

HEALTH AND WELLBEING BOARD

10 FEBRUARY 2015

Title: Health and Wellbeing Outcomes Framework Performance Report – Quarter 3 (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 previous performance reports, the Quarter 3 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.</p> <p>The latest performance figures are reported in the following areas - number of four week smoking quitters, number of NHS Health Check received, proportion of eligible population screened for breast/cervical cancer, statistics on the delayed transfers of care and number of positive Chlamydia screening tests.</p> <p>Published reports from the Care Quality Commission (CQC) inspections for the quarter is summarised for the information of the Board.</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 further detail provided on specific indicators, and to raise any further questions on remedial actions or actions being taken to sustain good performance.• Note the areas where new data is available, specifically the A&E survey, smoking quitters, Chlamydia screening and NHS Health Check. Performance re	

Reason(s)

The indicators within the dashboard were chosen to represent the wide remit of the Board, and 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.

1. Background/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.
- 1.2.** A number of significant issues the Board may wish to discuss are the performance against target for:
 - A&E survey
 - Referral to Treatment times
 - Ambulance conveyances
 - NHS Health Check
 - Four week smoking quitters
 - Delayed transfers of care/discharges
- 1.3.** 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 3

- 2.1.** **Appendix A** contains a dashboard summary of performance in Quarter 3 2014/15 against the indicators selected for the Board in July 2014.

3. Data availability and timeliness of indicators chosen

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. Public Health – highlighted areas Areas of concern

- 4.1.** Appendix B contains detailed sheets for areas of concerning performance highlighted this quarter, as below.
- 4.2.** There are a number of areas where Barking and Dagenham are performing poorly in comparison to national and regional figures that have been reported on in previous performance reports; however, as data for these

indicators are either annual or not due for release this quarter, a further update is not given. These areas include childhood obesity, cancer screening and childhood immunisations. Although updates are not given they still remain priority areas.

4.3. Indicator 8: Number of positive Chlamydia screening tests

Quarter 3 has seen the numbers of positive Chlamydia screenings fall further below target. The monthly target of 49 positives was not met in any of the months, with December alone only achieving 38 positives.

Performance has been below target for this indicator over the course of the 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.

The new Health Services Liaison Officer for Barking and Dagenham has been contacting all GPs and pharmacies in order to promote and publicise the Chlamydia testing and results service. The aim is to increase Chlamydia screening activity and we will be following up all the practices and pharmacies visited monthly to monitor and assess the impact and effectiveness of the training. Additionally, large group joined up training sessions on Chlamydia testing and c-card are run for pharmacies covering pharmacists and counter staff across the rest of the year, this started in Q2 2014/145.

4.4. Indicator 9: Four week smoking quitters

Performance was below target for quarter 3, with 111 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. After three quarters of the year, the service has seen 117 fewer quitters than the minimum 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).

GP practices have been commissioned to send letters to registered patients who are smokers and not in any smoking cessation programme to encourage them to take up the service; this may increase activity and help to increase the numbers of quitters. A meeting was held with the Stop Smoking Champion from Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). Several activities are being undertaken to improve referral rates from the acute trust. These include in-depth work with wards and supporting staff to ask patients about their smoking status as well as working to introduce the BabyClear accredited smoking programme for pregnant women. We are also looking at with BHRUT 'Stop before the Op'.

4.5. 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 1,035.4 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.

Areas of improvement

4.6. Indicator 11: NHS Health Check Received

Quarters 2 and 3 of 2014/15 have seen an upturn in performance, with uptake increased from Quarter 1's level of 2.4% (807) to 3.8% (1,354) and 4.1% (1,505) respectively. The work that is currently being undertaken is aiming to maintain these improvements and, if successful, the yearly target will be met if Quarter 4 has as many health checks as Quarter 3. Quarter 3 figures compare favourably with the equivalent quarters in the previous year and to national and regional averages.

There does, however, remain to be large inequalities in delivery levels across the borough's GP practices. An action plan has been agreed and visits to poorly performing practices continuing with a quality audit planned. 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. Point of Care Testing (POCT) pilot is being rolled out with 23 surgeries participating initially. Barking and Dagenham have been included in a national pilot to improve the quality of the health check programme at a local level. Discussions are also taking place with regards to cross referral from GP to Pharmacy.

5. CQC Inspections in Quarter 3 2014/15

5.1. 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, 10 reports were published on local organisations. Of these, 2 did not meet all the required standards set by CQC. The following list outlines the organisations that were inspected:

- Florence Ojuolape Bello
- Reline Care Ltd
- Look Ahead Care and Support Limited
- Chosen Services UK Limited
- Abbeyfield East London Extra Care Society
- Millicent Preston House
- Abbey Care Home Limited
- Dr MF Haq & Partners
- Chinite Resourcing Limited
- Chase View Residential and Nursing Home

The two which did not meet required standards are Chaseview Residential and Nursing home (met 4 out of 5 standards) and The Abbeyfield East London Extra Care Society Limited (met 3 out of 5 standards).

5.2. Abbeyfield East London Extra Care Society – George Brooker House

George Brooker failed 2 of the 5 requirements after an inspection on 21 July 2014 which was triggered by an anonymous complaint to CQC regarding infection control.

This is a 44 bed home with 21 LBBB residents.

The following requirements failed the inspection:

- ‘Caring for people safely and protecting them from harm’, in particular:
 - People should be cared for in a clean environment and protected from the risk of infection
 - People should be protected from abuse and staff should respect their human rights (outcome 7)
- ‘Quality & suitability of management’

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There was an outbreak of scabies in May 2014 which was not managed effectively for both residents and staff. This is also related to the way management dealt with the control of the spread of scabies amongst staff and residents including the lack of information available. The home was closed during the outbreak; however this should have been done sooner.

The Council have increased Quality Assurance visits since this outbreak to ensure that the CQC actions are being rigorously followed. The staff in the home have had additional training around infection control and maintaining standards of hygiene. We have also reviewed our clients in the home to ensure they are safe. Overall residents have said they have a good quality of life, had a good relationship with the staff and did not feel unsafe at the home.

CQC inspected George Brooker on Monday 26 January 2015 and the Council are awaiting the draft report. Under the new inspection regime which was implemented in October 2014 a group of 6 CQC representatives visited the home, this consisted of 1 Lead Inspector and 5 Specialist Advisors. A group this large has now become normal practice for inspections as it is felt specialist in different fields attending give the opportunity for a more thorough and in depth inspection result.

5.3 Chase View Residential Home

CQC last inspected Chase View in August 2014 (published December 2014)

This home failed 1 of 5 requirements ‘caring for people safely and protecting them from harm’ which related to medicine being given safely, an enforcement action by CQC was placed on the home.

During 2014 there were a number of serious concerns raised including the maintenance and use of equipment. Quality Assurance carried out a number of monitoring visits working with the home management team providing support and advice to meet all CQC requirements. However on 28 July 2014 LBBB took the decision and put an embargo in place and stop placing people in the home as the home management team had failed to implement the improvements required.

An action plan was put in place and Safeguarding Officers closely monitored to ensure that the home were working to the plan and also fulfilling the requirements for CQC.

The embargo was lifted on 9 December as the home had met the requirements of the LBBB action plan; however there is no set date for CQC to inspect the home at present.

Quality Assurance carried out an unannounced monitoring visit in December. This was prompted by concerns raised by the BHRUT End of Life care coordinator regarding the ability of nurses at the home to administer drugs for end of life care. The nursing staff at the home are receiving ongoing training and being supported by the Palliative Care Nurse to put their training into practice, this is also being monitored to ensure good practice by the PCN.

The current manager is leaving at the end of January and the replacement started 2 February. The Council's Quality Assurance team will continue to robustly monitor the home including unannounced visits.

6. Urgent Care Board

National focus is on addressing the unprecedented pressures on A&E services across the country. We, together with our partners, have a comprehensive system wide plan for addressing the pressures in our local A&E department. This is a rapidly changing context here in Barking and Dagenham and the Accountable Officer for NHS Barking and Dagenham CCG and the Corporate Director of Adult and Community Services may wish to verbally update the Board on the current state of play on performance of our local NHS Trust. In January draft guidelines were issued by National Institute for Health and Care Excellence (NICE) aimed at ensuring safe care, outline nurse staffing requirements for consultant led major A&E departments across England. This sets out that hospitals should ensure that they meet minimum nurse to patient ratios in accident and emergency departments.

Appendix D contains detailed information from the Urgent Care Board Dashboard on initiative including the BHRUT Improvement Plan and the operational resilience schemes.

6.1. A&E waiting times

The number of delays faced by ambulances when they arrive at A&E has doubled in the last year according to NHS England figures. There were also rises in delayed discharges and cancelled operations in the past month, compared to a year ago.

Meanwhile, new A&E waiting time figures show performance against the four-hour target has worsened in the New Year. The last three months of 2014 also saw the

worst wait figures for a decade.

BHRUT is performing below the national average for 2014/15 Quarter 3, with 80.5% seen in less than four hours compared to 92.6% in England. Barts Health NHS Trust is performing better than BHRUT, with 89.8% with less than four hours between arrival to admission, transfer or discharge.

6.2. A & E Performance

Below national standard and recovery trajectory

BHRUT December performance (all types) continued below the 95% national standard at 76.8%. This is a decrease of 5.6 percentage points from the November performance of 82.4%. King George Hospital (KGH) December performance deteriorated to 82.8%, from 84.9% in November. Queens Hospital's (QH) performance dropped the most from 80.7% in November to 72.7% in December.

BHRUT overall December performance was below the recovery trajectory as was the case in November. However, at site level, KGH performance was above 90% and above the 95% national standard on more days than in November. 6 days were above the 90% mark as compared to 5 in November and of these, 3 days were above national standard compared to 2 in November.

The Trust-wide year to date position fell to 83.9% from 84.7% in November. KGH fell from 91.7% to 90.9%, while Queens' improving trend reversed with performance decreasing from 79.9% to 79.2%. The most recent data (week ending 4 January 2015) reports BHRUT All Type performance at 72.2%. This is below the recovery plan trajectory of 89.8%. KGH and QH reported 80.5% and 66.6% respectively.

6.3. A&E Attendances (BHR CCGs)

Activity has decreased between October and November and is below plan for the year to date

Total A&E attendances decreased marginally by 5 patients (0.03%) between October and November for BHR CCG patients. Barking and Dagenham CCG at 2.6% recorded the largest decrease in activity, followed by Redbridge CCG at a 0.7% reduction. Havering CCG reported an increase in activity between the two months, at 2.5%. A&E attendances for all BHR CCGs was above plan for the month.

For the year to date (April to November 2014) A&E attendances for BHR CCGs at BHRUT were 52 attendances (0.04%) below plan. Barking and Dagenham CCG attendances were 1.7% below plan. Havering CCG's attendances were 1.0% above plan, and Redbridge CCG's attendances are now 0.3% above plan.

6.4. Overall BHRUT Attendances

Marginal decrease between November and December, and overall increase 2013 to 2014

Overall A&E attendances (all types) at BHRUT decreased by 0.1% between November and December. BHRUT total attendances however increased by 6.9% for the year to December 2014 when compared with the same period in 2013.

Comparing Quarter 2 and Quarter 3 in the financial year 2014/15 (July to September and October to December), demonstrates an increase in total attendances from 62,902 to 66,711 (6.1%). Current 12 months rolling average has increased from the 4,897 figure reported last month to 4,932 per week.

The attendance to admissions ratio deteriorated between November and December at both sites. Queens' range of admission ratios varied between 22.5% and 24.5% in November, to 22.9% -28.5% in December. KGH's range increased from 22.1% - 24.9% in November, to 25.4% - 30.2% in December. The actual volume of non-elective admissions in the same period increased by 1.2% (53 admissions).

6.5 Accident and Emergency survey 2014

Background

A&E is one of the eight core services that CQC inspects and rates in acute hospitals. Patients' experiences of care are a key aspect in determining these ratings. The national findings are presented under the questions Inspectors ask about A&E departments - Are they safe, Caring, Effective and Responsive to people's Needs.

The 2014 A&E survey involved patients who had attended one of 142 acute and specialist NHS trusts with a major accident and emergency department. Patients visited A&E during January, February or March 2014.

Responses were received from 39,320 people and the national response rate for the survey was 34%. In 2012 the response rate was 38%. Patients were eligible to take part in the survey if they were aged 16 years or older and were not staying in hospital at the time the patients were sampled. The findings demonstrate that departments are largely caring; however, more work needs to be done so that services are safer, more effective and more responsive to peoples needs.

In the same survey, people were asked to answer questions about different aspects of their care and treatment. Based on their responses, each NHS Trust was given a score out of 10 for each question (the higher the score the better). Questionnaires were sent to 850 people who had attended an NHS accident and emergency department (A&E) during January, February or March 2014. Responses were received from 239 patients at BHRUT.

Summary:

Feedback from the survey indicate that BHRUT are performing worse than other Trusts nationally in 7 of 8 of the sections in the questionnaire (see table below):

Patient survey section	Patient response	Compared with other trusts
Arrival at A&E	6.8/10	Worse
Waiting times	5.2/10	Worse
Doctors and Nurses (answered by those who saw a doctor or a nurse)	7.5/10	Worse
Care and Treatment	7.0/10	Worse
Tests (answered by those who had tests only)	7.7/10	Worse
Hospital environments and facilities	8.0/10	About the same
Leaving A&E (answered by those who were not admitted to hospital or to a nursing home only)	5.1/10	Worse
Experience overall	7.7/10	Worse

More information regarding the responses to specific questions which were asked can be found here: <http://www.cqc.org.uk/provider/RF4/survey/4#undefined>.

7. Referral to Treatment

7.1. Ambulance Conveyances – November to December decrease

London Ambulance Service has struggled to meet performance targets in 2014 and during January 2015. It has experienced increase in demand for its services and has a shortage of paramedics. The latest data covering November at the London level shows that the service only managed to respond to 64.3% of “red one calls” – the most serious – within 8 minutes against a target of 75%. This was the worst performance in the country.

The total number of ambulance conveyances to BHRUT fell to 5,071 during December compared to 5,240 in November.

Conveyances to Queens Hospital fell by 2.9% from November. Conveyances to King George Hospital decreased by 0.6% in the same period. Ambulance conveyances to Queens fell by 23.6% in the same period, from 233 in November to 178 in December. These reductions are in part driven by reduced green (from 111) conveyances following enhanced clinical triage.

Increase in dispatch time for ambulance response

The DH has set up a pilot scheme in two areas including the London Ambulance Service to put in place an increase the dispatch time for 999 call handlers from one minute to three minutes. This to give extra assessment time to ensure that ambulances more accurately deployed to where they are most needed.

The aim of the proposed change is to evaluate if there is any associated increase in operational efficiency through reducing the number of vehicles sent to each 999 call. Some evidence suggests that giving call handlers extra assessment time to make the right decision for the patient could improve clinical outcomes and improve

their chances of survival.

NHS England is considering a range of new measures to help address an increase in demand on ambulance services in the last two months.

7.2. Delayed Transfers of Care/Discharges – Increase reported between November and December

The national focus is to improve the flow of patients through hospital to alleviate pressures in A&E and to enable a more concerted effort to treat more elective patients. Consequently, delayed discharges of care/discharges receive a lot of attention and are an area of risk locally. There has been an increase from the weekly average of 18 DTOCs in November, to 23 in December.

A comparison of weekend discharges between November and December shows that:

- i) Average Saturday discharges increased from 105 in November to 116 in December.
- ii) While average Sunday discharges increased from 79 in November to 93 in December.
- iii) Monday to Friday average daily discharges are 168 in December 2014.
Rates for both total delayed transfers of care and the social care element of the “responsible” transfers of care are below national and regional averages.

Supporting out of hospital care during winter

The Department of Health allocated an additional £25m of grant funding to local authorities on 16 January, allocated according to the level of need in relation to delayed transfers of care attributable to social care. The Council received a share of this grant funding to address issues around DTOCs. An additional £12m was also allocated to all other local authorities not in the initial cohort to benefit from extra support through the winter.

The local authority has had undertake capacity mapping with residential and care homes and the voluntary sector to consider what extra capacity may be available to help move people out of hospital and into more appropriate settings. Further attention has also been drawn by the Department of Health to the continued use of best practice seen throughout the country.

7.3. BHR CCGs Non-Elective Admissions – decrease between October and November but above plan

Between October and November, non-elective admissions at BHRUT for BHR CCGs decreased by 50 (1.3%). There were decreases of 0.6% for Barking and Dagenham CCG, 1.8% for Havering CCG and 1.4% for Redbridge CCG when comparing the two months.

The November year to date (YTD) position of 29,331 non-elective admissions at BHRUT is below the plan of 29,819 by 488 (1.6%) for BHR CCGs. Over the financial year to date, Barking and Dagenham CCG is 3.4% below plan. Havering CCG has increased to 2.2% above plan from last month's YTD position of 1.9% above plan. Redbridge CCG is 5.5% below plan.

The rolling average number of non-elective admissions between April 2013 and March 2014 was 3,721 per month. The rolling average number of non elective admissions for the 12 months ending November 2014 is 3,405 per month. This represents a decrease of 316 or 0.7%.

In the current financial year the monthly rolling average is 3,666 for the period April to December 2014 this represents a decrease of 7 non-elective admissions (0.02%) per month when compared with the rolling average April to November 2013.

7.4. NHS 111 Service

The percentage of called answered within 60 seconds has continued to deteriorate during November ending 92.8% compared with 95% target. This trend was mirrored across London for the same period ending 91.7%.

8. Mental Health

Highlights of the performance of Mental Health services within Barking & Dagenham is detailed below. The Board should note that future Performance reports will include a simplified Mental Health dashboard.

8.1. Improving Access to Psychological Therapies (IAPT)

1,401 patients were referred for psychological therapies in Quarters 1 & 2 of 2014/15. Improvements were seen in the numbers of IAPT referrals who were waited more than 28 days from first contact to first treatment, with only 9 patients in Quarter 2 compared to 22 in Quarter 1. 421 people in Quarters 1 & 2 completed treatment and are moving to recovery.

8.2. Child and Adolescent Mental Health Services (CAMHS)

The CAMHS team had DNA rates that were higher than the target of 25% in both Quarters 1 & 2, with 25.3% and 27.2% respectively. 100% of staff have completed level one and two safeguarding training, while the all staff that do not currently have level three are scheduled to complete in Quarter 3. 100% of inpatients discharged from hospital received follow up within 7 days in Quarter 1 and Quarter 2.

8.3. Care Programme Approach

In Quarter 1, 1 out of 59 detained patients had an absence without leave episode. In Quarter 2 this was improved to 0 out of 80 patients detained under the Mental Health Act 1983. Quarter 3 was at 0 out of 63, a further improvement.

100% of those in treatment for suicide or self harm saw a reduction between their first months of treatment and their discharge from the service.

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 2014/15 Quarter 3 on providers in the London Borough of Barking and Dagenham.

Appendix D: Urgent Care Board Performance Dashboard – 19/01/2015