable in number. The indicators are presented in a hierarchical way and RAG rated red, amber or green to indicate performance status.

Board members are then invited to review key areas of board business and confirm that effective delivery of services and programmes is taking place. This occurs with the understanding that further subgroups are also 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 are escalated as necessary.



3.2 Whilst this approach has offered a robust and an ongoing feasibility of health monitoring, it is becoming an outdated model of health monitoring and evaluating performance.

It is proposed in this report to consider an alternative – a more modern approach to monitoring health performance through the replacement of activity-based indicators, and the adoption of outcome-based ones.

3.3 Such changes will result in a shift of emphasis from outputs to outcomes, where the focus will be on patients and client's perceptions and satisfaction, assisting and supporting commissioning.

The endeavour is to achieve a balanced collection of health, clinical, social care, and wider determinants of health indicators, that can contribute to formulating a better holistic understanding of the status of health system rather than adding a strategic tier of performance management.

3.4 The aim is to deliver a new cohort of good outcomes indicators. They will be valid, reliable with a focus on outcomes that matter to patients and clients. They will cover different types of healthcare outcomes including:

- Outcomes by medical condition
- Intervention based outcomes
- Long-term patient outcomes
- Population-based outcomes

3.5 The ethos driving this proposed change has its basis in the measurements process proposed by the International Consortium for Health Outcomes Measurement.

This method of measuring outcomes is achieved through a process of engaging and preparing with stakeholders to carry diagnostics of the plan. This is followed by setting up data collections that can be measured and analysed, which then feed into a learning cycle that drives change.

3.6 This proposed approach is likely to lead to increased streamlined performance monitoring. An alteration or replacement of the currently reported on cohort of indicators with new outcome-based ones.

3.7 It is important to note that the initial scoping of relevant indicators suggest that many of them require an annual update with information sourced from multi-agencies.

It is therefore recommended that the current HWBB performance reporting arrangement is replaced with an annual Performance and Progress Report, replacing the current quarterly frequency.

4 Performance overview

4.1 Out of the 19 indicators, there are ten indicators RAG rated red, this is an increase of three indicators when compared with the last provided report (Quarters 3-4 data for 2018-19). four indicators are RAG rated amber (vs seven rated amber in the last report), and no change to number of indicators RAG rated green (Four).

4.2 Only one indicator is not RAG rated as it is measure of accessibility to an offer of service. 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

4.3 Among the five children's indicators, three are RAG rated red, one is RAG rated green and one is not RAG rated.

- a) **Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old:** Quarter 4 performance (73.7%) is lower than London (76.7%) and England (86.7%) averages. It remains below the target of 90%. However, quarter 4 performance has improved marginally from quarter 3 reported performance of 72.7%.
- b) **Prevalence of children in Year 6 that are obese or overweight:** This is an annual indicator and the latest data available for Barking and Dagenham shows an increase from 43.8% in 2016/17 to 44.5% in 2017/18. This is above the London average target (37.7%) and is therefore RAG rated red.
- c) **Percentage of looked-after children with a completed health check:** The proportion of LAC health checks has fallen in quarter 1 2019/20 to 71.4% from 91.2% in quarter 4 2018/19. Performance is now lower than the London (86.6%) and England (86.0%) averages.

This indicator is RAG-rated red at this stage until further clarifications are obtained from the service.

Completed Health checks of Looked After Children is a possible area of concern.

- d) **The number of children who turn 15 months old in the reporting quarter who receive a 12-month review:** This measure has continuously improved from 66.1% in quarter 3 to 70.5% in quarter 4 2018/19, to 75.4% in quarter 1 2019-20. It has now exceeded the target of 75%; this is almost on par with London average of 75.6% but still below the national average of 84.4%.
- e) **Number of children and young people accessing Tier 3/4 CAMHS services:** Updated data shows that there were 680 children and young people in contact with CAMHS at the end of quarter 1, a 21% rise from 560 at the end of quarter 4. It is not possible to provide a target to 'rate' progress against for this measure due to the lack of national benchmarking information.

Adolescents

4.4 Of the two adolescents' indicators, one is rated red and the other one green:

- a) **Under 18 conception rate (per 1,000 population aged 15–17 years):** Although this measure continues to decrease, it remains above target. In the most recent time period, Barking and Dagenham had 26.8 conceptions per 1,000 of the 15–17 year old population. This is higher when compared to the target (the London

average) of 17.2 per 1,000. This is a rolling 3-year average measure (latest reported data is quarter 4 2017-18).

- b) **Care leavers in education, employment or training (EET):** This measure has continued to improve. Performance has improved from 49.6% in quarter 2 to 54.1% in quarter 4 2018-19 and has now reached 64.1%. This is above the set target of 57% and the London (56.1%) and England (54.9%) averages.

Adults

4.5 Of the three adults' indicators: one is rated red, one is rated amber, and one rated green:

- a) **Percentage of eligible population that received a health check:** Coverage in quarter one is 2.8%, this is below the pro-rata target for the quarter of 3.75% and lower than 2018/19 quarter 4 reported performance of 4.40%.

This is based on self-reports from practices and therefore is marked as provisional (England annual average is 8.0%, and London annual average is 9.0% in 2018/19).

- b) **Smoking prevalence in adults – current smokers:** This is an annual indicator, with the latest data (2017/18) placing this at 19.5%. This is less than 10% above the target of 18.6% and is therefore RAG rated amber. Barking and Dagenham has a higher smoking prevalence compared with the London (16.8%) and England (17.2%) averages.
- c) **Cervical screening – coverage of women aged 25–64 years:** Based on 2017/18 data, cervical screening coverage is RAG rated green, as coverage (66.8%) is above the set target in line with the London average (64.7%). Nonetheless, coverage in Barking and Dagenham shows a downward trend and 2017/18 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

4.6 Of the three older adults' indicators, one is rated red, one is amber and one is green. Therefore no changes on quarter 4 2018/19 position for the first two indicators, with a slight a provisional improvement of the third:

- a) **Bowel screening – coverage of people aged 60–74 years:** Coverage remained stable between quarter 1 (43.7%) and quarter 3 2018/19 (44.1%) and this continues to be RAG rated red. Barking and Dagenham had the fourth lowest bowel cancer screening coverage among all local authorities in England in quarter 2 (England average is 59.7% and London average is 50.9%).
- b) **Breast screening – coverage of women aged 53–70 years:** Based on 2017/18 data, breast screening coverage is rated amber as Barking and Dagenham's coverage (67.0%) was within 10% of the figure for London (69.3%). This is a small decline from 67.8% in 2016/17.

- c) **Number of long-term needs met by admission to a residential or nursing care home:** This is a cumulative figure. Performance in quarter 4 (2018/19 year end) was 722.4, and that was below the target of 858.9, in quarter one of 2019/20 the rate was 151.9, indicatively this supports a projection of 607.4, as such this indicator is RAG rated green.

Across the life course

4.7 Of the six 'across the life course' indicators, four indicators were rated red, and two were amber¹:

- a) **The percentage of children and adults who start healthy lifestyle programmes that complete the programme:** This indicator had seen a deterioration in performance in quarter 4 2018/19 to 33.8%, this resulted in a below target year end position of 49.3% (target was 65%).

This measure is more than 10% below the target of 65.0% and is therefore RAG-rated red. This is a local indicator and therefore there are no comparative benchmarking data for London or England.

- b) **A&E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all):** quarter 1 2019/20 performance has improved on the former quarter from 76.9% to 80.4% but is slightly lower than the year end reported performance of 80.7%.

This indicator is still performing below the target of 90% and therefore is RAG rated red. It is worth noting the performance is above both the England average of 77.5% and London average of 76.3%.

- c) **Percentage of people using social care who receive services through direct payments:** This has consistently decreased throughout the four quarters of 2018/19, from 65.5% in quarter 1 2018/19 to 49.1% in quarter 4 2018/19. As at quarter 1 2019/20 performance has further improved to 48.9%

This is more than 10% below the target of 60% and is therefore RAG-rated red. However, the current levels of receiving Direct Payments are more aligned with the level on clients' needs.

Delayed transfers of care: Across 2018/19 there were an average of 168.2 delayed days per 100,000, which is below the threshold target of 194.9 per 100,000. However, this position has now altered, in quarter one of 2019/20 there was a considerable increase in the rate of delays to 195.8, effectively, exceeding for the first time the target of staying below 194.9. Therefore, this indicator is now RAG-rated red. Whilst this indicator's performance has deteriorated, it is still worth noting that the performance is considerably better than the national average rate of 306.1 days per 100,000 population.

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

¹ Note that two of the amber-rated measures (emergency admissions aged 65 and over per 100,000 population and the number of leisure centre visits) are no longer updated.

- d) **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.

5 CQC inspections

- 5.1 Twelve reports of CQC inspections to healthcare organisations in the borough were published in quarter one 2019/20 (versus 16 reports in quarter 4 2018/19).

Seven inspections (58%) were rated as 'Good', two providers (17%) received a rating of 'Requires Improvement', and further two (17%) were inspected but not rate, and finally one provider was rated as 'Inadequate'.

<i>Rating by Service type</i>	<i>Dentist</i>	<i>Doctors/GPs</i>	<i>Homecare agencies</i>	<i>Nursing homes</i>	<i>Residential homes</i>	<i>Grand Total</i>
<i>Good</i>		2	4	1		7
<i>Inadequate</i>		1				1
<i>Inspected but not rated</i>	1		1			2
<i>Requires Improvement</i>				1	1	2
Grand Total	1	3	5	2	1	12

Appendix C contains details of all the inspection reports published in quarters 3 and 4 2018/19.

6 Mandatory implications

Joint Strategic Needs Assessment

- 6.1 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.
- 6.2 Barking and Dagenham is currently in the process of delivering a new JSNA in coordination and correlation with both: London Borough of Havering and London Borough of Redbridge.

Joint Health and Wellbeing Strategy

- 6.3 This indicator set is due be reviewed to bring it into alignment with the refreshed Joint Health and Wellbeing Strategy.
- 6.4 The current indicators chosen are grouped by the 'life course' themes of the previous Strategy and reflect core priorities.

Integration

- 6.5 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

- 6.6 Not applicable.

Financial

- 6.7 Not applicable.

7 List of appendices

- Appendix A: Performance dashboard
- Appendix B: Performance summary reports of red-rated indicators
- Appendix C: CQC inspection reports, 2019/20 quarter 1.