



Havering

LONDON BOROUGH

Quarter 2 Performance Report 2018/19

Health O&S Sub-Committee

4 December 2018

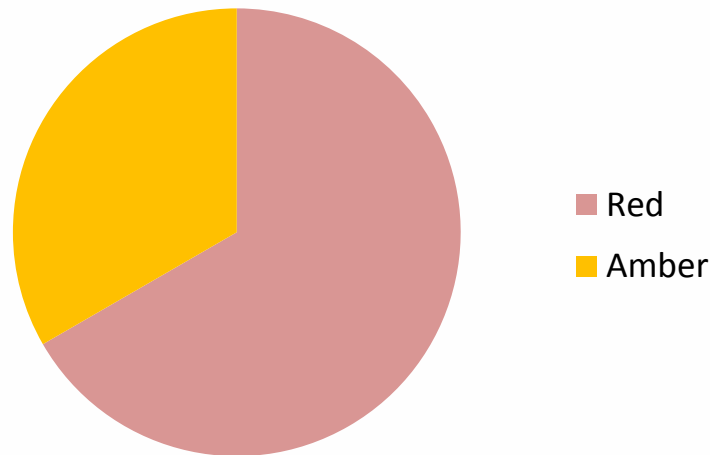
About the Health O&S Committee Performance Report

- 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.

Q2 Indicators Summary



Of these 3 indicators:

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

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

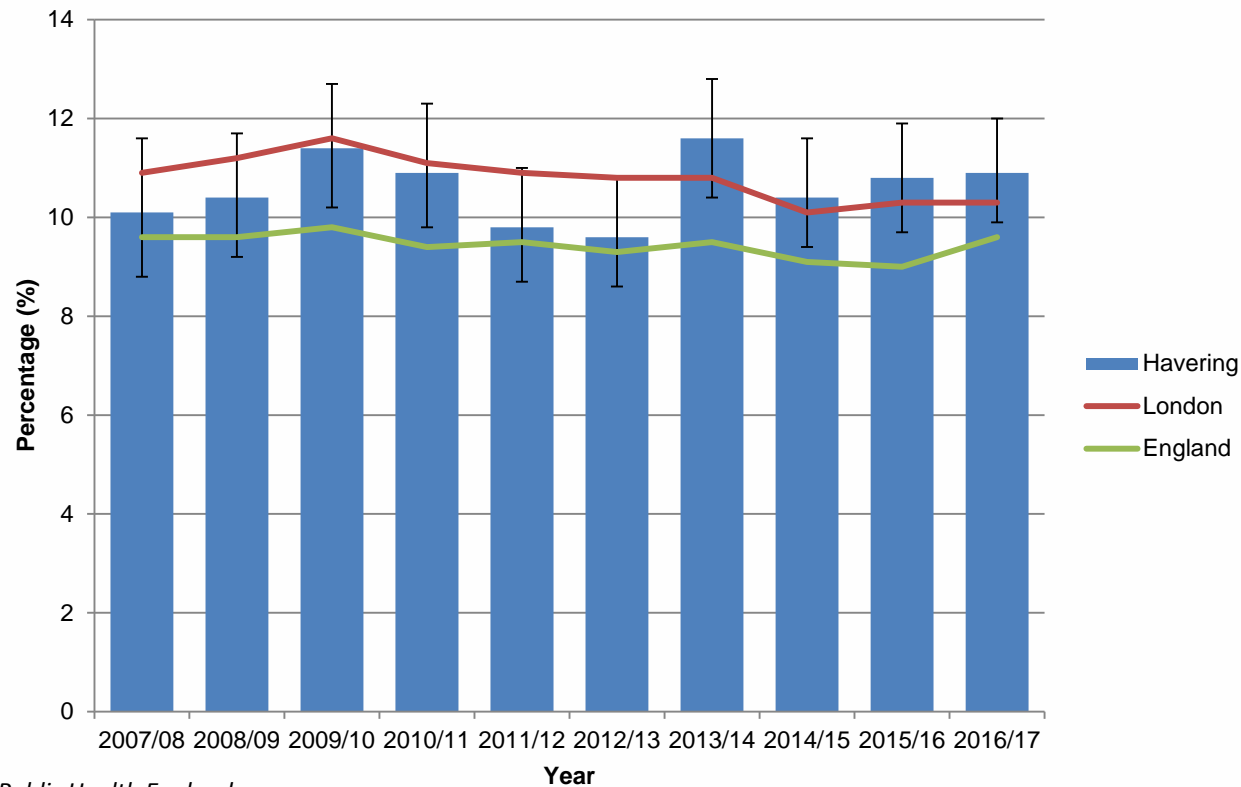
Quarter 2 Performance

Indicator and Description	Value	Tolerance	2018/19 Annual Target	2018/19 Q2 Target	2018/19 Q2 Performance	Short Term DOT against Q1 2018/19		Long Term DOT against Q2 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	→	7.8	↓	5.1	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

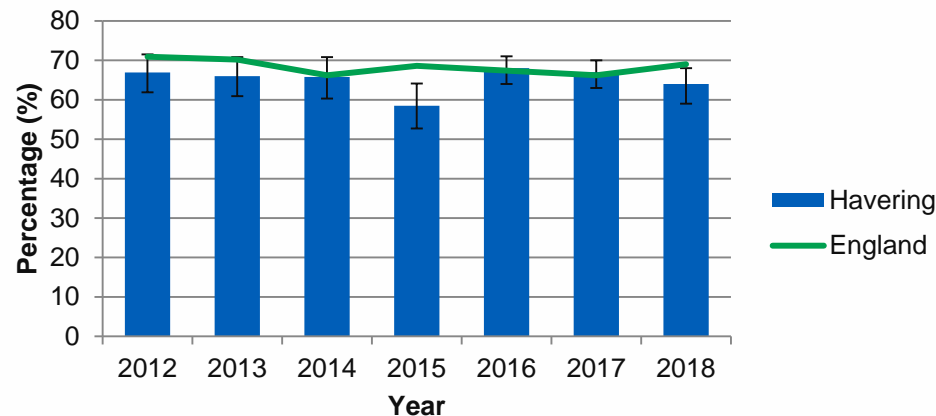
Improvements Required: Childhood Obesity

- 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:
 - ✓ The Breastfeeding Welcome scheme was publicly launched in August and to date, 25 venues across the borough have registered.
 - ✓ 'Starting Solid Foods' workshops, co-delivered by Health Visitors and Early Help Practitioners, now run regularly at Collier Row and Rainham Village children's centres and we continue to scope expansion of these to other centres to complement support provided in Infant Feeding Cafés.
 - ✓ Following successful completion of the Healthy Early Years London pilot, the scheme was officially launched on 17th October. To date 32 Havering settings have registered with 11 completing 'First Steps', three achieving the bronze award and two the silver award.
 - ✓ In September, Public Health supported Waste and Recycling events across the borough, promoting refillable water bottles with the dual aim of decreasing single-use plastic use and decreasing sugary drink consumption.
 - ✓ A cross-council briefing paper was produced on LBH's approach to preventing over-proliferation of fast food outlets. Resulting actions will be incorporated into the Obesity Prevention action plan.
 - ✓ Veggie Run continues to gather momentum with the range of prizes presented increasing and new branding being rolled out across primary school canteens. HES Catering has reported a 14% increase in school meal uptake.
- 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 five months of 2018/19, there has been an average of 16 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?

