

HEALTH AND WELLBEING BOARD

7 July 2015

Title: Health and Wellbeing Outcomes Framework Performance Report – Year End 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: The end of year performance report reports on health and wellbeing in Barking and Dagenham in 2014/15. It reviews overall performance highlighting areas that have improved in 2014/15, and areas that require improvement in 2015/16. The report is broken down into the following sub-headings: Primary Care Secondary Care Community Services Mental Health Adult Social Care Children’s Services Public Health London Ambulance Service	
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 on teenage conception.	
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. Performance Summary

This is a summary to direct Members of the Board to key areas of performance.

1.1 Primary Care

- In 2014/15, four GP practices in Barking and Dagenham were inspected by the Care Quality Commission (CQC). All met the required standards and received a 'Good' rating.

1.2 Secondary Care

- Trust performance for A&E four hour waits was above the recovery trajectory for 6 of the 21 winter weeks.
- Two NHS Trusts that serve our population are currently in special measures; Barking, Havering and Redbridge University Hospitals NHS Trust with a particular focus on Queen's Hospital, and Barts Health NHS Trust with a particular focus on Whipps Cross Hospital. Both Trusts have put action plans in place and are being supported to improve the healthcare provided to patients.

1.3 London Ambulance Service

- The performance of the London Ambulance Service remains a serious concern in Barking and Dagenham, with the number of highest severity calls responded to within 8 minutes being below target.

1.4 Community Services

- The percentage of children receiving a face-to-face New Birth Visit from a health visitor within 14 days of birth improved between Q2 and Q4 2014/15.
- The number of children seen by a health visitor for their 2-2.5 year review fell between Q2 and Q4; however, this may be due to a reporting systems issue.

1.5 Mental Health

- Children and young people accessing Child and Adolescent Mental Health Services was up compared to the previous year: higher numbers of children were seen in tier 3/4 services in 2014/15 compared with 2013/14.
- There were reductions in the Improving Access to Psychological Therapies (IAPT) referral waiting times in 2014/15, and although there is no national target for IAPT waiting times, it is stipulated that adequate service provision must be provided to ensure access for all who need treatment within 28 days of first contact.

1.6 Adult Social Care

- The number of delayed transfers of care have remained steady and below the national average in 2014/15. In winter (Q3) there was an expected increase in delayed transfers but this was followed by a decrease in the following quarter.
- In 2014/15 the number of admissions into residential and nursing care homes exceeded both the annual target and the number of admissions that occurred in the previous year.

1.7 Children's Services

- The percentage of looked after children with an up to date health check increased at the end of March 2015. Compared to 2013/14 end of year, there has been a slight drop in performance, but this still remains above both the national and regional averages for this performance indicator.
- The teenage conception rate in the borough increased over 2014/15; this is in contrast to the decreasing trend seen across London and nationally. To address this, the borough continues to run a comprehensive sexual health education and advice service and to support mothers who choose to give birth under 18 years.

1.8 Public Health

- The uptake of NHS Health Checks has nearly doubled over 2014/15, which has led to the borough exceeding the target for the year.
- The immunity of our population is not as good as it could be, but is better than the London average. Uptake of childhood immunisations for MMR2 and for DTaP in children aged 5 years decreased. To address this NHS England and partners have put in place an action plan to improve immunisation uptake.
- The Barking and Dagenham rate for MRSA bacteraemias in the community is 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of IV lines and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.
- In 2014/15, the quarterly target of four week quitters was only met once, in Q4. The number of quitters in the borough fell short of the annual target; however, this is a national trend. babyClear® has been introduced to support quitting in mothers.

2. Background/introduction

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

3. Overview of performance in 2014/15

A dashboard summary of performance in year 2014/15 against the indicators selected for the Board in July 2014 can be found in Appendix A. 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.

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, and cancer screening.

3.1 Primary Care

In 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.

The CQC ranked 7,276 of the 7,661 general practise 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 the highest risk band, making them high priorities for inspection. This represents 16.2% of the boroughs' general practices which is higher than the national average. 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 Niranjana's Practice
- Dr. MF Haq's Practice

3.1.1 Care Quality Commission (CQC) GP Inspections

In 2014/15, three GP practices in Barking and Dagenham were inspected by the CQC, two of which were those identified as being in the highest risk group: Dr. N Niranjana's Practice, Laburnum Medical Centre, and Dr. MF Haq's Practice. All three met the required standards and received a 'Good' rating.

3.2 Secondary Care

Since Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) were placed into special measures in December 2013, the recovery plan at has led to significant improvements in performance. However, there is still work to be done.

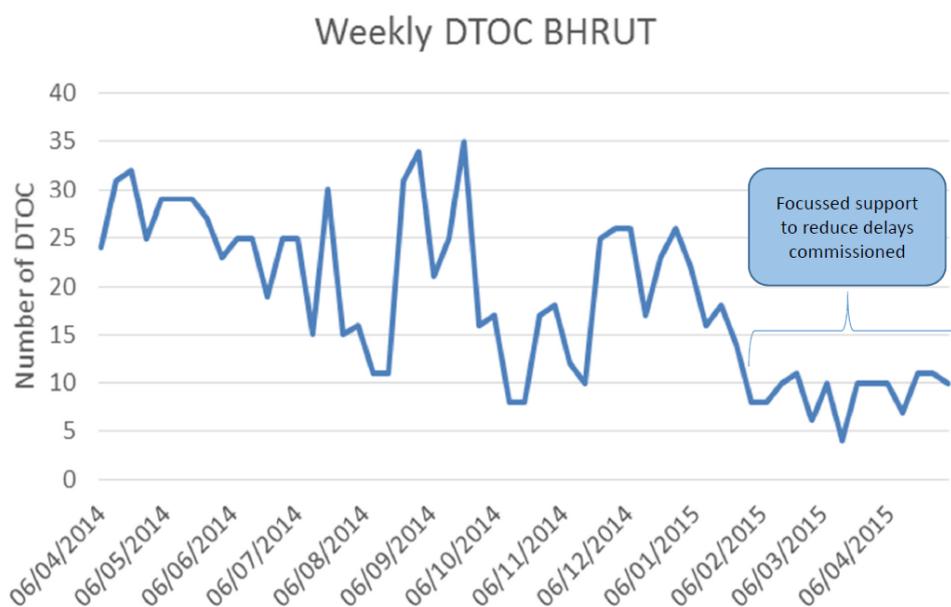
Although the population of Barking and Dagenham is mainly served by BHRUT, services are also provided by Barts NHS Trust. This Trust has also been placed into special measures in March 2015 as significant concerns have been raised about safety, effectiveness, responsiveness and with the leadership of the trust. Caring was also found to need improvement. It will, therefore, receive support to target the areas where the Trust needs to make changes.

3.2.1 Headline messages for BHRUT in 2014/15

The key messages are:

- Delayed Transfers of Care across the whole of BHRUT were reduced to 11 from 30 per week.

Figure 1: weekly delayed transfers of care, BHRUT, 2014/15



- Surveys showed an improved patient experience resulting from reduced stay in the Emergency Department for admitted patients.
- BHRUT has a lower admission to attendance ratio than the England average and median with the ratio now being in line with the London Trust median.
- There has been an increase in weekend discharges of 17% on Saturdays and 18% on Sundays compared to week days at 7%; however, the number of discharges remains lower at the weekend than on weekdays when added together.
- The number of attendances at Queen’s increased from 600 to 800 per week in 2014/15.

3.2.2 Urgent care

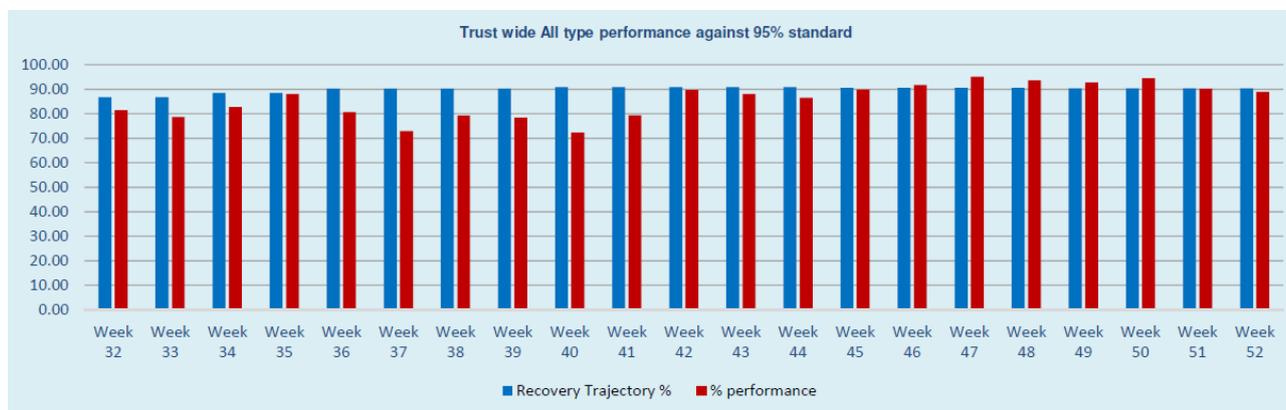
Urgent care performance has improved over the year, however still falls short of the national target. During 2014/15, rather than being measured against the national standard, Barking and Dagenham was being measured against an improvement trajectory; however, as we move into 2015/16, this improvement trajectory is no longer in use and services will once again be measured against the national standard. Through 2014/15 there have been improvements in the resilience of A&E services, particularly in the days after poor performance was seen. Whereas previously it would take a number of days for the whole system to recover, now this is happening within the next day or two days.

3.2.3 A&E attendances less than 4 hours from arrival to admission, transfer or discharge

Performance in this indicator has improved, however improvements are still required to meet the national target. There was a downturn in performance Q3 with 80.5% of attendances meeting the target. Q4 saw that downturn reversed with 88.8% of attendances meeting the target. Performance has improved significantly; however, BHRUT is performing below the national and regional averages for 2014/15 Quarter 4, with 88.8% seen in less than four hours compared to 91.8% in England and 92.6% in London. However, BHRUT is performing better than Barts Health NHS Trust, who saw 88.3% within four hours in Q4.

To meet the England average of 91.8%, the percentage of BHRUT A&E attendances less than 4 hours from arrival to admission, transfer or discharge needs to increase by 3 percentage points in 2015/16. In order to meet the 95% target, an increase of just over 6 percentage points is needed.

Figure 2: trust wide A&E four hour wait performance against target, 2014/15 end of year



3.2.4 All emergency admissions

The performance in this indicator was poor during 2014/15. Attendances in the first 6 weeks of the winter reporting period were above plan, with attendances below plan for the remainder of the 21 week period. Furthermore, BHRUT emergency admissions were 8.9% above plan over the whole winter reporting period; 21,934 actual vs. 20,140 plan. The activity plan for 2014/15 was based on 2013/14 activity. This activity profile did not repeat in 2014/15, which made a significant contribution to admissions being higher than plan in the period.

3.2.5 BHRUT is currently in special measures.

The CQC has warned BHRUT that they must make immediate improvement within a set timescale, particularly at Queen’s Hospital. CQC issued a formal warning to the trust following an unannounced inspection at Queen’s Hospital, during which it failed to meet two of the three national standards which were reviewed. These were care and welfare of people who use services and staffing,

The Trust is being supported to deliver an action plan for improvement. This action plan is available on the CQC website <http://www.cqc.org.uk/provider/RF4/reports>

Key areas where improvements have been targeted against the Trust's improvement plan include the leadership and organisational development and the management of outpatient services. In March 2015, a further inspection was undertaken by CQC, the results of which are expected to be published in June.

3.2.6 Barts Health NHS Trust

Barts Health NHS Trust was put in special measures on 17 March 2015 in response to an adverse CQC report into Whipps Cross Hospital. The serious concerns raised include:

- Insufficient staffing levels to provide safe care, high use of agency staff and low staff morale
- A persisting culture of bullying and harassment
- A failure to meet national waiting time targets

This hospital does not generally serve the population of Barking and Dagenham. In response to the CQC findings the Trust will receive additional support to help them rapidly make the necessary improvements for patients who are referred into the service.

3.3 Community Services

3.2.7 Early years: Health reviews

The performance in early year's health reviews has generally improved over 2014, however there are areas where improvements still need to be made. The percentage of children, who turned thirty days old during the quarter, receiving a face-to-face New Birth Visit from a health visitor within 14 days of birth has improved from 81.5% to 85.1% from Q2 to Q4 2014/15. The corresponding percentage of those who turned 30 days who received a New Birth Visit more than 14 days after birth remained static in the same period at 9.0%. There was also a slight improvement in the percentage of children receiving their 12 month review by the age of 12 months.

The number of children seen by a health visitor for their 2-2.5 year review fell from 46.4% in 2014/15 Q2 to 30.3% in Q4. It has been suggested that this is a reporting systems issue; however, it is important that the provider has an opportunity to address this issue.

3.2.8 Rapid Assessment

Rapid assessment services have been below target for the year. At Queen's Hospital, 56.2% of people were assessed or treated within 30 minutes, compared to

the target of 95%. King George Hospital performed better, with 83.1% assessed or treated within the thirty minute timeframe.

3.4 Mental Health

Details of the performance of Mental Health services within Barking and Dagenham, as carried out by North East London NHS Foundation Trust, can be found in Appendix B.

3.2.9 Child and Adolescent Mental Health Services (CAMHS)

There have been improvements in the performance of CAMHS. The number of children accessing CAMHS tiers 3 and 4 increased in 2014/15 compared with the previous year. 1,217 children accessed the service compared with 1,053 in 2013/14.

The CAMHS team had did not attend (DNA) rates that were higher than the target of 25% in both Quarters 1 and 2, at 25.3% and 27.2% respectively. January and February 2015 saw greatly improved figures, with just 10.6% DNA over the two months.

100% of inpatients discharged from hospital received follow ups within 7 days in the first three quarters.

3.2.10 Improving Access to Psychological Therapies (IAPT)

Overall, there has been an improvement in the performance of IAPT. 2,111 patients were referred for psychological therapies in 2014/15. In Q1 there were 721 referrals. This decreased to 680 in Q2, and then continued to increase to 710 in Q3 and 929 in Q4.

There were significant reductions in the IAPT referral waiting times, with figures for those waiting more than 28 days from contact to treatment down from 22 in Q1 to 9, 6 and 19 patients in Quarters 2, 3 and 4 respectively. 850 people have completed treatment and are moving to recovery.

3.2.11 Care Programme Approach

Care Programme Approach performance has been good in 2014/15. In Q1, one out of 59 detained patients had an Absent Without Leave (AWOL) episode; however, there were not any patients with an AWOL episode in the remaining quarters of 2014/15.

The proportion of adults on Care Programme Approach in settled accommodation has increased from 75.6% in Q1 to 88.5% in Q4; this is above the England average.

The proportion of adults on Care Programme Approach in employment has increased from 2.64% in Q1 to 4.9% in Q4. The Richmond Fellowship continues to support access to employment for individuals on Care Programme Approach.

3.5 Adult Social Care

3.2.12 Delayed transfers due to social care

In 2014/15 performance in this indicator has improved. With the exception of the winter quarter (Q3), delayed transfers of care have been lower than the London average of 2.3 per 100,000 population aged 18+ years throughout the year. Delayed transfers decreased from 2.22 in Q1 to 1.73 in Q2. However, in winter (Q3) there was an expected increase to 2.91, before falling again to 2.2 in Q4.

3.2.13 Social care admissions

The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services. Performance in this indicator has worsened in 2014/15. In 2014/15 there were 183 admissions into residential and nursing care homes, which equates to 936.58 per 100,000 population. This is greater than last years' figure of 136 admissions (696.8 per 100,000 population), and also exceeds the target set by the Better Care Fund of 130 admissions per year (665.33 per 100,000 population).

3.2.14 Overview of CQC inspections of social care providers 2014/15

There has been a significant shift by the CQC to simplify their inspection, rating and information gathering regime. They launched the new regime in October 2014 which aims to give a much clearer view of the overall inspection outcome. The new rating system has been split into 4 levels of outcomes: 'Outstanding', 'Good' (some work to do in particular areas), 'Requires Improvement' and 'Inadequate', with a much easier to understand explanation of why the provider reached that particular level and the elements which make up the rating. Additionally, prior to an inspection CQC now formally ask the host authority to provide information they may have on a providers' performance so they fully informed before carrying out the inspection.

There has been mixed performance in the outcomes of CQC inspections of social care providers. During the period 1 April 2014 to 31 March 2015 CQC carried out 21 inspections of providers of social care services operating in the Borough. The service provisions included residential, nursing, homecare and extra care housing services. Some of these were reviews where an inspection had been carried out under the previous regime and the provider had not met all of the requirements. Of the 21 inspections carried out 16 providers were given the rating of 'Good', 3 'Requires Improvement' and 2 were found to be 'Inadequate'. Links to full inspection reports can be found in Appendix C. Both Commissioning and Social Care work very closely with CQC to support those providers who require improvements or have been rated inadequate to meet the expectations of their CQC action plans and to keep services safe for people.

This coming year we will continue to build on our good working relationship with CQC and our colleagues in Boroughs across London to promote an exchange of

vital information on providers operating across social care.

3.6 Children's Services

3.2.15 Annual Health Checks of Looked After Children

Performance in this indicator has been mixed over 2014/15. The percentage of looked after children with an up to date health check has increased to 92% (provisional) at the end of March 2015 compared to 76% in Q3, and 73% in Q2 2014/15. However, compared to 2013/14 end of year, there has been a slight drop from 94%. Performance still remains above both national and London averages on this performance indicator, which is good performance (London (84%) and England rates (88%).

3.2.16 Under 18 conception rate

Performance in this indicator has worsened in 2014/15. To reach the London average, Barking and Dagenham would need to reduce the teenage conception rate by 20.4 conceptions for every 1,000 females aged 15 -17 in 2015 /16.

Barking and Dagenham continues to have the highest conception rate in London. The most recent information available is for Q4 2013/14 when the average conception rate was 42.2 for every 1,000 females aged 15-17, making the annual rate for 2013/14 42.4. There is a national target for under 18 conceptions to fall by 50% in each local authority from 1998. At present, Barking & Dagenham's rate has fallen by only 22.3% - less than half of the 50% target. Data for teenage conception rates are reported 18 months in arrears.

The borough has an extensive programme of sexual health education, advice and services available to support under 18's. The borough also has a complete programme of support for young women who choose to become mothers under 18 years old, principally through the family nurse partnership.

3.2.17 Ofsted inspection of services for children in need of help and protection, children looked after and care leavers (May 2014)

Ofsted inspections took place between 29 April and 22 May 2014, the outcomes of which were reported to the Health and Wellbeing Board in December 2014. In summary, the overall judgement received was 'Requires Improvement'. The link to the full report can be found in Appendix C. The areas for improvement have been incorporated into a detailed Local Authority improvement plan, submitted to Ofsted in October 2014. The Ofsted action plan is monitored and evaluated by the Children's Services Inspection Board and quarterly progress reports are delivered to the Local Safeguarding Children Board with six monthly reports to Cabinet, Health and Wellbeing Board, Children's Trust and Corporate Parenting Group.

3.7 Public Health Indicators

3.2.18 NHS Health Checks received

There has been good performance in this indicator across the year. Quarters 2, 3 and 4 of 2014/15 saw an improvement in performance, with uptake of NHS Health Checks increasing from Q1's level of 2.6% (890) to 4.2% (1,481) in Q2, 4.4% (1,628) in Q3 and 4.7% (1,606) in Q4; an annual performance of 16.3%. Quarter 4 figures compare very favourably with the equivalent quarter in the previous year and to national and regional averages and puts the borough above the previously set national annual target of 15%. Between Q1 and Q4 there has been an increase of 2.1% in NHS Health Check uptake in the eligible population of Barking and Dagenham residents. To continue to meet the national annual target of 15% in 2015/16, the uptake of NHS Health Checks needs to maintain an average 3.75% each quarter. An action plan is in place to achieve this.

3.2.19 Immunisation

Performance in this indicator has been mixed over the year. The immunity of our young population is not as good as it could be but is better than the London average. The Barking and Dagenham uptake for both MMR2 and DTaP/IPV is higher than the London averages. In order to achieve the target of 95%, the uptake of DTaP/IPV would need to increase by 14.1 percentage points and MMR2 uptake would need to increase by 16.2 percentage points.

Flu vaccinations were above regional averages for both the 65+ year, and at risk groups. Performance was particularly strong in the at risk group, with Barking and Dagenham having uptake above the national average by more than five percentage points (57.3% compared to 52.2%) and the third best uptake in London.

The Director of Public Health has received a recovery plan from NHS England to address areas of poor performance and improving the uptake of immunisations is a priority for Public Health.

3.2.20 Number of positive Chlamydia screening tests

The Chlamydia indicator is a simple measure of the number of positive tests from the screening process, compared with the expected numbers of positive tests.

Performance in this indicator has improved, however improvements are still required to meet the national target. In Q1 and Q2 2014/15 there were 141 positive results in both quarters, compared to 111 in Q4 2013/14. This trend reversed in the third quarter (127), however, in Q4 there was an upturn back towards the quarterly target of 149, with 132 positive screening results. Each month has seen progressively higher numbers of positives as a result of mitigation measures put in place.

This year's performance of 541 positives was better than last year's figure of 511. To continue to improve and reach the target of 593 positives, the total number of

positive tests would need to increase by an extra 52 in 2015/16.

In 2013 the Chlamydia detection rate in Barking and Dagenham was 2,087 per 100,000 people aged 15-24. This is higher than the national rate of 2,016, but is still below the national target of 2,300. To achieve this target the detection rate would need to increase by 213 per 100,000 people aged 15-24. An action plan is in place to facilitate this.

3.2.21 Four week smoking quitters

The four week quitter figure measures the number of individuals who have successfully quit for four weeks. There were 200 quitters in Q4 which is above the quarterly target; however, the annual target of 700 was not met.

Performance in this indicator has been poor during 2014/15. The number of quitters in quarters one, two and three were below target (142, 162 and 139 quitters respectively). The 2015/16 target for four week quitters has not yet been set. However, to reach the 2014/15 quarterly target of 175 quitters Barking and Dagenham would need to support an additional 15 quitters per quarter in 2015/16.

An action plan is in place to achieve this; as part of this, babyClear®, which offers a standardised system-wide approach to identifying and treating pregnant smokers, has been introduced to support quitting in mothers.

3.2.22 Healthcare Associated Infections

The prevention of healthcare associated infections (HCAI) due to MRSA and Clostridium difficile (Cdiff) is a national priority and these infections are also included in the Public Health Outcomes Framework. NHS Barking and Dagenham Clinical Commissioning Group has the fifth highest rates of Cdiff infection in people aged over 2 years amongst North East London clinical commissioning groups at 22.57/100,000 population. Although this is below the England average of 26.59/100,000 population, it is among the higher rates in North East London. This indicates that there is substantial work to be done around antimicrobial use and prevention of Cdiff infection in the community.

The Barking and Dagenham rate for MRSA bacteraemias in the community is 1.57/100,000 population. This is higher than the national average of 1.31/100,000 and provides an important indicator of infections in the community. Work is needed to continue to improve training in the care of IV lines and catheters in the community to ensure that they are inserted safely and managed properly, so that MRSA bacteraemia can be prevented.

The Director of Public Health recommends that HCAI prevention through key initiatives – e.g. appropriate use of antimicrobials, appropriate insertion and care of invasive devices and lines, and all providers of care being trained in infection prevention and control is included in the refresh of the Joint Health and wellbeing Strategy.

3.8 London Ambulance Service (LAS)

The performance of the LAS remains a serious concern, both in Barking and Dagenham and across London as a whole. In 2014/15, 66.0% of category A calls were responded to within 8 minutes. The nationally set target is for 75.0% of category A calls to be responded to within 8 minutes. This means that over a third of the highest category calls made by Barking and Dagenham residents are not responded to in a manner that is as timely as their seriousness warrants.

2014/15 did see an increase in demand for the LAS of 2.6% across London. Despite this, NHS England plans to withdraw £7.7m of funding for 2015/16; lobbying is currently taking place to try to reinstate this funding to cope with the increased demand.

To improve performance moving forward, LAS has made a recruitment drive in Australia to reduce the number of vacancies. It is hoped that 46 paramedic vacancies will be filled in this way, which would help to improve performance against the 75.0% target.

4. Mandatory implications

4.1 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.

4.2 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.

4.3 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.

4.4 Legal Implications

Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

There are no legal implications for the following reasons:

The report is to provide the HWBB with an update as to the performance of various public sector and private organisations within the borough. Further the hospitals under special measures have been noted. Where there are standards breached by care homes within the borough this has also been noted.

Additionally the HWBB's attention has been drawn to how notable targets for things such as Health visits to children and access to Mental Health services have or have not been met in accordance with the national average.

4.5 Financial Implications

Implications completed by: Roger Hampson Group Manager, Finance

There are no financial implications directly arising from this report.

5. List of appendices:

Appendix A:	End of year Performance Dashboard
Appendix B:	NELFT Mental Health Services 2014/15 end of year Dashboard
Appendix C:	Overview of CQC and Ofsted Inspections published in 2014/15