

HEALTH AND WELLBEING BOARD

9 December 2014

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 2 (2014/15)	
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: ALL	Key Decision: NO
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Sponsor: Matthew Cole, Director of Public Health	
Summary: <p>As with the 2014/15 Quarter 1 performance report, the Quarter 2 report shows that significant performance issues remain in A&E, referral to treatment time and on the cancer pathway. Unplanned admissions for ambulatory care sensitive conditions are also highlighted as an area of poor performance, together with chlamydia screening, which was identified as an area of concern previously but has seen an improvement, meeting some monthly targets, although overall it is below target.</p> <p>Childhood immunisations and cancer screening both continue to perform better than regional averages but far below target levels. Under 18 conceptions have reduced following the very sharp rise seen in the previous quarter, but the rate is the highest since March 2012. Provisional childhood obesity figures indicate an increase in those that are overweight or obese.</p> <p>Updates are provided on the performance of the numbers of four week smoking quitters, NHS Health Checks received, cancer screening and delayed transfers of care.</p> <p>An update is also given to the board on published reports from the Care Quality Commission (CQC) inspections in the quarter.</p> <p>We have also included the recently published CQC intelligent monitoring of GP practices which identifies six of our general practices in band 1, making them high priorities for inspection.</p>	
Recommendation(s) Members of the Board are recommended to:	

- Review the overarching dashboard, and raise any questions to lead officers, lead agencies or the chairs of sub-groups as Board members see fit.
- Note the further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance.

Reason(s)

The dashboard was chosen to represent the wide remit of the Board, but to remain manageable. It is important, therefore, 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 and, when areas of concern arise outside of the indicators ordinarily reported to the Board, these will be escalated as necessary.

Further to this, the report assists in the delivery of the Council's vision and priorities, particularly the priority of 'enabling social responsibility'.

1. Background

- 1.1.** The Health & Wellbeing Board has a wide remit, and it is therefore important to ensure that the Board has an overview across this breadth of activity.
- 1.2.** The CCG is managing a number of significant performance issues with its providers, principally at Barking, Havering and Redbridge University Trust (BHRUT). On 7 November Conor Burke, Accountable Officer BHR CCGs, Matthew Hopkins, Chief Executive BHRUT and Cheryl Coppell, Chief Executive London Borough of Havering met with Simon Stevens, Chief Executive NHS England and David Flory, Chief Executive of the NHS Trust Development Authority regarding current system resilience challenges and the performance of BHRUT. The CEOs were assured we had strong system plans but that our joint focus and priority now needs to be on implementation.
- 1.3.** A number of significant issues the Board may wish to discuss are the performance against target for:
 - A&E
 - Referral to Treatment times
 - Cancer
 - Ambulance conveyances
 - The 6 general practices categorised as band 1 in the CQC inspection.
 - NHS Health Check

The Board should be aware that an analysis from the London Ambulance Service of its Top 50 GP surgery locations based on total incidents attended during April 14 to September 14, 3 were in Barking and Dagenham:

- Ripple Road Medical centre
- Chaseview residential and nursing home
- Alexander Court Care Centre

1.4. The indicators contained within the report have been rated according to their performance, measured against targets and national and regional averages, with red indicating poor performance, green indicating good performance and amber showing that performance is similar to expected levels.

2. Overview of Performance in Quarter 2

2.1. **Appendix A** contains a dashboard summary of performance in Quarter 2 2014/15 against the indicators selected for the Board in July 2014.

3. Data availability and timeliness of indicators chosen

3.1. As mentioned in previous reports, there continues to be substantial gaps in monitoring information due to indicators being on annual cycles or having significant delays in the data becoming available. Difficulties remain in data flows to Public Health from parts of the NHS; however, issues are close to being resolved, particularly in relation to access to Hospital Episodes Statistics data.

4. Areas of concern

4.1. **Appendix B** contains detailed sheets for areas of concerning performance highlighted this quarter, as below.

4.2. Indicators 1 & 2: Childhood Immunisations

Barking and Dagenham continues to have childhood immunisation coverage that is higher than the London average for both two doses of MMR (82.2%), and DTaP (82.8%) at five years of age. Barking and Dagenham also performs better than neighbouring boroughs, but this indicator is highlighted as a cause for concern as the local ambition is to reach the target for herd immunity (95.0%). Levels of both immunisations have increased since the previous quarter.

4.3. Indicator 7: Under 18 Conception Rate

The most recent figures for under 18 conceptions, from 2013/14 quarter 2, show that there has been some reduction from the sharp increase seen in the previous quarter, when the quarterly rate was the highest seen since 2011/12 quarter 1. The rate reduced by 19% from this very high level to 38.2 conceptions per 1,000 women aged 15-17, but is still the highest rate since March 2012. Conceptions

have reduced from 45 in quarter 1 2013/14 to 37 in quarter 2 2013/14. The rolling 12 month average for the borough is below levels seen in the same quarter in the previous year.

Rates remain well above those for London (19.9) and England (22.2), where the rates reduced by 13% and 11% respectively compared with the previous quarter.

4.4. Indicator 8: Number of Positive Chlamydia Screening Tests

Quarter 2 has seen the numbers of positive Chlamydia screenings stabilise at levels just below target. September's count of 57 is the highest single month figure since June 2012 and is the second time a monthly target has been met this year.

Performance had been below target for this indicator over the course of the last financial year but work has been done with the provider (Terrence Higgins Trust) to address the shortfall in performance and also to ensure that Chlamydia testing will be part of the new Integrated Sexual Health procurement. Targets have also been adjusted to a more realistic and attainable figure.

4.5. Indicator 9: Four Week Smoking Quitters

Performance was below target for quarter two, with 109 successful quitters against the minimum target of 175 quitters. This target is based on 35% of the targeted number of 2,000 service users successfully quitting. This means that half way through the year the service is 117 quitters below target.

The rate of smoking related deaths has reduced from 404.3 per 100,000 population aged 35 and over in 2009-11 to 386.0 per 100,000 in 2010-12, but remains significantly worse than the England average (291.9 per 100,000).

4.6. Indicator 11: NHS Health Checks Received

Quarters 2 and 3 of 2013/14 had seen an upturn in performance, with uptake around the 3.75% target levels set nationally. However, quarter 4 of 2013/14 and quarter 1 of 2014/15 saw performance levels fall below those corresponding quarters for previous years, with quarter 1 2014/15 figures the lowest of the last three years. Quarter 2 has seen an upturn to 2.8%, although this is still below target.

Visits to poorly performing practices have occurred, with action plans agreed and will be monitored and reviewed. Individual Practice performance data is being communicated to all Practices on a monthly basis with recommendations on number of weekly health check events required to reach their individual targets.

4.7. Indicator 21: Emergency Admissions for Ambulatory Care Sensitive Conditions

Barking and Dagenham's rate increased over the last three years to 2012/13 but has decreased in 2013/14 to 1,108.7 per 100,000 population; however, this remains

significantly higher than both the national and regional averages of 780.9 and 734.6 per 100,000 population, respectively.

5. Further highlighted areas

5.1. Indicators 3 & 4: Childhood Obesity

Provisional figures from the NCMP for 2013/14 show a slight increase in Barking and Dagenham's proportion of both 5 and 11 year olds that are overweight or obese. Local figures cannot be contextualised against London or England figures until these are released in the finalised data set in December 2014.

5.2. Indicators 10 & 12: Cancer Screening

The borough has a slightly higher proportion of the eligible population that are adequately screened for both cervical and breast cancer than the London average, with 72.4% and 71.2% screened, respectively. These figures are, however, below national averages (74.2% and 75.9% respectively).

5.3. Indicators 17 & 18: Delayed Transfers of Care

In 2014/15 quarter 2, a total of 669 days were lost due to our residents having delayed transfers of care (DTC), of which 430 were reported to be the responsibility of the NHS, 89 were reported to be the responsibility of Social Care and the remaining 150 were jointly the responsibility of both.

Rates for both total delayed transfers of care and social care responsible transfers of care are below national and regional averages.

6. Summary of the Local Health Economy

6.1 CCG Performance

NHS England (NHSE) recently issued an assessment of assurance for Quarter 1. Whilst they are fully assured on our governance and partnership working arrangements, due to the ongoing performance issues and challenges around Barking, Havering and Redbridge University Trust (BHRUT) we have been assessed overall as 'assured with support'.

Barking and Dagenham CCG has a Quality, Innovation, Productivity and Prevention (QIPP) target of £10.8m for 14/15. Flex data for month 5 shows a saving of £1.01M actual savings against a target of £0.94M. The CCG has, to date, delivered an overall saving of £4.32M against a plan of £4.41M. The following schemes have not delivered a saving against plan:

- A&E attendance avoidance (Finance and Activity off plan)
- Community Diagnostics (Finance off plan)
- Diagnostics Demand Management (Activity off plan)

All projects have been reviewed to ensure suitable action plans are in place. The CCG has implemented recovery plans for all schemes where there has been significant under performance. The CCG is working to develop additional QIPP schemes throughout 14/15.

6.2. Better Care Fund

NHS England have reviewed the Better Care Fund plan and classified it as 'approved with support'. This recognises that whilst the plan is strong, the review process identified a number of areas for improvement which once addressed will enable us to move to a fully approved status.

6.3. Barking Havering Redbridge Hospitals NHS Trust (BHRUT)

BHRUT A&E Waits

As of August, year-to-date achievement was 85.5% for the Trust as a whole (80.5% at Queens and 93% at King George Hospital (KGH)). The Trust has failed to achieve the 95% standard throughout August and September. A Contract Query Notice (CQN) was issued to the Trust on the 13 June. A draft remedial action plan has been provided by the Trust, which has been reviewed by the CCGs and as a consequence this has not been signed off.

6.4. BHRUT 18 Weeks Referral to Treatment Times (RTT)

The full cost of the RTT backlog at BHRUT is being reviewed and calculated. The estimated cost of reducing the admitted backlog to a normal level is estimated £11.5m trust wide. The estimated cost of the non-admitted element is not yet quantified. NHSE have agreed to provide funding of £4.1m in relation to the RTT work, the BHR CCGs are currently in discussion with NHSE with regard to how this level of funding can be increased. Commissioners meet with the Trust on a weekly basis to review progress on reducing the admitted backlog and the validation process of the non-admitted backlog.

6.5. BHRUT Cancer Waits

62 day cancer waits (overall national target of 85%) – A CQN was issued to the Trust in February and a Remedial Action Plan (RAP) for the 62 day standard is in place. The Trust has stated they are on track to recover against the target for November 2014. Work on the outstanding actions from the RAP will be presented to the next Pathway Advisory Group meeting before submission to the Service Performance Review at the end of October. The Trust anticipates increased demand of approximately 50% in Urology, and a 22% increase in diagnosed bladder cancers as a result of the 'Blood in Pee' campaign which started on 13 October. The Trust also informed the group of work having begun on the Upper GI campaign.

Two week cancer waits (national target 93%) – A CQN was issued to the Trust on the 10 June and an RAP has been agreed. The Trust performance has recovered and has been sustained above national targets since July 2014. For 2ww breast

symptomatic the Trust is below target and a trajectory on the performance against the symptomatic breast metric has been set. CCGs continue to seek assurance and outputs from the Trusts' clinical harm review and RCA process.

6.6. BHRUT PAS Implementation

BHRUT continue to address problems resulting from the implementation of the Medway Patient Administration System (PAS). BHRUT has reported that relationships with System C, the PAS supplier are improving and that all required actions had been delivered. BHRUT are in the process of reviewing the system to ensure data is captured correctly.

An Activity Management Process is underway with the Trust in respect of non-elective pricing, with an agreement to carry out an audit of clinical notes. The process of identifying an auditor and implementing the audit is underway. Following a challenge, the Trust has corrected Urgent Care Centre pricing as of this month and applied the change retrospectively.

6.7. Barts Health NHS Trust (BH)

BH A&E Waits

As of August, year-to-date achievement was 94.43% for the Trust as a whole. The Escalation Level for Barts Health remains at Level 4 due to the on-going concerns at the Royal London and Whipps Cross.

Ambulance handovers also remain a concern particularly at Whipps Cross and the Royal London where breaches are occurring.

6.8. BH 18 weeks referral to treatment times

The Trust reported 92 patients waiting longer than 52 weeks as of the end of August. This is despite the Trust's commitment to not have patients wait longer than 52 weeks from April 2014. The performance has been affected by significant data quality issues impacting on the identification and the management of patients waiting for treatment.

6.9. BH Cancer Waits

Commissioners issued a CQN to the Trust in July as five targets out of the eight were not achieved. A Remedial Action Plan was received. Upon review Commissioners requested that further work was required to fully address the issues. Regular monitoring meetings are now in place to check the improvements against trajectory.

6.10. BH PAS System Implementation (Cerner)

Commissioners issued a CQN in July in respect of the Trusts' failure to print and post appointment letters for a period of two weeks that resulted in a significant backlog of letters not being issued. A Remedial Action Plan was received from the Trust setting out a timetable to recover the position.

Commissioners have asked for revisions to this plan in order to fully address the issue and a revised Remedial Action Plan is awaited.

6.11. BH Serious Incidents Notification (SI)

A CQN was issued to the Trust on the 18 July over concerns on the number of SIs and the process by which they are reported by the Trust. It was felt that the reporting of these incidents and follow-up investigation required was not in line with timelines agreed in the contract. A Remedial Action Plan has been received but upon review by Commissioners, further work has been requested to fully address the issue.

6.12. Barking Community Hospital birthing centre

Barts Health NHS Trust (BH) have advised the CCG that they would like to give notice on the birthing service at Barking Hospital, which could reduce access to midwifery led births if they do withdraw the service and if an alternative provider is not identified.

6.13. Mitigation:

- Issue has been picked up in the Commissioners response to BH's commissioning intentions letter.
- CCGs exploring other alternative service providers for a complete service for Barking Hospital.
- BH asked to provide evidence of impact assessment and an agreed position on consultation.
- Commissioners have been clear that the entire maternity pathway is commissioned, not parts thereof.

6.14. Community Services Contract CHS

North East London Foundation Trust (NELFT) Community Health Services Q1 closedown took place at the Service Performance Review on 25 September with all KPIs and Commissioning for Quality and Innovation (CQUIN) targets delivered in line with agreed targets.

Q1 2014-15 Key Performance Indicators were all met. The intensive case management caseload target has been met and the community treatment team is performing at 20% above block contract activity targets for Q1.

Good performance on working in partnership with BHRUT to deliver 3 joint CQUINs (Falls/Pressure Ulcers/ICM) via a joint contract review meeting.

Three CQNs were issued in Q1 (RTT for Paediatric Services in Havering and Redbridge, and Safeguarding Training for all BHR and Waltham Forest CCGs). Remedial Action Plans have been agreed for all 3 CQNs and NELFT has met all agreed RAP targets.

A 'round table' discussion with Community and Mental Health Services Clinical Directors was held on 29 October 2014 to receive GP feedback on NELFT service line reporting (SLR) and agree a priority for service specification reviews. The Commissioning Support Unit wrote a briefing to frame this event (based on NELFT SLR and focused on high spend areas and those which need to be prioritised due to statutory drivers i.e. Children's and Families Act). The NELFT block contracts are on budget at M6.

6.15. Mental Health Contract

NELFT submitted Q1 performance data which was scrutinised at the Service Performance Review (SPR) meeting on 27 August and fully validated and closed down from the SPR on 25 September. All Barking & Dagenham KPIs for mental health (including IAPT) were met.

7. CQC Inspections in Quarter 2 2014/15

7.1. Appendix C contains an overview of overview of investigation reports published during the period on providers in the London Borough of Barking and Dagenham, or who provide services to residents in the borough.

During this period, 8 reports were published on local organisations. Of these, all met required standards set by CQC. The following list outlines the organisations that were inspected:

- Westminster Homecare Limited
- TLC Care Services
- Dr N Niranjan's Practice
- Chestnut Court Care Home
- Sahara Parkside Limited
- Delrose House Limited
- Shiva Emami et al, Family Dental Practice
- Laburnum Health Centre

7.2 CQC intelligent monitoring of GP practices

On 17 November the CQC published 'intelligent monitoring' of general practices in England which include analysed evidence on patient experience, care and treatment, based on publicly available sources including patient surveys and Quality and Outcomes Framework (QOF) data. Drawing on this information to create 38 indicators, every general practice in England has been analysed to identify the highest priority practices for CQC inspection under its new in-depth regime, which it rolled out formally last month, and what these inspections will focus on. This is so

that it can be confident that people receive care that is safe, caring, effective, responsive to their needs, and well-led.

It is part of CQC's new regulatory approach that specialist inspection teams, including GPs or practice nurses and trained members of the public, inspect services against what matters most to the people who use them. CQC has been using evidence to prioritise its inspections of acute NHS trusts since last October.

The CQC ranked 7,276 of the total 7,661 general practices in England on the 38 indicators to calculate the level of risk. Practices were graded in six bands, with band one being the highest concern and band six the least. This analysis reveals that almost eight out of ten general practices in England appear to be of low concern, based on the available data and almost 3,800 are in the lowest category (band six). However 861 (11%) have been rated in the highest risk category (band one).

In Barking and Dagenham 12 of 37 general practices are in band 6, representing 32.4% of general practices in the borough. Six general practices are in band 1, making them high priorities for inspection. This represents 16.2% of the boroughs' general practices. These high priority practices are listed below (in order of risk, highest first):

- Five Elms Medical Practice
- Dr. Israr Moghal
- Dr. Mohammed Ehsan
- King Edward's Medical Centre
- Dr. N. Niranjan's Practice
- Dr. MF Haq's Practice

14 general practices within Redbridge CCG and 10 Practices within Havering CCG are ranked in band 1 (the highest priority for inspection) representing 32.6% and 19.6% of their general practices respectively. Both of these proportions are higher than the 16.2% of Barking and Dagenham's general practices in band 1.

While the CQC can only judge the quality of care within a service once it has carried out an inspection, the analysis indicates which practices are meeting expected standards for effective diagnosis and care and those where people may not be receiving high-quality and compassionate care.

An overall performance rating is simplistic and cannot adequately capture the complexities of delivering healthcare. For example, the list of core services that the CQC will ordinarily inspect in an acute hospital, or the key patient groups in a GP practice, does not cover the entire spectrum of care delivered by that provider. In particular some practice lists by their makeup are more challenging to deliver health

care. Factors such as deprivation, language, literacy levels and low income can play a part.

Variations in the consistency of care delivery have previously been highlighted in the Director of Public Health Annual Report 2013. The CCG is leading on establishing a joint primary care transformation programme with NHSE and the council which will oversee and assure improvement.

8. Urgent Care Board – Performance Dashboard

The section below gives more detailed information from the Urgent Care Board Dashboard on initiatives including the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) Improvement Plan and the operational resilience schemes.

8.1. A&E Performance – below national standard and trajectory

BHRUT September performance (all types) was 85.0% which continues to be below the 95% national standard. The site split for September was 92.6% at King George Hospital and 79.8% at Queens Hospital.

The Trust-wide year to date position is 85.4%, with King George Hospital at 93.1% and Queens at 80.1%.

The latest data (week ending 19 October) reports a BHRUT position of 79.1% compared to the planned trajectory of 91.56%. King George and Queens Hospital reported at 89.8% and 71.7% respectively.

8.2. Accident & Emergency Attendances

Between July and August, there was a 12.1% reduction in Type I and II Attendances across the BHR CCGs.

Barking & Dagenham CCG showed the largest reduction between July and August at 14.6%, Havering CCG and Redbridge CCGs had reductions of 10.4% and 11.9% respectively.

For the year to date (April to August 2014) A&E attendances for BHR CCG patients at BHRUT have been 1,237 (1.5%) below contract/plan. Barking & Dagenham CCG was 3.5% below Plan with Havering CCG 0.4% above plan and Redbridge CCG 2.1% below.

8.3. Overall BHRUT Attendances

A&E attendances (all types) for all CCGs at BHRUT in September was 6.6% higher than in August, however, between Q1 and Q2 2014 BHRUT had a 4.6% reduction in all Types attendances.

Comparing April to September 2014 with April to September 2013, BHRUT all types

attendances increased by 3.3%.

8.4. Ambulance Conveyances

There was a decrease of 5.8% in overall ambulance conveyances to Queens hospital between Q1 and Q2 (11,483 and 10,819 respectively).

Similarly, ambulance conveyances to King George Hospital between Q1 and Q2 decreased by 8.6% (4,203 to 3,842).

Ambulance conveyances directly to the Queens Urgent Care Centre decreased by 28.4% between Q1 and Q2 (1,795 to 1,286).

8.5. BHR CCGs Non-Elective Admissions

Between July and August, non-elective admissions at BHRUT for the BHR CCGs reduced by 375 (9.6%).

Redbridge CCG had the highest reduction at 15.3%. Barking & Dagenham CCG had a 9.6% reduction and Havering CCG had an overall reduction of 6.6%.

For the year to date (April to August 2014) non-elective admissions for BHR CCG patients at BHRUT have been 400 (2.1%) below contract/plan. Barking & Dagenham CCG was 3.6% below plan with Havering CCG 1.9% above plan and Redbridge CCG 6.5% below.

8.6. Intensive Rehabilitation Service (New Referrals)

Between Q1 and Q2, new IRS referrals reduced from 343 to 297. This represents a decrease of 13.4%, although new referrals into the service have been consistently above their weekly target of 15 with an average of 24.

8.7. Community Treatment Team

Between Q1 and Q2, Community Hub referrals reduced from 1,888 to 1,741. This represents a decrease of 7.8%, although the referrals into the service have been consistently above their weekly target of 96 with an average of 140.

In the same period, Acute Hub referrals reduced from 764 to 573. This represents a decrease of 25.0%, although the referrals into the service have been consistently above their weekly target of 32 with an average of 50.

9. Mandatory implications

9.1. 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, the impact of which should be visible in the annual refreshes of the JSNA.

9.2. 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.

9.3. Integration

The indicators chosen include those which identify performance of the whole health and social care system, including in particular indicators selected from the Urgent Care Board's dashboard.

9.4. Legal

There are no direct legal implications at this stage, but a robust and efficient system must be embedded.

9.5. Financial

There are no financial implications directly arising from this report.

10. List of Appendices:

Appendix A: Performance Dashboard

Appendix B: Detailed overviews for indicators highlighted in the report as being in need of improvement and detailed overviews for indicators highlighted in the report as performing particularly well

Appendix C: Overview of CQC Inspections published in Quarter 2 2014/15 on providers in the London Borough of Barking and Dagenham