



Havering

LONDON BOROUGH

Quarter 1 Performance Report 2018/19

Health O&S Sub-Committee

26 September 2018

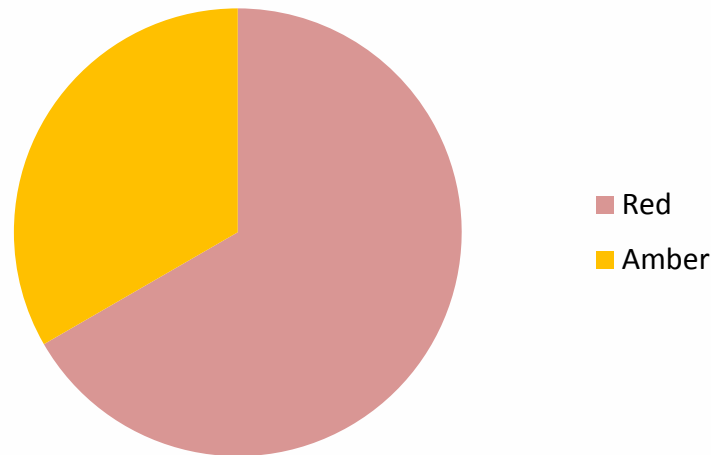
About the Health O&S Committee Performance Report

- Overview of the Council's performance against the indicators selected by the Health Overview and Scrutiny Sub-Committee
- The report identifies where the Council is performing well (**Green**), within target tolerance (**Amber**) and not so well (**Red**).
- Where the rating is '**Red**', '**Corrective Action**' is included. This highlights what action the Council will take to address poor performance.

OVERVIEW OF HEALTH INDICATORS

- 3 Performance Indicators are reported to the Health Overview & Scrutiny Sub-Committee.
- Performance ratings are available for all 3 indicators.

Q1 Indicators Summary



Of these 3 indicators:

1 (33%) has a status of **Amber** (within tolerance)

2 (67%) have a status of **Red** (off target)

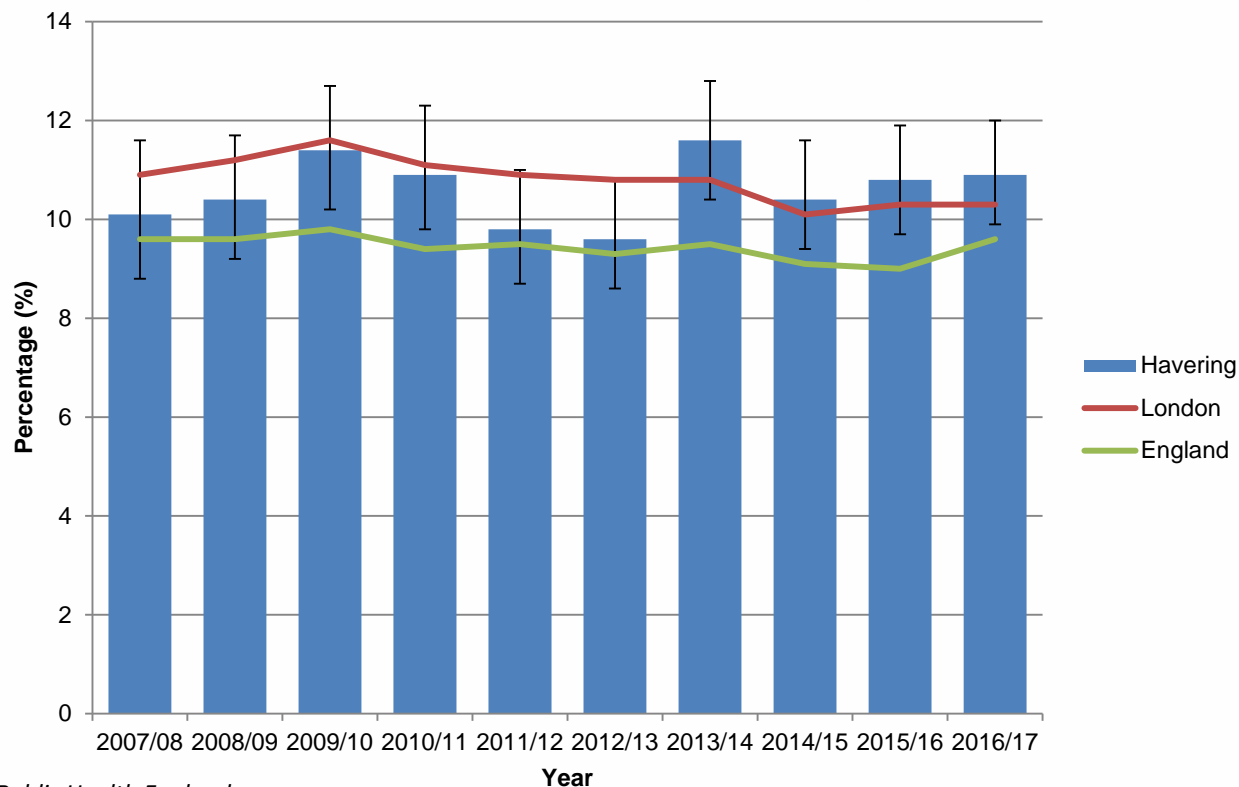
Quarter 1 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q1 Target	2018/19 Q1 Performance	Short Term DOT against Q4 2017/18		Long Term DOT against Q1 2017/18		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to England	Better than England (9%)	Better than England (9%)	10.9% (2016/17) RED Worse than England	-	N/A	↓	10.8% (2015/16)	Public Health
Percentage of patients whose overall experience of out-of-hours services was good (Partnership PI) (Annual)	Bigger is better	Similar to England	Better than England (69%)	Better than England (69%)	64% (2018) AMBER Similar to England	-	N/A	↓	67% (July 2017)	Havering CCG
The number of instances where an adult patient is ready to leave hospital for home or move to a less acute stage of care but is prevented from doing so, per 100,000 population (delayed transfers of care)	Smaller is better	±10%	7	7	7.8 RED	↓	5.46	↓	4.92	Adult Social Care

About Childhood Obesity

- Prevalence of obesity amongst 4-5 year olds in Havering has seen no significant change over the past 9 years. In 2016/17 Havering's performance remained significantly worse than England but similar to London .

Percentage of Obese Children, Havering, London & England, 2007/08 – 2016/17



Source: Public Health England

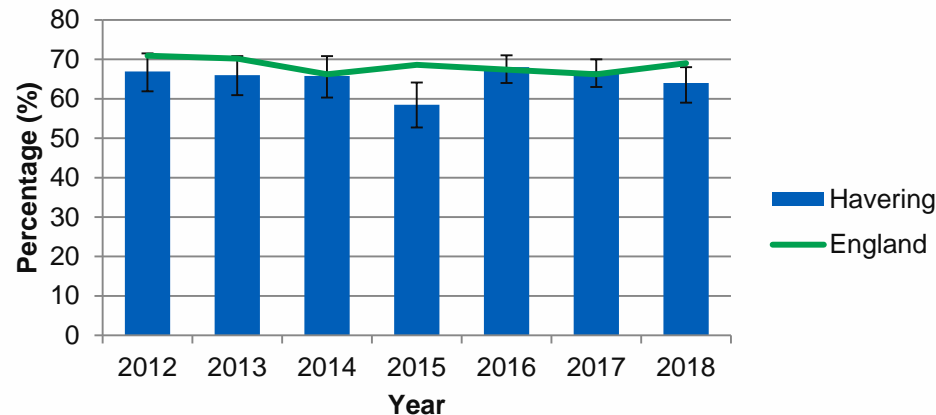
Improvements Required: Childhood Obesity

- Directed by Havering's 'Prevention of Obesity Strategy 2016-19', our borough working group continues to progress actions that are within the gift of the local authority and partners, and within available budgets.
- Progress on actions since the last update are as follows:
 - Council and NHS premises have begun registering as Breastfeeding Welcome. The scheme will be publicly launched in August to link in with World Breastfeeding Awareness Week.
 - Monthly 'Starting Solid Foods' workshops have been co-delivered by Health Visitors and Early Help Practitioners at Collier Row Children's Centre since January and have been well attended and received. We are scoping capacity to extend these to additional Children's Centres.
 - The Healthy Early Years London pilot has concluded with three settings achieving the bronze award and two silver. Phased rollout across the borough commenced in June.
 - A new Veggie Run game app was successfully launched by Havering Catering Services in April, aiming to increase uptake of healthy schools meals, improve children's knowledge of healthy eating and award prizes that encourage healthy lifestyles.
 - The Public Health and Waste and Recycling teams have started working together to promote the Water Refill scheme with the dual aim of reducing plastic waste and reducing sugar intake.
- Obesity is a complex issue and many of the opportunities to tackle it fall outside of the local authority's influence. As such, work continues at national level, guided by the national 'Childhood Obesity: A Plan for Action' and we continue to link with national campaigns and programmes where appropriate.

About Patient Experience of GP Out-of-hours Services

- The latest available data (2018) for patient experience of GP out-of-hours services shows no significant difference between the percentage of patients who are satisfied with the service in Havering (64%, 95%CI: 59%-68%) and the England average (69%, 95%CI: 68%-69%). This follows an overall improvement in the England average performance as compared to the previous year (2017 – 66%) whereas Havering’s performance has not significantly changed. Use of out-of-hours services includes contacting an NHS service by phone (e.g. 111) and going to A&E - which a vast proportion (54% and 31% respectively) of the 882 Havering respondents who answered this question say they did.

The percentage of patients who are satisfied with the GP out of hours services, Havering & England 2012 - 2018



Source: NHS Digital & GP Patient Survey Database

Considerations for: Patient feedback on Out of Hours Services

- When practices are closed (outside of 8 am – 6.30 pm) they can provide their own Out of Hours (OOHs cover) or ‘opt-out’. If a practice ‘opts out’ the commissioner is responsible for ensuring appropriate OOHs cover is in place.
- In Havering, all practices have opted out of OOHs, therefore the CCG commissions PELC to provide OOHs cover in which the clinical responsibility for patients is transferred to the OOHs provider. PELC provide services out of hours on the Queens and King George hospital sites and at Grays Court in Dagenham.
- London Ambulance Service took over 111 services from 1st August – they were previously provided by PELC. 111 are able to book patients into the OOH services. In addition, there are seven GP hubs providing an out of hours service across BHR and there are two in Havering at Rosewood Medical Centre and North Street Medical Centre.
- A number of factors affecting use of OOHs have changed as part of the NHSE London Access strategy reflecting the ambition of the General Practice Forward View (GPFV).
- The survey results are now collected only once per annum rather than every six months and are therefore slower to reflect changes. Trends will therefore only be discernible from the July 2017 data collection point on.

About Delayed Transfer of Care

- In the first three months of 2018/19, there has been an average of 15 delayed discharges per month (7.8 days per 100,000) whereas at the same stage last year there had been an average of 10.
- The vast majority of delays are in the acute sector and are the responsibility of Health.

Any questions?

