

## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

<b>Subject Heading:</b>	Corporate Performance Report: Quarters 1 & 2 (2015/16)
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<b>Policy context:</b>	The report sets out Quarter 1 and Quarter 2 performance for indicators relevant to the sub-committee

### SUMMARY

The Corporate Performance Report provides an overview of the Council's performance for each of the strategic goals (Clean, Safe and Proud). All of the indicators relevant to this committee contribute to the achievement of the strategic goal that the people of the borough will be safe, in their homes and in the community.

The report identifies where the Council is performing well (**Green**) and not so well (**Amber** and **Red**). The RAG ratings for 2015/16 are as follows:

- **Red** = more than the '**target tolerance**' off the quarter target and where performance has *not improved*.
- **Amber** = more than the '**target tolerance**' off the quarter target and where performance has *improved or been maintained*
- **Green** = on or within the '**target tolerance**' of the quarter target

Where performance is more than the '**target tolerance**' off the quarter target and the RAG rating is '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council will take to address poor performance.

Also included in the report are Direction of Travel (DOT) columns, which compare:

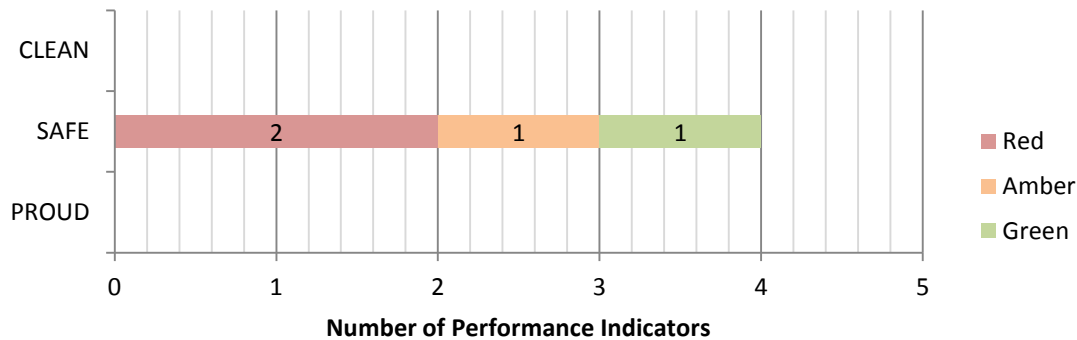
- Short-term performance – with the previous quarter
- Long-term performance – with the same quarter the previous year

A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance is the same.

## **OVERVIEW OF PUBLIC HEALTH INDICATORS**

4 Corporate Performance Indicators fall under the remit of the Health Overview & Scrutiny sub-committee. These all relate to the Public Health Service.

### **Q2 2015/16 RAG Summary for Public Health**



Of the 4 indicators, all have been given a RAG status for Quarter 2. 1 is **Green**, 1 is **Amber** and 2 are **Red**.

### **Future performance reporting arrangements**

In discussion with the Overview and Scrutiny Board and some of the Overview and Scrutiny Sub-Committees, consideration has recently been given to the current performance reporting arrangements and how they might be improved going forward.

Under the current arrangements, the quarterly and annual corporate performance reports are considered by the Cabinet first, then the Overview and Scrutiny Board and finally the various Overview and Scrutiny Sub-Committees. Depending on the meetings schedule in any given quarter, the whole cycle of reporting takes between four and seven months to complete. For Quarter 1 of this year, there is a seven-month time lag between the end of the quarter and the point at which most of the overview and scrutiny sub-committees have had the opportunity to scrutinise the data (so performance during the April to June period is being scrutinised in January).

Going forward, from the new financial year onwards, Cabinet has agreed that the quarterly and annual Corporate Performance Reports will be considered first by the individual overview and scrutiny sub-committees, then the Overview and Scrutiny Board and finally the Cabinet. This will allow the Cabinet reports to reflect any actions or comments the overview and scrutiny committees may be making to improve performance in highlighted areas as well as shortening the overall performance reporting cycle.

**RECOMMENDATIONS**

Members are asked to review performance set out in **Appendix 2** (for Quarter 2) and the corrective action that is being taken; and note **Appendix 1** (for Quarter 1) attached.

**REPORT DETAIL**

Only 1 of 4 of Public Health indicators was rated to be performing within target tolerance at the end of Quarter 2. But note highlights below for the “Percentage of women smoking at Time of Delivery” indicator.

**Highlights:**

**Percentage of new patients attending sexual health services accepting offer of HIV test**

- This indicator is rated green
- The Council’s contract with the provider of the sexual health service ceased on 30th September 2015. As a result of this, the Council is not expecting to receive performance data until a new contract has been agreed.
- However, our local provider has agreed to share the existing performance scorecard while further negotiations are taking place.

**Improvements required:**

**Number of schools achieving stated level of healthy schools award**

- This indicator is rated amber
- The number of schools awarded Silver and Gold is one below the target for Quarter 2. In both cases, applications have been submitted to the Healthy Schools London team and were awaiting approval.
- Positive progress has since been made: the gold award has been successfully approved. Although feedback on the two silver applications required amendments to be made prior to approval, these have since been made and the applications resubmitted.
- Schools sign up to Healthy Schools London voluntarily and as such it is expected that timescales may occasionally slip.
- Thus no significant improvements are proposed at present.

### **Percentage of eligible patients offered an NHS Health Check**

- This indicator is rated red
- Performance (8.2%) is below target (10.0%) and worse than at the same point in the previous year (10.4%). To date, 5,474 people have received an invite offer to undertake an NHS Health Check; 1,542 fewer than in 2014/15.
- Underperformance is as a result of a combination of factors:
  - Staff Resourcing: In order for the service to achieve its in year MTFs savings and grant cuts it was necessary to remove its GP supporting staff resource capacity of 0.6 FTE.
  - Reporting System Change: From April 2015 Public Health has introduced a new method of performance management against delivery to improve efficiency.
  - Incentives: It is widely recognised that local authorities can improve performance through increasing incentives to GPs. LBH's incentive offer is based upon providing value for money to the council whilst maintaining a fair return to GPs for their services.
- As a consequence of the in-year cuts to the Public Health grant there are no new initiatives planned for increasing the performance of Health Checks.
- However, this will be reviewed once the announcement for the 16/17 Public Health grant has been announced.

### **Percentage of women smoking at Time of Delivery**

- This indicator is rated red.
- However, this should have not have been rated red because the performance (10.9%) is within the variable tolerance ( $\pm 1\%$ ) of the target (10%).
- Due to the Health and Social Care Information Centre (HSCIC) publishing its data 3 months after the period to which it relates, there is a time lag of one quarter. Therefore, the performance figure (10.9%) is actually for quarter 1.
- A jointly funded BabyClear programme between Havering and Barking and Dagenham Councils is being implemented, and it is anticipated that this provision will have an impact on the data around smoking status at point of delivery. This is due to the use of CO2 monitors rather than relying on mothers to self-report.

## **IMPLICATIONS AND RISKS**

All the information here relates to Health Checks.

### **Financial implications and risks:**

An increased financial incentive for the health check offer was implemented during 14/15 which had a positive effect. The financial incentive has been maintained but no

further increases can be considered in light of the in-year cuts to the Public Health grant.

**Human resources implications and risks**

In response to the anticipated in-year cuts to the Public Health grant, the Public Health service has been reduced to meet this cost pressure and this approach will be maintained.

**Legal implications and risks:**

Health Checks is a local authority mandated service that continues to be provided and is funded through the Public Health grant.

**Equalities implications and risks:**

The Council, through the Public Health grant, is mandated to provide Health Checks and continues to do so. This service has been commissioned from Havering CCG general practices (GPs) who have access to the registered patient list. This enables the GP to identify the eligible population suitable for a Health Check and thereafter update the relevant record. As a consequence of this niche market position, we are limited in the types of alternative providers that we can successfully engage with. Additional support has been sourced from the GP federations within the current financial envelope.

**BACKGROUND PAPERS**

The Corporate Plan 2015/16 is available on the website at <http://www.havering.gov.uk/Documents/Council-democracy-elections/Corporate-Plan-on-a-page-2015-16.pdf>