



HEALTH & WELLBEING BOARD

Subject Heading:

Health and Wellbeing Board Indicator Set
March 2018

Board Lead:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The Health and Wellbeing Board receives a Health and Wellbeing Indicator Set at each meeting, which provides an overview of the health of residents and the quality of care services available to them.

The set comprises

- ten core indicators, which remain constant all year
- additional indicators on topics of current and special interest to the Board which may be changed in year. Currently, the indicators of special interest are
 - access to Long Acting Reversible Contraception (LARC) and
 - Referral to Treatment (RTT).



In the main, the Board receives the HWB Indicator Set for information, and anticipates more detailed discussions of the overall health and wellbeing of the local population once per year; typically when the Joint Strategic Needs Assessment (JSNA) is presented.

On this occasion, the Board is receiving this short explanation as some of the indicators on the accompanying HWB Indicator Set March 2018 have been updated.

Core indicators:

- Indicator 3 Physically Active Adults – no change for Havering (59%) and London (66%), but for England there has been an increase (66%), which means that the gap between Havering and England is widening. This is considered in Update on the Obesity Prevention Strategy which is being presented at this meeting
- Indicator 10 Mortality attributable to air pollution – this is estimated, based on background pollution and demographics. Mortality is shown to have slightly reduced from 2010 to 2015, but in 2016 increased to previous 2012 levels

Additional indicator (topic of current and special interest)

- Indicator 12 Referral to treatment – performance has declined. The CCG has provided comment (see Report Detail below).

RECOMMENDATIONS

The HWB is asked to note the changes, seeking clarification on any aspect of worsening performance, whilst anticipating:

- An update on the Obesity Prevention Strategy which is on this meeting's agenda
- A future indepth discussion on the health and wellbeing of residents when the Board receives an update on the JSNA and deliberates on the priorities for a new Havering Health and Wellbeing strategy

REPORT DETAIL

Havering CCG has provided the following comment (also on behalf of BHRUT) regarding Havering 18 Weeks Referral to Treatment:



Havering

LONDON BOROUGH

In June 2017 BHRUT met the national RTT incomplete standard of 92%) with performance of 92.2%. This was achieved 3 months ahead of plan and again in July with performance of 92.1%.

Regrettably since then BHRUT has missed the 92% national incomplete standard for RTT since August 2017. In April 2018 (latest nationally submitted data) we recorded performance of 87.05%. On 1st December we agreed a revised recovery plan with NHS Improvement with the aim of returning to delivering the 92% standard in April 2018. However we have not met this for the following reasons:

- the closure of dental services commissioned by NHS England. Dental patients account for approximately 17% of our patients who are waiting over 18 weeks. With finite capacity this has resulted in larger than anticipated volumes of patients waiting over 18 weeks for their treatment
- winter pressures impacted on surgical capacity into April which impacted the elective pathway
- in February 18 BHRUT was placed into financial special measures by NHSE/I and this had a direct impact on the Trust ability to finance the reductions in waiting lists leading to more patients waiting more than 18 weeks
- higher GP demand in some specialties than planned.

We are in the process of agreeing activity levels with our CCGs and a revised RTT trajectory to return to delivering the 92% standard for 18/19.

In April 2016 we had just over 1,000 patients who had waited more than a year for their treatment. At the end of April 2018 we reported 4 patients had waited more than a year for their treatment, with a number of these patients choosing to wait longer following our offers to treat them sooner. We have just submitted data for May although this is not publically available yet and have declared no patient waiting more than 52 weeks for their treatment.

IMPLICATIONS AND RISKS

The indicator set is presented for information.

BACKGROUND PAPERS

No background papers