PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE (HEALTH SCRUTINY) SUPPLEMENTARY AGENDA

21 September 2022

5 PERFORMANCE INFORMATION INCLUDING HEALTH INEQUALITIES (Pages 1 - 28)

Information on BHRUT performance and health inequalities attached.

Zena Smith
Democratic and Election Services Manager

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PERFORMANCE REPORT

Havering Council

People Overview & Scrutiny Committee

September 2022

Fiona Wheeler

Programme Director for Elective Recovery

TAKING PRIDE IN OUR CARE

NHS
Barking, Havering and Redbridge University Hospitals
NHS Trust

OVERVIEW

- The demand for planned care continues to grow nationally and we are continuing to introduce a range of initiatives to reduce our backlog

- The total number of people on our waiting lists at the end of August was 64,989; the majority need to be seen in Outpatients

- 4,646 people are waiting for procedures; more than 2,100 have been waiting over a year and 73 patients have waited for more than 78 weeks

- Due to a computer error discovered in April, our waiting lists increased by 1,800; this included more than 200 patients who had waited for more than two years (104+ weeks)

- Teams worked overtime and ran extra clinics and diagnostic sessions and as a result, those waiting for more than two years reduced from 218 in May to zero in July

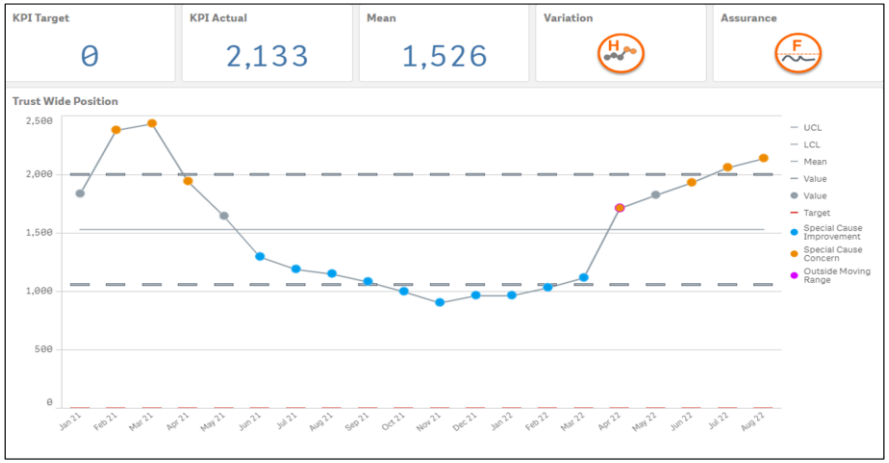
CONSTITUTIONAL STANDARDS – PERFORMANCE

Referral to Treatment, Diagnostics and Cancer

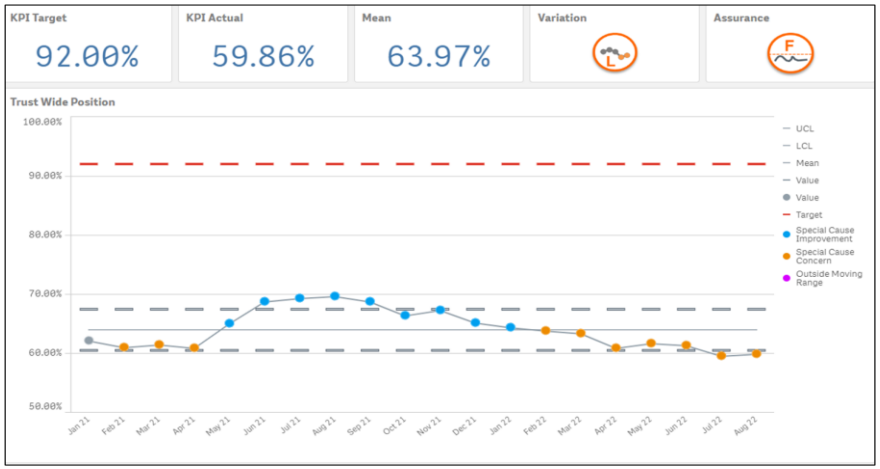
Key Metrics	August	July	National Target
RTT Performance (*The proportion of patients on a Referral To Treatment (RTT) pathway that are currently waiting for treatment less than 18 weeks)*	60.7% (unvalidated)	59.5%	92%

Key Metrics	Month	National Target
Cancer performance (62 Day) *(The proportion of patients starting definitive treatment who are referred via the urgent suspected cancer route within 62 days of receipt of referral)*	77% August 2022 (unvalidated) 70.5% July 2022	85%
Cancer performance (2WW) (*The proportion of patients urgently referred by their GP for suspected cancer and first seen within 14 days from referral)*	78.9% August 2022 (unvalidated) 85.1% July 2022	93%
Cancer performance (Faster Diagnosis Standard) *(The percentage of patients receiving a definitive diagnosis or ruling out cancer within 28 days of a referral*	56% August 2022 (unvalidated) 76.6% July 2022	75%

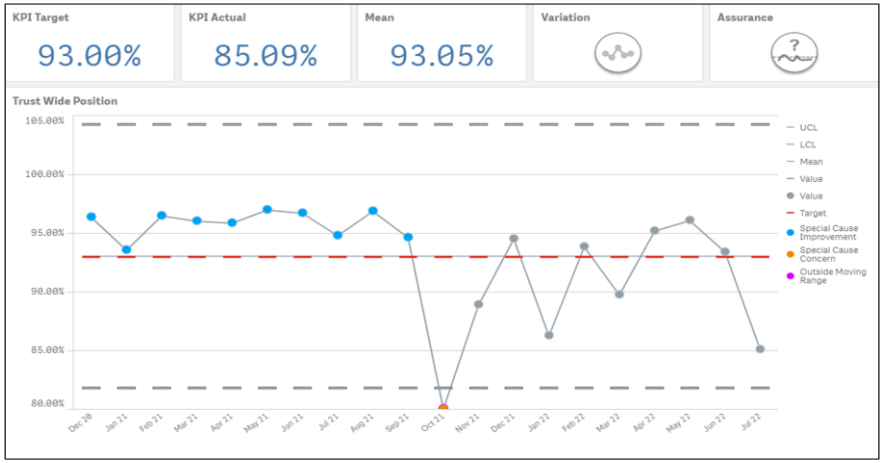
Trend line for Referral to Treatment patients waiting longer than 52 weeks

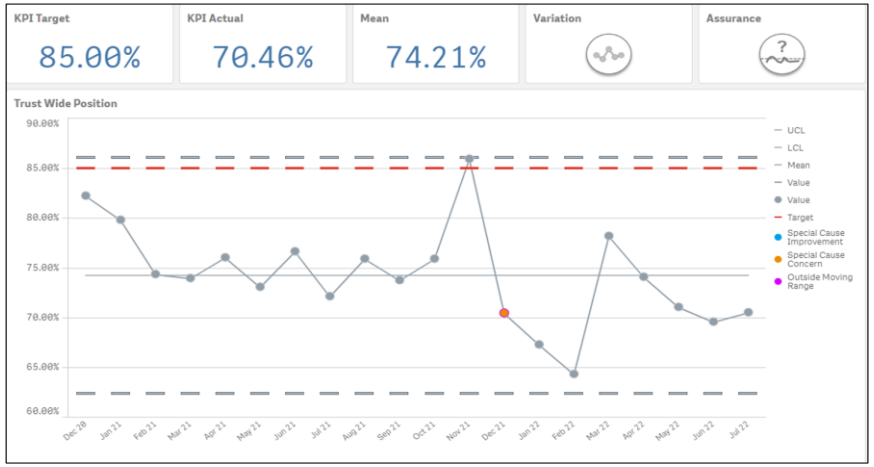


Trend line for Referral to Treatment performance

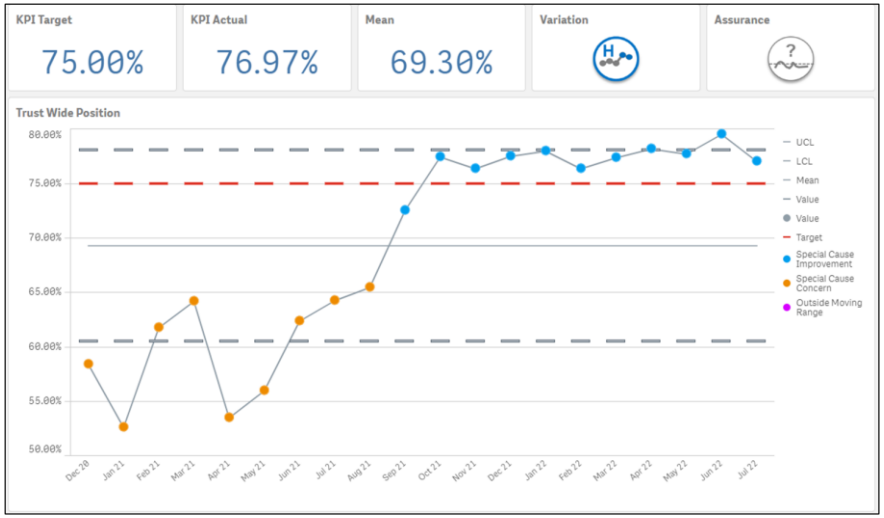


Trend line for 2ww and 62 day cancer performance





Cancer Faster Diagnostic Standard



PLANNED CARE, CANCER AND DIAGNOSTICS

52 week waits

- April's computer error has made it difficult to reduce those waiting 52 weeks as quickly as we would like, and the number continues to increase
- Capacity shortfalls and limited availability in the independent sector for non-admitted pathways are also challenging
- Remedial actions include:
  1. Additional capacity to accommodate expected long waiters
  2. Continue to work with the independent sector where possible
  3. Increase Gynaecology nursing support
  4. Administrative review of those waiting longest

Cancer

2 week wait (time from GP appointment to first clinical contact)

- We're part of North East London Cancer Alliance, which is ensuring residents are being diagnosed with cancer sooner and receiving quicker access to treatment
- We met the 93 per cent standard every month from November 2021 to June 2022
- In August, our unvalidated score was 78.9 per cent and we expect the validated figure to be below the standard
- Breast and Dermatology 2ww capacity remains a challenge due to workforce capacity
- Actions to improve pathways include:
  1. Increased breast 2ww capacity
  2. Additional Dermatology super clinics, subject to workforce capacity
  3. Regular assurance meetings with health partners across NEL

62 day (from referral to treatment (RTT)

- We are continuing to take action to improve our 62 day RTT, however we are currently below the required 85 per cent
- Actions being taken to improve include:
  1. Weekly focus on different tumour groups
  2. Oncology recruitment programme to increase capacity
  3. Fortnightly radiology tracking meetings
  4. Dedicated clinics

PLANNED CARE, DIAGNOSTICS AND CANCER – TREATING PATIENTS FASTER

- We have seen a positive impact in reducing our waiting lists over the past year and our innovative surgical work has been recognised nationally
- Our progress has been featured with BBC News, ITV News and in the Daily Mail, and features in the NHS's plan to tackle the backlog
- The plan includes surgical hubs as a key initiative to address the backlog and we're proud that our hub at King George Hospital featured in a report by the Royal College of Surgeons
- We are continuing to hold dedicated 'super' clinics, many over the weekend, carrying out many appointments and procedures, over a short period of time
- We're also working with health partners and the independent sector who have shorter waiting lists, to organise treatment so patients can be seen faster
- Patients are benefitting from faster diagnosis thanks to additional diagnostics, with an additional 30,000 tests and scans taking place at Barking Community Hospital (BCH) this financial year, including MRI and CT
- A diagnostic centre has been proposed at BCH, to provide residents with a range of services in one building

‘SUPER’ CLINICS

In recent months, we have held:

- **Ophthalmology Super Week:** Treated 920 patients and listed 127 new patients for surgery, alongside all our regular activity

- **Endometriosis Awareness Week**: 24 operations completed between 18-24 July, compared to the two we usually complete during a regular week

- **#ImpactHernia**: A focused effort seeing 200 hernia patients in just one day, with those needing surgery treated just weeks later

PROPOSED COMMUNITY DIAGNOSTIC CENTRE AT BCH

- NHS partners across NEL have consulted on proposals to increase the number of checks, scans and tests across our boroughs

- One proposal is to build a £15m Community Diagnostic Centre (CDC) at BCH, which would provide a range of tests and scans, such as CT, MRI, ultrasound and bloods

- BCH is an early adopter site and the addition of mobile CT and MRI scanners, ultrasound facilities and X-ray machines over the last few months has helped us make good progress in reducing waits

- As part of the wider-consultation, we're also engaging to help us understand what is important to patients when having tests and scans; our survey has received more than 820 responses

RECOVERY EFFORT RECOGNISED BY HSJ

- The hard work of our teams to recover our services from the pandemic and reduce our waiting lists was shortlisted in the annual HSJ awards' Performance Recovery category

- Our Divisional Director of Surgery Thangadorai Amalesh was also nominated for Clinical Leader of the year

WORKFORCE PRESSURES

- Our vacancy rate in August reduced to 16 per cent. Our sickness absence reduced to 4.41 per cent, but absence across the NHS remains above target and pandemic trends
- Currently, new starters are predominantly newly qualified staff, which is an annual trend across acute NHS trusts and we will see a peak of new staff in the next couple of months
- We have seen an increase in the number of staff leaving and this is due to different reasons, such as relocation and work life balance
- The cost of living is also having an impact and we continue to look at different ways we can offer sustainable support to our staff
- We've held a special Marketplace offering donated school uniforms and office wear, provided school uniform vouchers, enhanced petrol reimbursements, held financial wellbeing days and we're also a foodbank referrer
- Our focus continues to be the wellbeing of our staff and we are supporting them through appropriate channels

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Havering

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www.havering.gov.uk

Health inequalities in Havering

People Overview and Scrutiny Sub-Committee (Health Scrutiny)

21st September 2022

Mark Ansell
Director of Public Health

Havering
LONDON BOROUGH

Overview

- What are health inequalities ?
- Examples of health inequalities
- How might we tackle health inequalities?

What are health inequalities ?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

The differences in health can be

- **Differences in direct measures of health status, e.g. life expectancy, healthy LE, incidence of disease such as cancer or SMI etc**
- **Or differences in factors that contribute to health status e.g.**
  - **the wider determinants of health, e.g. income**
  - **behavioural risks to health, e.g. smoking rates**
  - **the community and places we live in e.g. rates of crime**
  - **access to, quality and experience of health and care services**

What are health inequalities ?

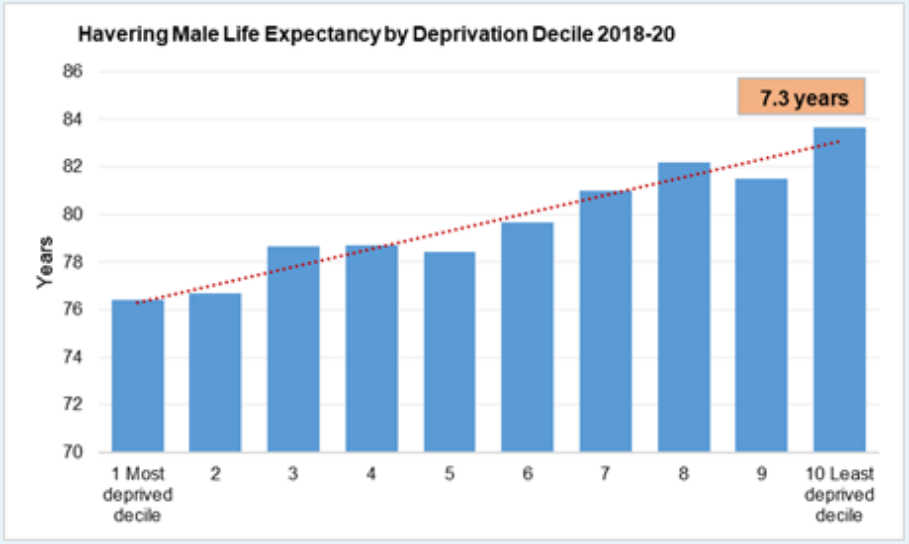
Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

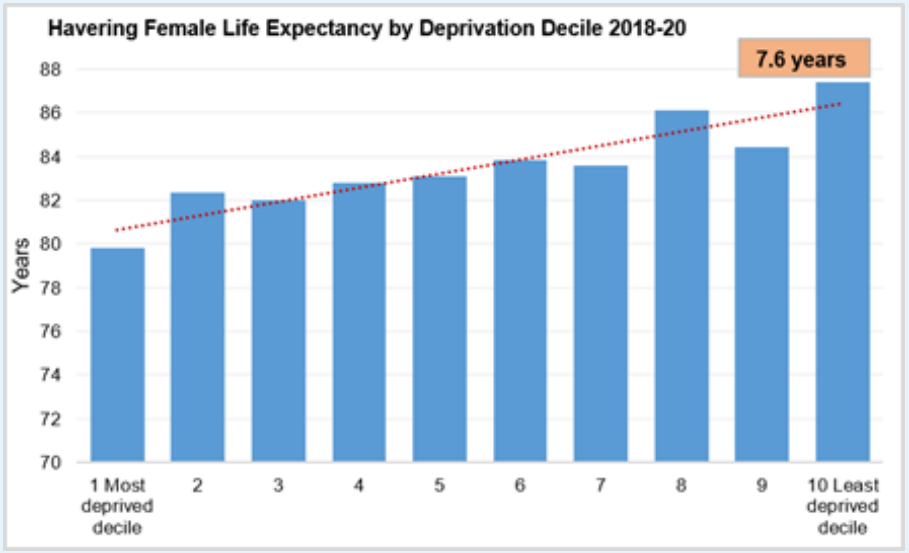
And those differences in health can be between

- **People of differing ethnicity, sexual orientation, gender identity; disability, health condition**
- **Residents in different areas e.g. north / south of England; urban or rural areas; coastal communities etc**
- **socially excluded groups, e.g. street homeless; sex workers**
- **People with common socio-economic factors, e.g. income**

Inequality in Life expectancy at birth in Havering

	male	female
LBH	79.7	83.5
Eng	79.4	83.1
best	84.7	87.9
worst	74.1	79.0





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Inequality in life expectancy at birth – male 2018-20 Slope index of inequality - yrs

Quintiles: Best | Worst | Not applicable

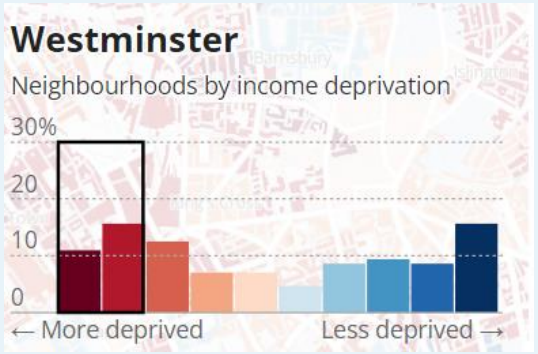
Data quality concerns

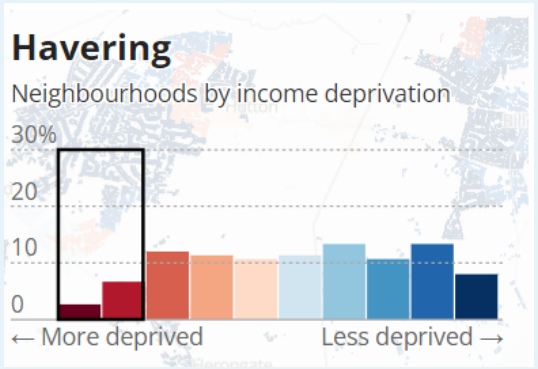
Recent trends: Could not be calculated | No significant change | Increasing | Decreasing

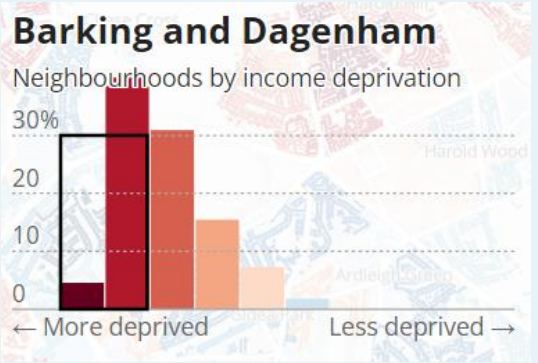
Areas: **All in London region** | All in England

Display: **Table** | Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	9.7	9.6	9.8
London region	–	-	7.5	7.3	7.8
Westminster	–	-	17.0	14.3	19.7
Kensington and Chelsea	–	-	13.6	8.9	18.3
Camden	–	-	13.5	11.3	15.7
Islington	–	-	11.3	6.6	16.0
Croydon	–	-	9.2	7.9	10.4
Tower Hamlets	–	-	8.9	6.4	11.4
Bromley	–	-	8.4	7.1	9.6
Newham	–	-	8.1	5.9	10.3
Haringey	–	-	8.1	6.5	9.7
Merton	–	-	7.7	6.0	9.4
Hackney	–	-	7.5	6.0	8.9
Hammersmith and Fulham	–	-	7.5	5.3	9.7
Enfield	–	-	7.4	6.0	8.8
Lewisham	–	-	7.2	5.6	8.8
Ealing	–	-	7.2	5.8	8.7
Bexley	–	-	6.9	5.3	8.5
Greenwich	–	-	6.7	5.0	8.4
Barnet	–	-	6.7	5.3	8.1
Waltham Forest	–	-	6.6	4.9	8.3
Kingston upon Thames	–	-	6.6	4.6	8.5
Harrow	–	-	6.6	4.9	8.3
Southwark	–	-	6.5	4.8	8.2
Brent	–	-	6.4	4.8	8.0
Redbridge	–	-	6.2	4.7	7.6
Hackney	–	-	6.1	4.0	8.3
Wandsworth	–	-	5.9	4.2	7.6
Hounslow	–	-	5.8	4.2	7.3
Hillingdon	–	-	5.7	4.2	7.2
Lambeth	–	-	5.6	4.0	7.2
Richmond upon Thames	–	-	5.3	3.5	7.0
Sutton	–	-	4.6	2.8	6.4
Barking and Dagenham	–	-	2.6	0.8	4.4
City of London	–	-	*	-	-







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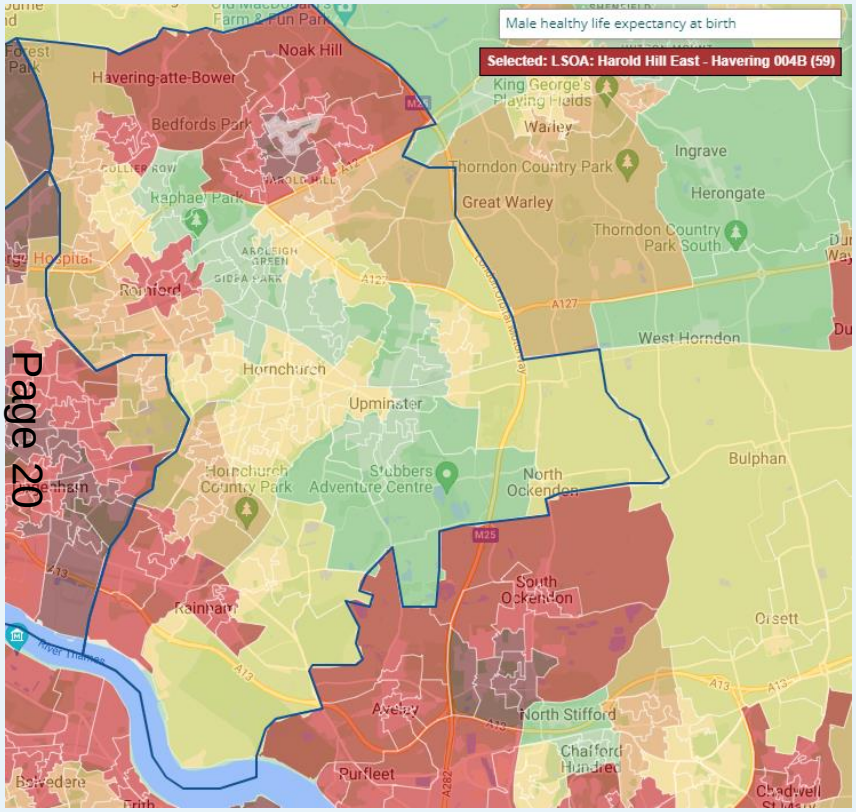
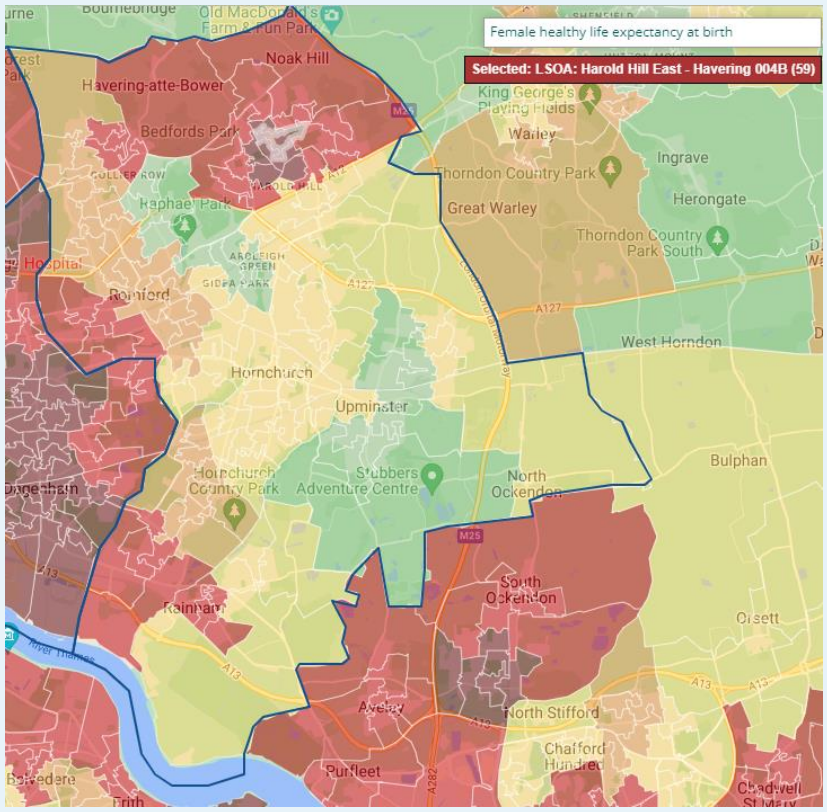
Inequality in Health Life expectancy at birth in Havering





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Inequalities in childhood

Health inequalities regarding disadvantage and ethnicity are evident at birth and accumulate through life e.g.

- rates of still birth and low birth weight
- childhood obesity at YrR and Yr 6
- school readiness

Indicator	Period	Havering			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2018/19	➡	176	49.7%	64.1%	56.5%	41.4%		75.0%

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Health inequalities regarding life style and behaviours

Smoking prevalence in priority populations				
Indicator	Age	Sex	Period	Local value
Smoking Prevalence in adults (18+) - current smokers (APS)	18-64 yrs	Persons	2019	15.40%
routine and manual occupations	18-64 yrs	Persons	2019	20.70%
long term mental health condition (18+)	18+ yrs	Persons	2019/20	18.30%
admitted to treatment for substance misuse (NDTMS) - all opiates	18+ yrs	Persons	2019/20	69.70%
admitted to treatment for substance misuse (NDTMS) - alcohol	18+ yrs	Persons	2019/20	33.70%

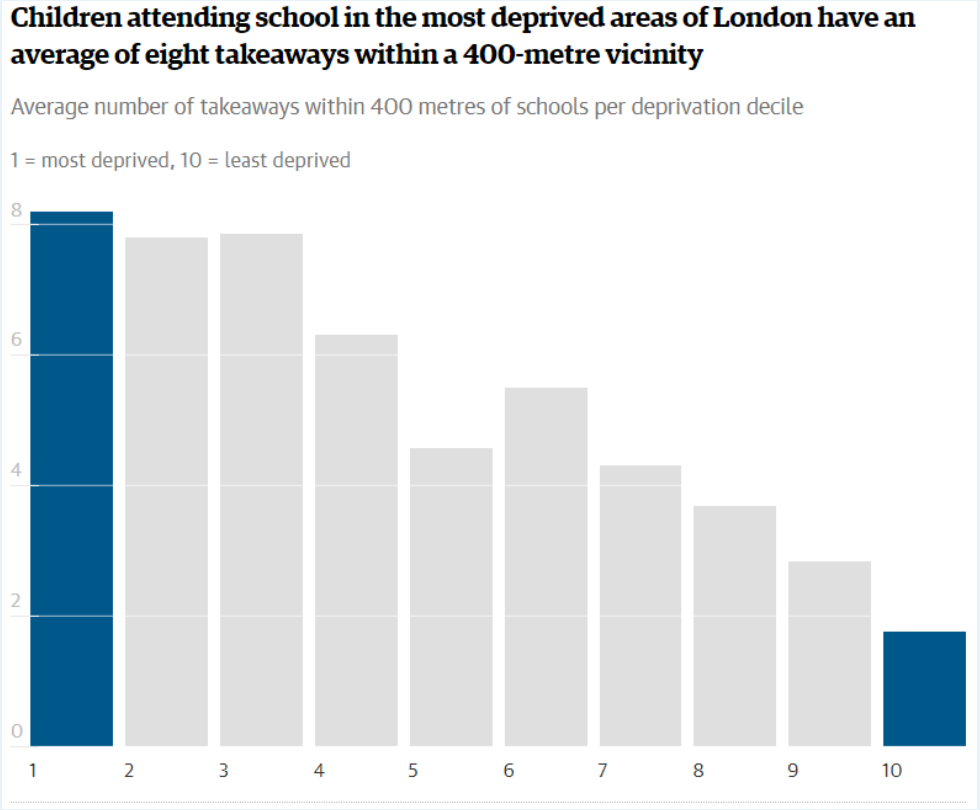
Health inequalities regarding communities and place

Differential access to assets that promote / obstruct healthy choices

Poorer air quality

Road traffic accidents

Crime



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Health inequalities and health care

Cancer screening

Immunisation

Heart attack

Elective surgery

Childbirth

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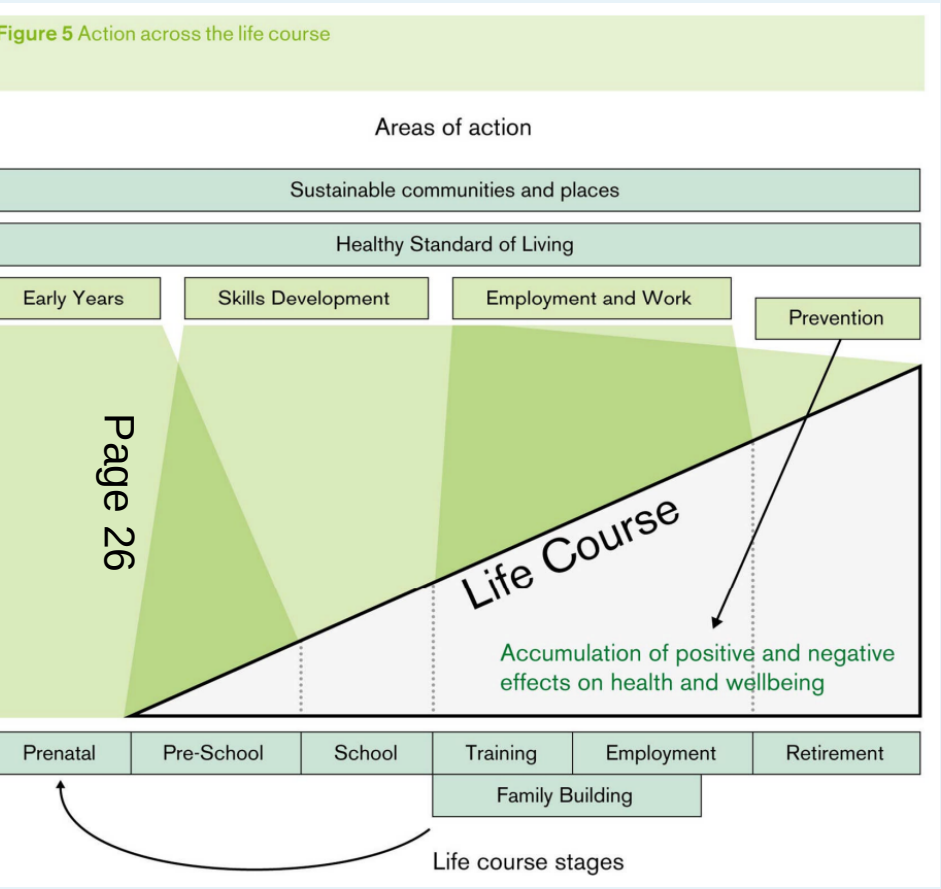
Health inequalities and the pandemic

Marmot review 2010



Reducing health inequalities will require action on 6 policy objectives:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

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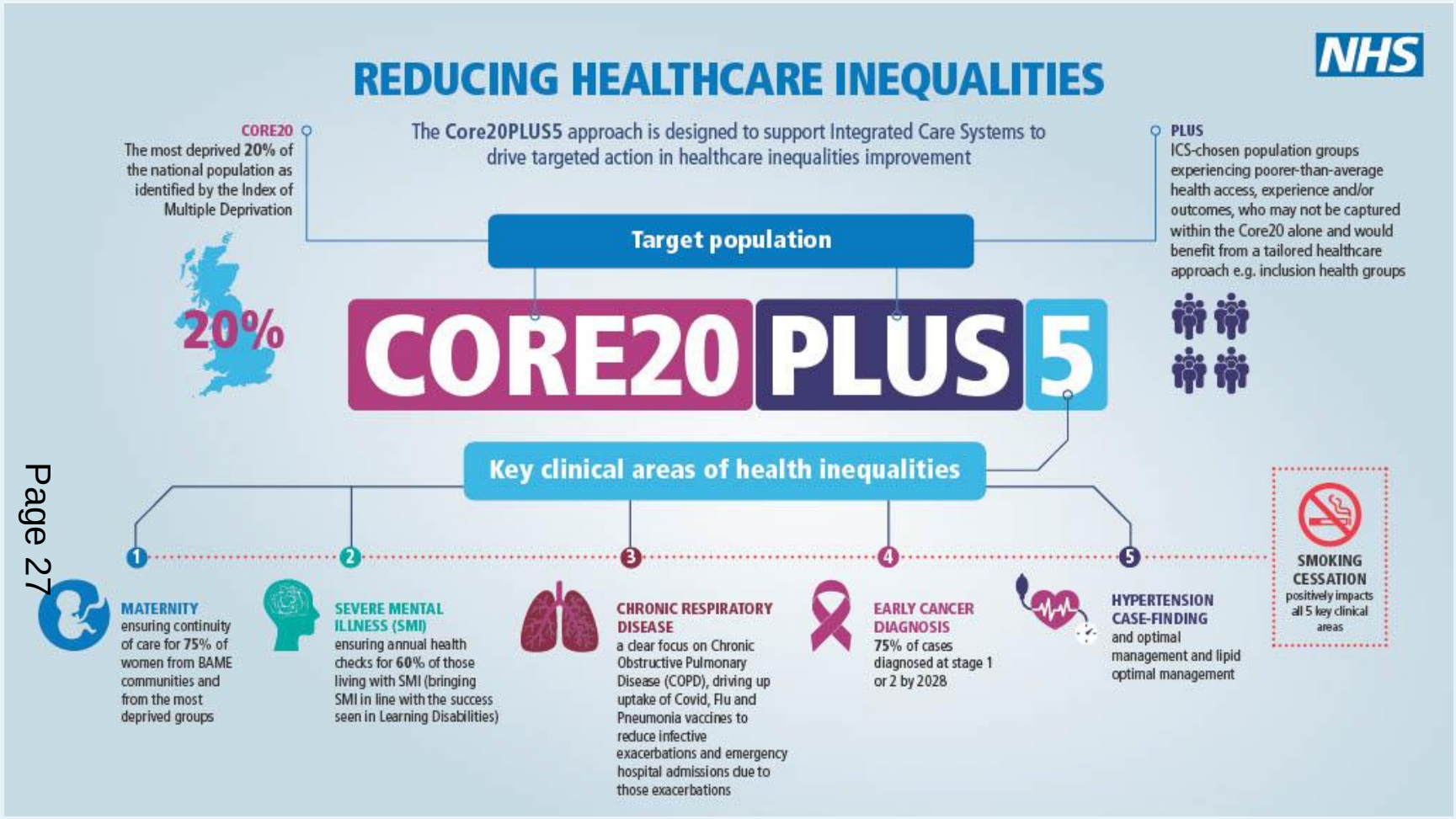

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