

## Public Health Programmes Board

Chair: Matthew Cole, Director Public Health

### Items to be escalated to the Health & Wellbeing Board

(a) None.

### Performance

#### Programme Performance

Performance is outlined in the quarterly performance report detailed earlier in the Board Papers.

#### Health Protection Committee

Maternity services for the residents of Barking and Dagenham are provided by Barts Health NHS Trust (Barking Hospital) and Barking Havering and Redbridge University Hospitals NHS Trust (BHRUT). The Programmes at both NHS Trusts are critical interventions to improve care during pregnancy, childbirth and the postnatal period as well as feeding is likely to improve the immediate and longer-term health and well-being of the individual infant and have a significant impact on neonatal and infant mortality at a population level. The key points to note for our main provider BHRUT (Queens Hospital) are:

- BHRUT has the lowest rate of completion of the laboratory request form antenatal screening for Down's syndrome of all trusts in London. There is no measure of screening coverage or uptake for this programme, but cohort tracking should mean that 100% of women who accept screening receive screening eventually. The problem with inadequately completed forms is that this may lead to an inaccurate risk assessment, and so further investigation and management may be delayed.
- BHRUT has been achieving well above the achievable standard for antenatal HIV screening (of 90.0%) though, with screening being at over 99.6% throughout the last two years, and at 99.8% in 2014/15 Q4. This compares to 99.8% throughout London and 98.8% in England.
- BHRUT has also been consistently achieving above the achievable standard of 99.0% coverage for sickle cell and thalassaemia antenatal screening. Although coverage is good, timeliness is not good, with only 11.5% of women in BHRUT having a result available by 10 weeks. Improving this, and promoting early booking in collaboration with the Maternity Strategic Clinical Network, are priorities for 2015/16.
- Hearing screening is a problem for BHRUT, and from the community audiology provider we know that many babies who need further assessment are not followed up with audiology assessment in a timely manner (within 4 weeks). This is down to staffing issues and staff retention, and the community provider is giving monthly updates to the commissioning manager.

With around a 1000 of our deliveries per annum at Barts Health we need to keep a check on their quality and performance. The issues and challenges faced at BHRUT and Barts are very different. Barts have a recognised issue in ensuring all women accepting screening then attend screening appointments for Down's syndrome screening. They have brought in a one stop clinic to address this, so that women are screened at the time they accept the offer. This has helped with the problems but has made their sickle cell and thalassaemia screening performance worse as the one stop arrangements bed in.

<p><b>Meeting Attendance</b></p> <p>Good – CCG representative not present.</p>
<p><b>Action(s) since last report to the Health and Wellbeing Board</b></p> <ul style="list-style-type: none"><li>(a) Work to develop our new early years integrated model is progressing and outline business case is being scoped up.</li><li>(b) Work to achieve efficiency savings and modernisation of sexual health services is ongoing and progressing well. Discussions with our Pan London partners are continuing in relation to Pan London procurement and modernisation plans for GUM and family planning. Currently we are not part of the Pan London procurement, as the benefits and quality offered are not equivalent to or better than our current arrangements, but these are being kept under constant review as the Pan London team work up and quantify their savings and capacity assumptions.</li><li>(c) Plans to redesign a single smoking programme to improve performance and achieve efficiency savings is almost at a point of a headline business case with the refresh of the Tobacco Strategy on track to be completed by March. Some e-cigarette products have been licensed for use in the specialist smoking services.</li><li>(d) Plans to redesign our childhood obesity programme into a single programme are progressing with a six month implementation date.</li></ul>
<p><b>Action and Priorities for the coming period</b></p> <ul style="list-style-type: none"><li>1. Implement the In year savings plan</li><li>2. Monitor recovery plans on areas of poor performance.</li><li>3. Immunisation improvement report</li></ul>