



# Havering

LONDON BOROUGH

## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 14 JULY 2021

**Subject Heading:**

2021/22 performance information

**SLT Lead:**

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**Report Author and contact details:**

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**Policy context:**

There are a number of policies and strategies of relevance to the Health Overview and Scrutiny Sub-Committee, which the sub-committee may wish to consider when selecting performance indicators.

**Financial summary:**

There are no direct financial implications arising from this report. Adverse performance against some performance indicators may have financial implications for the Council.

**The subject matter of this report deals with the following Council Objectives**

Communities making Havering  
Places making Havering  
Opportunities making Havering  
Connections making Havering

**SUMMARY**

This report outlines the requirement for the Health Overview and Scrutiny Sub-Committee to consider which performance indicators to receive information on during the financial year 2021/22.

**RECOMMENDATION**

That the Health Overview and Scrutiny Sub-Committee confirms the performance indicators it wishes to scrutinise during 2021/22 so that reporting arrangements can be established.

**REPORT DETAIL**

1. During 2020/21, the Health Overview and Scrutiny Sub-Committee received regular presentations from the borough's two main Health providers – North East London Foundation Trust (NELFT) and Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) – covering the following areas of performance:
  - Accident and Emergency performance (4 hour access standard);
  - Referral to Treatment (RTT) performance;
  - The percentage of face to face antenatal checks completed by Health Visitors;
  - The percentage of infants receiving a 6-8 week review by a Health Visitor by the age of 8 weeks;
  - The number of children attending joint consultations with School Nursing or STAR workers (i.e. Student Drop-ins);
  - The number of staff attending joint consultations with School Nursing (i.e. Parent Drop-ins);
  - The number of staff attending joint School Consultations with Teachers, Primary Mental Health Team & STAR workers;
  - Referrals to the Primary Mental Health Team for either brief intervention or school counselling
  
2. The Health Overview and Scrutiny Sub-Committee is now asked to consider which performance indicators to monitor and scrutinise during 2021/22. The following 'long list' has been developed with input from Public Health, NELFT and BHRUT, for the sub-committee's consideration.

1. BHRUT Constitutional Standards:
  - a. Four-hour emergency access performance;
  - b. Cancer;
  - c. Diagnostics;
  - d. Referral to treatment;
2. BHRUT financial update;
3. BHRUT staffing levels;
4. BHRUT Friends and Family Test;
  
5. Reception and Year 6 prevalence of overweight (including obesity);
6. Percentage of adults aged 18+ classified as overweight or obese;
7. Admission episodes for alcohol-related conditions (rate per 100,000);
8. Smoking status at time of delivery;
9. Emergency hospital admissions due to falls in people aged 65 and over (rate per 100,000);
  
10. Percentage of births that receive a face to face new birth visit by a Health Visitor within 14 days;
11. Percentage of children who received a 2-2.5 year review;
12. Percentage of high risk mothers who received a Maternal Mood review in line with local pathway;
13. Referrals to the Primary Mental Health Team for either brief intervention or school counselling.

## **IMPLICATIONS AND RISKS**

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

There are no direct financial implications arising from this report. It should be noted that adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

**Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress, and that of local health services.

**Human Resources implications and risks:**

There are no HR implications or risks arising directly from this report.

**Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

**BACKGROUND PAPERS**

None, though Members may wish to consider the performance information presented by BHRUT and NELFT elsewhere on the agenda when selecting performance indicators for 2021/22.