



Havering
LONDON BOROUGH

Quarter 4 Performance Report 2018/19

Health O&S Sub-Committee

17 July 2019

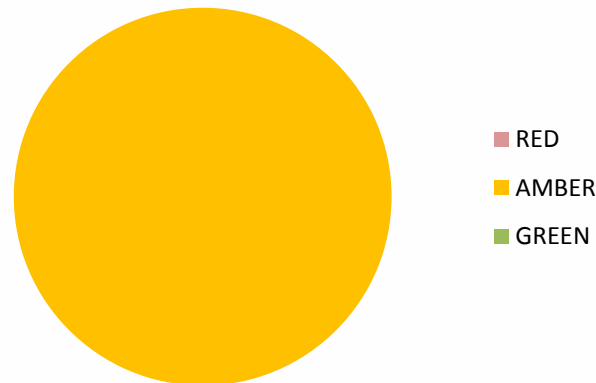
About the Health O&S Committee Performance Report

- 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.

Q4 indicators summary



Of the 3 indicators:

3 (100%) have a status of **Amber** (within tolerance)

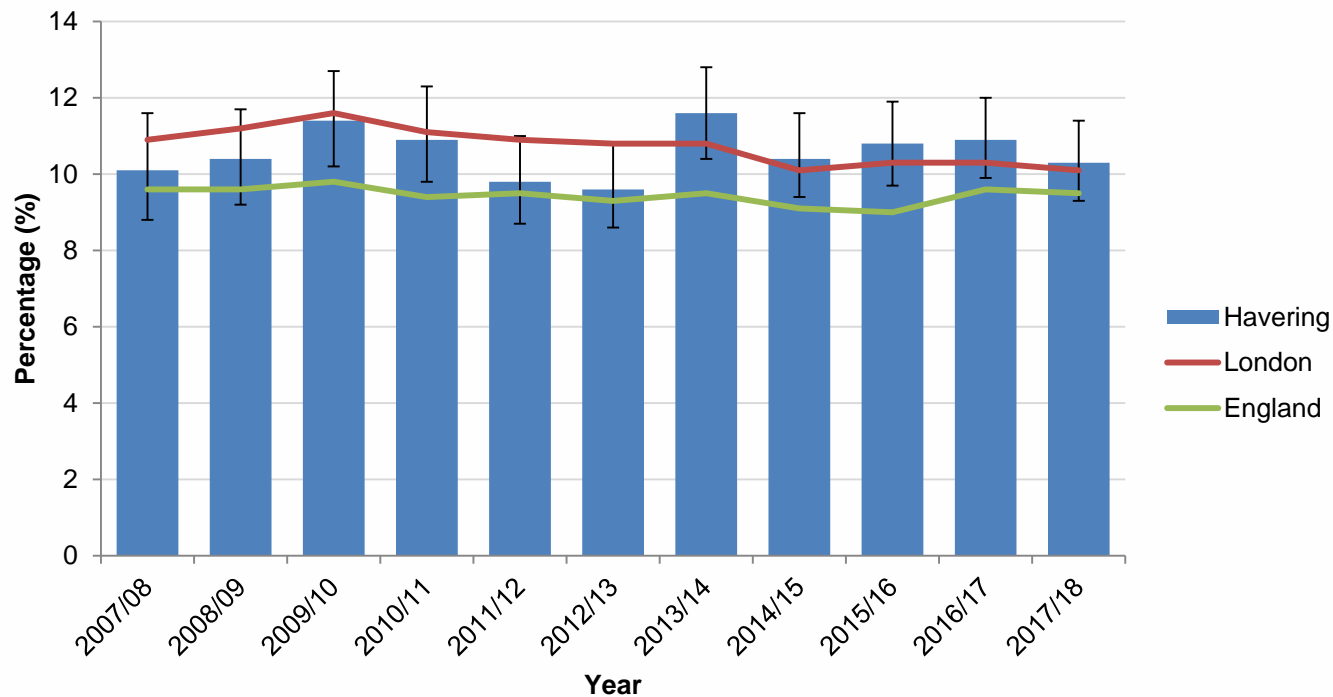
Quarter 4 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q4 Target	2018/19 Q4 Performance	Short Term DOT against Q3 2018/19		Long Term DOT against Q4 2017/18		Service
Obese Children (4-5 years) (Annual)	Smaller is better	Similar to England	Better than England (9%)	Better than England (9%)	10.3% (2017/18)	↑	10.9% (2016/17)	↑	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)	-	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	7.3	↑	7.4	↓	5.5	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 2017/18 Havering's performance was similar to London and England.

Percentage of Obese Children, Havering, London & England, 2007/08 – 2017/18



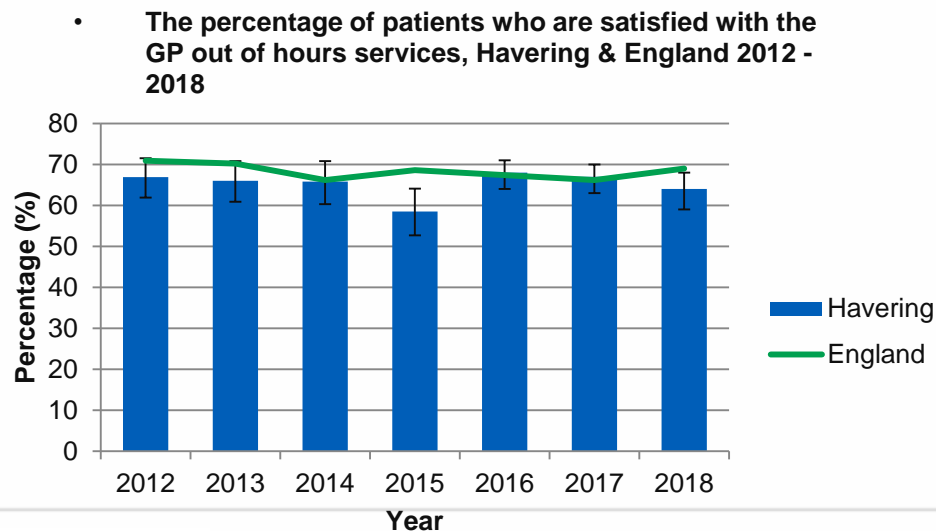
Source: Public Health England

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:
 - ✓ LBH's bid to the Childhood Obesity Trailblazer Programme fund was successfully shortlisted to phase 2 of the bidding process, and a further bid submitted in April 2019. If successful, £75K p.a. for 3 years will be provided to extend the reach of HES Catering beyond the school day to provide meal kits and/or freshly prepared ready meals to families. The broader aim is that this will create and evidence demand for healthier food, and nudge local retailers into developing a healthier offer, with potential for Social Value Funds to support them to take risks.
 - ✓ LBH hosted a visit from the Deputy Mayor of London to showcase our Healthy Early Years London work. In this quarter, a further 4 Early Years settings in Havering have registered taking the total to 42. 21 have completed First Steps, 7 achieved the Bronze award and 5 the silver award.
 - ✓ The national Start4Life Weaning campaign was amplified locally via the LBH Twitter feed, signposting to online support as well as face-to-face local support.
 - ✓ The success of the VeggieRun app and brand has continued, and an increase in school meal uptake by 300,000 meals (between April 2018 and April 2019) is thought to be largely attributable to this.
 - ✓ Workplace Health - Step Jockey has been introduced at Mercury House to encourage LBH employees to use the stairs instead of the lift.
- 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 GP 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 onwards.
- 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.



Considerations for: Patient feedback on Out of Hours Services

- When GP 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.
- A recent CQC inspection report for the PELC GP OOH service was published 22 May 2019 and rated the service as Good against all domains.
- 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). London Ambulance Service took over 111 services from 1st August - they were previously provided by PELC. 111 are able to book patients into the GP OOH and the GP access hub services.
- There are seven GP access hubs providing a service out of hours across BHR, two of which are in Havering, at Rosewood Medical Centre and North Street Medical Centre. From September 2018 this service has delivered an increased number of slots.

About Delayed Transfer of Care

- During 2018/19, there has been an average of 14.53 delayed discharges per month (7.3 days per 100,000) whereas at the same stage last year there had been an average of 11. This is a slight improvement on the previous quarter and performance remains rated amber.
- The vast majority of delays are in the acute sector (80%) and are the responsibility of Health.
- There was an increase in delays attributable to Social Care during the second quarter (as reported previously) and a further increase has been seen in the fourth quarter, mainly in the Non-Acute Sector.
- Actions being put in place to reduce delayed discharges include:
 - Care Homes in Havering continue to be supported in a 'Trusted Assessor' role, based primarily in BHRUT;
 - Establishment of a pilot brought together therapy resources in BHRUT and NELFT to manage the hospital / community interface differently;
 - Simplification of discharge processes, including a revised screening and referral process for NELFT inpatient rehab beds.
 - Adult Social Care are reviewing lengths of stay with BHR on a weekly basis.
 - Attending “Perfect Week” at Queens and King George hospitals to support with any complex cases awaiting discharge.

Any questions?

