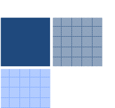
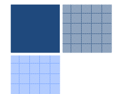
Vital Signs Performance Report

2008/09



Contents

Introduction 3
2008 / 09 Performance Overview 4
VSA03: incidence of C.Difficile 5
VSA04: NHS reported waits for elective care (18 weeks) 6
VSA06: Patient reported measure of GP access 8
VSA09: proportion of women screened for breast cancer (aged 53-70) 11
VSA11: 31 Day standard for subsequent cancer treatments 13
VSA13: 62 Day standard for referral to treatment for cancer 14
VSA14: Quality stroke care, reduction in mortality and disability. 15
VSB01: All age all cause mortality 17
VSB02: Reduction in CVD mortality rate in people age under 75 19
VSB03: Reduction in cancer mortality rate in people age under 75 21
VSB04: Suicide & injury of undetermined intent 23
VSB04: Smoking prevalence (smoking quitters) 24
VSB06: Early access for women to maternity services 26
VSB08: Teenage pregnancy 28
VSB09: Childhood obesity 30
VSB10: Individuals who complete immunisation 32
VSB11: Prevalence of breastfeeding at 6-8 weeks 34
VSB12: Evaluating the impact of Child Adolescent Mental Health Services 36
VSB13: Chlamydia prevalence (screening) 38
VSB14: Number of drug users recorded as being in effective treatment 40
VSB15: Self reported experience of patients/users 43
VSB17: NHS staff survey based measures of job satisfaction 44
VSB18: Dental services 46
VSC03: Adults (aged 18 and over) assisted to live independently 48
VSC10: Delayed transfers of care per 100,000 population (aged 18 & over) 49
VSC12: Timeliness of social care assessment 50
VSC13: Timeliness of social care packages 51
VSC15: Proportion of all deaths that occur at home 52
VSC18: Proportion of carers receiving a 'carer's break' or a specific service for carers 53
VSC26: Rate of hospital admissions for alcohol related harm 54
VSC27: Patients with diabetes 55
Children with disability 56
Appendix i) Autumn Statement on Services for Disabled Children 57



Introduction

City and Hackney has a young, vibrant and diverse population. It is an area characterised by extremes in terms of measures of health outcomes, inequalities and deprivation. As a consequence, we face many challenges in improving the health of local people. Some of these challenges are borne out of the extreme needs of the population, the level of deprivation and its diversity. However, whilst there are challenges, we are also presented with some unique opportunities.

Our vision for City and Hackney is to be an area in which our communities can grow, prosper and thrive, where people's health is improved and their health status has a positive impact on their lives. We want to see the life chances of children improved and to ensure that Hackney and the City are good places to grow up.

Relationships across health agencies, local authorities and the voluntary sector are strong. Our local area agreements are focused on addressing inequalities and are well embedded in the strategies for the partner agencies. High levels of commitment are apparent, including a number of joint appointments at senior level across the primary care trust (PCT) and the London Borough of Hackney. Our major hospital providers, the Homerton University Hospital Foundation Trust and East London and the City Mental Health Foundation Trust are very active in the partnership.

Levels of clinical engagement are also high. Practice based commissioning is well developed. Primary care and hospital clinicians work together in the development of improved services and pathways for patients.

All NHS primary care trusts are measured against a number of performance indicators called 'vital signs' that were agreed with NHS London and which reflect national policy objectives (as described in the *Operating Framework for the NHS in England 2009/10*). The performance indicators are grouped into three main areas – existing national commitments, new national priorities and local priorities. These are used to assess whether levels of service set through the 2008-2011 planning round are being maintained. Assessment of performance against the existing commitments and new national priorities are components of the Care Quality Commission's annual health check in 2008/09 for PCTs.

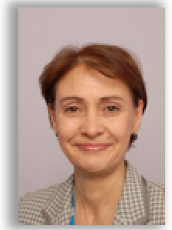
The 2008/9 annual health check is scheduled for national publication on 15th October 2009. In advance of that publication, we wanted to share our local understanding of what we have achieved over the last year in collaboration with our partners. Not just in the many areas where we have made excellent progress (such as chlamydia screening and breastfeeding) but also in those areas where we still have more work to do. We have tried to describe the actions we are taking to improve performance.

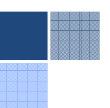
NHS City and Hackney has identified several key areas where improvement is needed and we recognise that to achieve our vision of improved health status, we need to aim for and achieve the highest possible performance against these quality standards. Our commissioning strategy for 2009/10 and beyond targets these areas, starting with primary care, cancer and cardiovascular services, urgent care, sexual and communicable disease, children, mental health and patient experience.

We look forward to the challenge and the opportunities ahead.

Jacqui Harvey

Chief Executive





2008 / 09 Performance Overview

The following chart depicts the individual performance of each vital sign indicator. Displaying whether the target has met expectations or not.

City and Hackney Teaching Primary Care Trust

Vital Signs	Performance	Below expected	As expected	Above expected
Tier 1				
VS 1 Clostridium Difficile	82.88%		•	
VS 2 Proportion of patients seen within 18 weeks for admitted pathways	DNR			
VS 3 Access to primary care	78.98%	•		
VS 4 Proportion of women screened for breast cancer (aged 53-70)	54.44%	•		
VS 5 Patients waiting no more than 31 days for subsequent cancer treatments	100.00%			•
VS 6 Proportion of patients with suspected cancer waiting less than 62 days	76.92%	•		
VS 7 Implementation of the stroke strategy	62.86%		•	
Tier 2				
VS 8 All age all cause mortality rate per 100,000 population (females)	503.59			•
VS 9 All age all cause mortality rate per 100,000 population (males)	714.92			•
VS 10 Cardiovascular disease (CVD) mortality rate (people aged 75 or less)	101.44		•	
VS 11 Cancer mortality rate (people aged 75 or less)	122.64			•
VS 12 Suicide and injury of undetermined intent mortality rate	8.93		•	
VS 13 Smoking quit rates	524.00	•		
VS 14 Proportion of women assessed by 12 weeks of pregnancy	41.39%	•		
VS 15 Under 18 conception rate per 1,000 females aged 15 to 17	57.10		•	
VS 16 Obesity among primary school aged children (reception year)	14.02%	•		
VS 17 Obesity among primary school aged children (year 6)	23.60%		•	
VS 18 Proportion of children who complete immunisation by recommended ages	54.93%	•		
VS 19 Proportion of infants breastfed at 6 - 8 weeks	87.44%		•	
VS 20 Commissioning a comprehensive child and adolescent mental health service	100.00%			•
VS 21 Chlamydia screening (as a proxy for chlamydia prevalence)	24.02%			•
VS 22 Number of drug users recorded as being in effective treatment	84.10%		•	
VS 23 Self reported experience of patients	300.82		•	
VS 24 NHS staff survey scores-based measures of job satisfaction	3.54		•	
VS 25 Access to primary dental services	37.96%	•		
Tier 3				
VS 26 NHSLA PCT standards, risk management assessment levels	1			
VS 27 Adults (aged 18 and over) assisted to live independently	254.56		•	
VS 28 Number of delayed transfers of care per 100,000 population (aged 18 and over)	8.76		•	
VS 29 Timeliness of social care assessment	62.82%	•		
VS 30 Timeliness of social care packages	93.36%		•	
VS 31 Proportion of all deaths that occur at home	19.37%		•	
VS 32 Adults receiving direct payments / individual budgets per 100,000 population	226.66		•	
VS 33 Proportion of carers receiving a 'carer's break' or a specific service for carers	19.01%		•	
VS 34 Proportion of total admissions that have ambulatory care sensitive diagnoses	10.20%		•	
VS 35 Vascular risk score	DNA			
VS 36 Rate of hospital admissions per 10,000 population for alcohol related harm	177.33		•	
VS 37 Rate of deliberate or unintended injuries to people aged under 19 (per 10,000)	128.52		•	
VS 38 Proportion of patients with diabetes in whom the last HbA1c is 7.5 or less from QOF	58.35%	•		

VSA03: Incidence of C.Difficile

Vital sign guidance & indicator description

Tackling healthcare-associated infections, such as Clostridium difficile (C. difficile), continues to be a key patient safety issue and is a priority for the NHS, as set out in the 2008/09 NHS Operating Framework and the 2007 Public Service Agreement 'Ensure better care for all'.

Mandatory surveillance of C. difficile was introduced in England in January 2004 with all acute and specialist NHS trusts in England required to report all diarrhoeal samples from people 65 years of age or older who have not been diagnosed with C. difficile infection (CDI) during the preceding four weeks. Trusts are required to report all positive results, including those received from people in the community. Since 1 April 2007, trusts were required to expand this reporting to include all positive results in patients aged two years and over.

The national target (a 30% reduction nationally in 2010/11 compared with the 2007/08 baseline figure) requires effective working across health communities to tackle infections in both healthcare settings and the community. Primary care trusts (PCTs) are therefore expected to work effectively with acute trusts to tackle C. difficile infections. As such, PCTs are expected to set interim targets each year (between 2008/09 and 2010/11) with their strategic health authorities (SHA) to help achieve the national target overall by 2010/11.

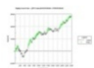
Numerator: Number of Clostridium Difficile cases 2008/09

Denominator: Trajectories for Clostridium Difficile cases 2008/09

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

The Trust is committed to ensuring that there is a facilitative partnership approach to the reduction of HCAI across the health economy. At the same time, the PCT needs to be assured that its population is protected by robust performance management, quality assurance and a succinct escalation process to ensure a year-on-year reduction in Health Care Associated Infection (HCAI).



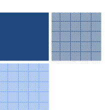
Progress made and plans for continued improvement

Target: 100%	Actual Performance: 82.8%	Performance Status: Green
National Average: 74.6%	London Average: 62.4%	

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Mechanisms within the PCT exist to monitor the control of acquired infections in both community and hospital settings. As a provider of services the PCT does not have any inpatient beds. Our main hospital provider is the Homerton University Hospital Trust. The PCT actively review the performance of the Homerton.

With regards to hospital acquired infections, the hospital has a robust infection control mechanism and is an exemplar in terms of performance, having remained below target in recent years and currently.



VSA04: NHS reported waits for elective care (18 weeks)

Vital sign guidance & indicator description

The NHS Improvement Plan (June 2004) set out the requirement that, by December 2008, there would be a maximum acceptable waiting time of 18 weeks from referral to start of hospital treatment. Providing fast, convenient access will reduce pain and anxiety for patients and ensure that waiting times for treatment are no longer a major issue for patients and the public.

In 2008/2009 trusts will be expected to have achieved, by December 2008, a maximum waiting time of 18 weeks from referral to start of treatment for 90% of admitted patients and 95% of non-admitted patients. Trusts will be assessed on having maintained this performance during the final quarter of the financial year (January to March 2009). Trusts will also be assessed against an 18 week maximum wait for direct access audiology patients. These are patients referred into audiology services without a consultant, and who are outside the scope of the 18 week target

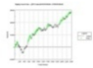
Numerator: Admitted patients waiting 18 weeks or less

Denominator: Number of patients admitted

Indicator = Numerator / Denominator (percentage)

How performance has been set in the context of local and national priorities

The health economy is committed to the delivery of this national access target The PCT has worked hard to ensure that its commissioned level of activity from its secondary care providers has been sufficient to meet the 18 week referral to treatment target. City & Hackney PCT with its main secondary care provider, the Homerton, was the only 'early achiever' health economy in London- a pilot scheme designed to deliver 18 weeks ahead of the national timetable. Which was successful.



Progress made and plans for continued improvement

Target: >= 90%	Actual Performance: N/A	Performance Status: Red
National Average: 92.9%	London Average: 92.8%	

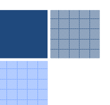
If data from Bart's and the London Hospital who have recent well documented problems with a new CRS system is excluded the target is being met. This position at Bart's and the London Hospital remains the biggest risk for City & Hackney PCT in meeting its 18 weeks RTT targets.

The Homerton Hospital continues to have some of the shortest waiting times in London- a position supported by local Practice Based Commissioners who would like to have a local maximum wait of two weeks.

Current Commissioner Performance at the end of August 2009 (not including Bart's and the London Hospital).

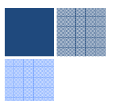
Admitted Target: 90%
Admitted Actual: 95.5%

Non-Admitted Target: 95%
Non-Admitted Actual: 98.61%



Operational plan refresh: How are we engaging stakeholders, partners & community groups

Bart's and the London Hospital are working closely with NHS London and the Department of Health Intensive Recovery Team in turning around the issue in relation to accurate reporting and delivery of targets.



VSA06: Patient reported measure of GP access

Vital sign guidance & indicator description

The Operating Framework for 2008/09 and Vital Signs for 2008/09 - 2010/11 sets out an expectation that PCTs will improve patient experience of access to primary care whilst maintaining the commitment that all patients who wish to do so can see a GP within two working days.

The NHS hopes to deliver services that are more responsive to patient needs. PCTs will be expected to perform well across the three themes of fast access, booking ahead, and extended opening hours.

Numerator: Respondents who were able to get an appointment the same day or in next 2 working days

Denominator: Respondents who tried to get an appointment fairly quickly in the 6 months prior to survey

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

Progress made and plans for continued improvement

Target: 82%	Actual Performance: 78.98%	Performance Status	Amber
National Average: 85.13%	London Average: 80.74%		

The PCT has a lower level of satisfaction than the national average on all of the 5 key indicators of patient reported measures of GP access. Whilst the level of satisfaction is in line with the experience in PCTs in north-east London they continue at an unacceptably low level and the PCT is committed to improving both the level of response to the national survey and the levels of satisfaction reported. It should be noted however that local in-depth surveys conducted by ipsos-MORI have show high levels of satisfaction with local GP services, as do individual QOF practice surveys, however these do not focus on the specific key areas.

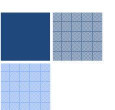
In 2007 we developed an action plan in relation to improving access to GPs. We have continued to work through this. Our target is to improve levels of satisfaction to the national average as reflected in the 2008-09 survey. The actions to achieve this are set out below.

The PCT is finalising an Access Improvement Plan agreed with NHS London that will set revised targets based on additional investment, sector wide work-streams, and local direct intervention targeted at supporting poorly performing practices.

1. Telephone Access

The PCT has identified those practices where telephone access is a problem and has increased investment through improvement grants and PCT capital spending programme to address these concerns. We are seeking to further target our investments in telecoms infrastructure to address this and to include the issue as part of our approach to contract compliance.

We are working with individual practices to ensure that they developing specific action plans in relation to the concerns that have been raised by their patients, and looking at ways of incentivising further improvements via enhanced services and other investment routes. We are planning to pilot systems that allow remote booking of appointments with a number of practices, with a view to increasing investment in this area and



rolling it out.

2. 48 Hour Access

The regular primary care access survey (PCAS) spot check survey conducted with practices until March 2009 showed no breaches in practices offering access to a GP within 48 hours. The increase in numbers of practices undertaking extended hours has assisted with the achievement of this target at practice level. The PCT has two Walk in Centres, one in NE Hackney and one, mainly providing services to commuters in the City these provide extra capacity in the system. Further more the Primary and Urgent care Centre based alongside the emergency department at Homerton Hospital provides extra capacity for patients unable to access their GP in a timely manner. The PCT also has a well developed Pharmacy First programme, which has in excess of 30k consultations per annum.

However, the survey indicated a wide range in patient perception of practice delivery on this target. The PCT is working with all practices to analyse capacity and directly with poorly performing practices to ensure that this target is achieved for all patients during 2009/10

3. Booking Ahead

This measure is supported by the continued roll out of the extended hours DES and LES, which requires all practices participating to offer four week booking in advance and a review of the numbers of appointments of all types offered by practices. Currently the proportion of practices delivering extended hours is at 75% and is expected to rise through 2009/10.

4. Opening Times

The PCT has exceeded the trajectory set for December 2008, and continues to build on this. 2008/09 has seen the marketing of information about specific practices and the hours they undertake to the local population. The PCT will continue to drive engagement from practices into the delivery of this target, reviewing processes to enable us to continue to outperform the trajectories. The recent marketing campaign will be followed up with further work to ensure that all patients have a realistic choice of practices offering extended opening times.

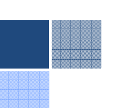
5. The proportion of people satisfied with their overall experience of their GP

It assumed that this measure will be an amalgamation of all elements of the target, however the PCT will also monitor patient satisfaction levels through a number of routes, (MORI survey and practice patient satisfaction surveys) continuing to monitor information from practices and challenging any slip in performance against this target.. The PCT recognises that overall satisfaction based on the amalgamation of targets is below target although the survey indicates overall satisfaction with care received at the surgery at the London average (87%).

However, the PCT has recognised that both the low response rate (26% compared to a London average of 30% and a National average of 38%) and the results reflect the need for the Access Improvement Programme that is now being urgently implemented.

Number and staffing of new GP practice

CHPCT is not an under-doctored area. The National Equitable Access programme, means that over the course on 09/10 we are progressing the procurement of a GP led health centre and will sign a new contract for a zero



list practice which meets all the criteria of the scheme, including seeing unregistered patients with primary care needs

The Unregistered Population

We will continue to develop an understanding of some of the barriers to registration for some of our practices. We are also running a project involving the PUCC and the A&E department to support the registration of attendees who do not have a GP.

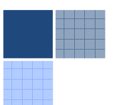
New Health Centres and development of Polyclinics

One new health centre was opened in Autumn 2008, with two practices relocating from unsuitable premises to new purpose built premises. The South East Resource Centre, is currently going through planning permission stage in LB Hackney and is expected to be approved and be on line for completion by June 2010. This will provide a hub for the SE polyclinic linked to the Primary and Urgent Care Centre at the Homerton Hospital. The St Leonard's outline business case has had stage one approval from NHS London and it is expected that work will commence on site in early 2010. This will provide primary care with a large facility, into which a number of GP lists will relocate. The building will form the hub of services for the SW polyclinic and in 09/10 the PCT is working with local stakeholders to develop a model for a SW urgent care centre.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

In 09/10 the PCT will undertake a review of PMS contracts for Value For Money, list size and access. We will also:

Revise contract compliance systems through annual contract reviews
Take steps to end inefficient contracts and non-compliant contracts
Incentivise practices engagement with the access and customer care agenda
Increase public awareness of service improvements



VSA09: proportion of women screened for breast cancer (aged 53-70)

Vital sign guidance & indicator description

Around 130,000 people die from cancer every year of whom 65,000 are aged under 75. In 2006/2007, over 1.6 million women were screened for breast cancer in England, and nearly 13,500 cancers were detected. In February 2006, a report from the Advisory Committee on Breast Cancer Screening (Screening for Breast Cancer in England: Past and Future, NHSBSP Publication No 61) estimated that the breast screening programme in England is saving 1,400 lives per year.

The International Agency for Research on Cancer (IARC) of the World Health Organisation (WHO) evaluated the evidence on breast cancer screening in March 2002. IARC concluded that trials have provided sufficient evidence for the efficacy of mammography screening of women between 50 and 70 years, and that the reduction in mortality from breast cancer among women who choose to participate in screening programmes was estimated to be about 35%.

The age group of women invited for routine screening was extended to 50 to 70 from 50 to 64, and all PCTs have been inviting women of the extended age group for screening by March 31st 2006. The three year screening cycle should thus be completed for all PCTs by March 31st 2009. The data covering women aged 50-52 will not be used in the indicator as not all women will be invited due to the three year screening cycle. However, PCTs should be inviting women of this age group for screening to ensure satisfactory coverage by the age of 53. Similarly, the new extension programme to include women between 47-49 years and 71-73 years will be taken into account following the completion of a three year cycle.

Numerator: Women screened for breast cancer in the last three years (aged 53 - 70)

Denominator: Women eligible for breast screening on 31 March 2008 (aged 53 - 70)

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

Breast screening is a high priority target for the PCT. Historically there has been low coverage in City and Hackney, however we are working with various stakeholders to try to increase coverage.

Progress made and plans for continued improvement

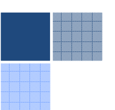
Target: 70%	Actual Performance: 54.44%	Performance Status Red
National Average: 75.92%	London Average: 65.59%	

We have in place various plans for increasing breast screening coverage over the next year:

Associate PCTs are currently rewriting the breast screening appointment invitation letter to make it clearer and the information more accessible.

We are currently working with the communications team on a publicity campaign involving adverts in the local media and outdoor media with different messages around advertising the current screening round and the benefits of screening.

To engage with the wide range of different communities in City and Hackney in an effective and culturally



appropriate way, we are planning to work with community organisations to provide community outreach work to engage with women from different communities to promote breast screening and increase uptake.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

We are working with GP practices and currently visiting all practices with an upcoming screening round to discuss practice interventions to increase screening uptake and offer Public Health support with those interventions. We are offering a LES for the second year to incentivise practices to promote breast screening and encourage women to attend. We are also keeping practices up to date with current information on their screening coverage with a quarterly cancer screening report sent to all practices. Additionally, we are planning training sessions for practice staff on cancer screening in the autumn.

We are currently running a breast screening campaign in pharmacies for one month. Pharmacists have been provided with posters, leaflets, key message sheets, themed pharmacy bags and other resources and were trained to deliver messages around breast screening.

We are working with CELBSS (the Central and East London Breast Screening Service) to improve the service they offer. As associate PCTs we have written a detailed specification and defined performance standards that must be met. We have moved to a payment per women rather than a block contract to incentivise the provider to improve uptake.

We have planned DNA ‘mop up’ projects with the breast screening service to reinvite women who did not attend their appointment earlier in the year to other screening sites. There are two DNA screening sessions planned for the autumn and some planned for next spring.

VSA11: 31 Day standard for subsequent cancer treatments

Vital sign guidance & indicator description

The NHS Cancer Plan sets the ultimate goal that no patient should wait longer than one month (31 days) from diagnosis of cancer to the beginning of treatment, except for good clinical reasons.

The publication of the Cancer Reform Strategy, in December 2007, set new, more ambitious standards for the NHS. Specifically for the one month wait, the standard will be widened to cover all cancer treatments, including second or third treatments and treatment for recurrence of cancer, with achievement of this for all patients receiving surgery or drug treatment required by December 2008. The financial year 2008/09 will be a year during which trusts will be required to update systems and ensure capacity is available to meet the new standard, maintain existing commitments throughout the year and achieve the new standard for patients receiving surgery or drug treatment in the fourth quarter of the year. PCTs will be assessed as commissioners.

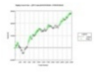
Numerator: Patients who received subsequent treatment (surgery and drug treatment) within 1 month

Denominator: Patients receiving subsequent treatment (surgery and drug treatment)

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

This key national cancer target is a priority for City & Hackney PCT and the broader health economy. The performance against the targets are regularly discussed at the City & Hackney Cancer Board meeting chaired by a PCT consultant in Public Health and at the North East London Cancer Network. The North East London Cancer Network is chaired by City & Hackney PCT Chief Executive, Jacqui Harvey.



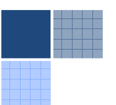
Progress made and plans for continued improvement

Target:>=97%	Actual Performance: 100%	Performance Status Green
National Average: 97.41%	London Average: 98.01%	

Performance data collected for this target shows that City and Hackney has maintained a perfect record by achieving 100% compared to a London average of 98.01% and 97.41% nationally.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The target continues to be reviewed in the formal structures outlined above.



VSA13: 62 Day standard for referral to treatment for cancer

Vital sign guidance & indicator description

The NHS Cancer Plan sets the ultimate goal that no patient should wait longer than two months (62 days) from a GP urgent referral for suspected cancer to the beginning of treatment, except for good clinical reasons.

The publication of the Cancer Reform Strategy, in December 2007, set new, more ambitious standards for the NHS. Specifically for the two month wait, the standard will be widened to cover both referrals from the national screening programmes and from consultants where they request that the patient is managed on the two month pathway. The financial year 2008/09 will be a year during which trusts will be required to update systems and ensure capacity is available to meet the new standard, while continuing to meet the existing commitment throughout the year. PCTs will be assessed as commissioners.

Numerator: Patients treated in 2 months detected through GP, screening and consultant upgrade

Denominator: Patients detected through GP, screening and consultant upgrade

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

This key national cancer target is a priority for City & Hackney PCT and the broader health economy. The performance against the targets are regularly discussed at the City & Hackney Cancer Board meeting chaired by a PCT consultant in Public Health and at the North East London Cancer Network. The North East London Cancer Network is chaired by City & Hackney PCT Chief Executive, Jacqui Harvey.

Progress made and plans for continued improvement

Target: >=85%	Actual Performance: 76.92%	Performance Status Red
National Average: 88.25%	London Average: 88.64%	

City & Hackney: Year to Date Performance: 82.5%.

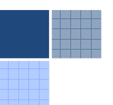
In July 2009, 5 out of 23 patients breached against the 62 day target; (3 patient choice delays either in diagnostic phase or when deciding treatment); 2 patients on urology pathways where treatment was delayed for clinical reasons.

Unfortunately the small number reported for NHS City & Hackney (23 cases) means that a single breach has a disproportionate effect on the standard, hence the likely variability of results on a month by month basis.

Therefore current breaches are either clinically appropriate or due to patient choice reasons.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The target continues to be reviewed in the formal structures outlined above.



VSA14: Quality stroke care, reduction in mortality and disability.

Vital sign guidance & indicator description

Cardiovascular disease (CVD) is a preventable disease that kills nearly 198,000 people in the UK every year. More than a quarter of these deaths from stroke (British Heart Foundation, 2008). A stroke is caused by a disturbance to the flow of blood to the brain by one of two main means, either as a result of a clot that narrows or blocks blood vessels or where blood vessels burst causing bleeding into the brain.

The National Stroke Strategy, 2007, sets out a quality framework and identifies examples of excellent care to help local services make improvements to stroke services. These examples include the treatment of stroke patients within specialist stroke units and the provision of rapid access to services for people who have had a minor stroke or transient ischemic attack (TIA).

Numerator: Patients who spent at least 90% of their time on a stroke unit

Denominator: Patients who were admitted to hospital following a stroke

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

Improving stroke care and preventing stroke is a key priority for the PCT and therefore from 2009 all patients who are admitted to the Homerton with a primary diagnosis of stroke will spend at least 90% of their time being treated and cared for in a specialist stroke facility, and people who have had a TIA and who are classified as high risk will be assessed and treated within 24 hours of presenting to local health services.

In terms of prevention of Stroke we aim to improve the detection and prevention of high blood pressure, leading to a reduction in premature death from Heart Disease and Stroke (13% increase by 2013). The Vascular Risk Assessment programme will be a key part of this prevention initiative.

Resources have been identified which allow services for local people to meet the standards set out by Healthcare for London and in the National Stroke Strategy.

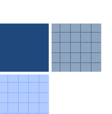
Progress made and plans for continued improvement

Target:>=65%	Actual Performance: 62.86%	Performance Status Amber
National Average: 47.31%	London Average: 49.70%	

2008/9 saw the largest ever financial investment in stroke and TIA services in City and Hackney (£0.75m; £1m recurrently). As a consequence we now have 4 acute beds and 20 rehabilitation beds. Three additional stroke beds will open during Jan 09.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The PCT will work closely with providers and the North East London Cardiac and Stroke Network to ensure that local residents continue to have access to high quality care in accordance with the model defined by the designation process, including the proportion of patients who have a brain scan within 24hrs of admission. Across North East London, seven PCTs have come together to establish priorities for collaborative work. This



work builds on the success of existing clinical networks. The priorities reflect Healthcare for London themes and areas of particular significance to North East London. The Collaborative Commissioning Initiatives (CCI's) include stroke. The PCT will be an active partner in the consultation across London for stroke services and the designation of hyper-acute centres.

The PCT plans to continue to ensure equitable use and access to its services through its audit programme and routinely monitor against recognised standards for all components of the pathway.

The PCT together with the London Borough of Hackney has invested £97k recurrently for the next three years in expanding community provision, notably a monitoring hub, access to sport and leisure and specific support to the Orthodox Jewish Community. The development and impact of these services will be monitored.

VSB01: All age all cause mortality

Vital sign guidance & indicator description

Improving overall life expectancy and tackling inequalities in health is key to achieving better health and well-being for all. A focus on improving health and tackling health inequalities helps people to live longer and have healthier lives particularly for those who are at greatest risk of poor health. This indicator is a proxy for life expectancy, and will include mortality from all causes of death.

The Government has given a clear commitment to improving life expectancy in England to narrow inequalities. It has set two national targets to reduce the life expectancy gap between the areas with the worst health and deprivation indicators (the Spearhead Group) and the England average, by at least 10%, by 2010, and to increase England average life expectancy at birth to 78.6 years for males and 82.5 years for females by 2010. All Age All Cause Mortality (AAACM) is the main proxy measure for these targets and is included in the NHS Vital Signs as a national priority for local delivery, and in the local authority National Indicator Set. All PCTs have plans that, in aggregate, will achieve the overall increase in life expectancy. Spearhead PCTs are required to agree plans that narrow the life expectancy gap (given expected performance of non-Spearhead PCTs). See the 'note' section below for further details.

Analysis of this indicator allows PCTs to show if they have met their trajectory, and to compare their progress with other areas. For Spearhead PCTs, it allows them to compare their progress against the national average achievement in support of the health inequalities target. This is particularly important if non-Spearhead PCTs, as a group, exceed their planned trajectories, which may result in a widening gap.

This target supports the Public Service Agreement (PSA) national targets to improve overall life expectancy, to reduce mortality from cancer, CVD and suicide, and to narrow inequalities in life expectancy, infant mortality, cancer and CVD mortality.

Indicator 1: Directly standardised death rate 2008, per 100,000 population (using 2007 population data) (Males)

Indicator 2: Directly standardised death rate 2008, per 100,000 population (using 2007 population data) (Females)

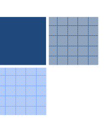
How performance has been set in the context of local and national priorities

Whilst the inequalities gap between Hackney and the rest of the country is narrowing, levels of avoidable death remain high. All age all cause mortality is a top priority in the Hackney LAA.

Progress made and plans for continued improvement

Male	Target: <= 782.00	Actual Performance: 714.92	Performance Status	Green
	National Average: 695.59	London Average:		
Female	Target:<=480.00	Actual Performance: 503.59	Performance Status	Green[1]
	National Average: 492.79	London Average:		

[1] Although the target has not been met, this indicator is still marked as green, due to the statistical banding method which is used to evaluate this indicator.



We will be improving outcomes by improved access to primary care, improved prevention of and treatment for cancer, including smoking cessation, improved management of diabetes, improved identification of and treatment for cardiovascular disease, reductions in levels of obesity, mainstreaming of parts of reducing Infant Mortality Programme and introducing Health Trainers.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Via Cancer Board, CVD Local Implementation Team (LIT) and Diabetes LIT

VSB02: Reduction in CVD mortality rate in people age under 75

Vital sign guidance & indicator description

Cardiovascular disease is the biggest cause of preventable death in the UK. Nearly 198,000 deaths are caused by CVD each year which accounts for over a third of all deaths annually. Of these deaths approximately a half are from coronary heart disease and over a quarter are from strokes (British Heart Foundation, 2008).

All PCTs experience health inequalities in their population. PCTs should be addressing these inequalities through their service planning and, as such, this indicator measures actual performance in relation to planned performance. The Government has given a commitment to faster improvement on life expectancy, cancer, cardiovascular disease, stroke and related diseases in the fifth of areas with the worst health and deprivation indicators.

Indicator: Directly standardised death rate 2008, per 100,000 population (using 2007 population data)[2]

How performance has been set in the context of local and national priorities

Cardiovascular disease remains a major cause of early and avoidable death in City and Hackney. Heart attack, heart failure, hypertension and stroke contribute to high levels of morbidity and poor quality of life associated with long term disability, as well as high service utilisation rates. We want to achieve a significant increase in the early intervention, diagnostic investigation and active management of these diseases. We will work preventatively with those at risk, including targeting men and people who are in higher risk groups due to their race, as well as improving access to secondary prevention.

Progress made and plans for continued improvement

Target: <=102	Actual Performance: 101.44	Performance Status Green
National Average: 72.18	London Average:	

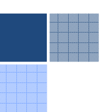
Operational plan refresh: How are we engaging stakeholders, partners & community groups

The PCT will implement a programme to deliver the Government's plan to offer a vascular check for everyone aged 40-74 once every 5-years, as outlined in the paper "Putting Prevention First", at an annual cost of £1.2m. The introduction of this vascular screening programme will have a significant impact on the local detection rate for hypertension, diabetes and pre-diabetic states, other co-morbidities, and on cardiovascular morbidity and mortality.

The programme requires a systematic call and recall framework in order to ensure that we do not increase local inequalities and we have taken the decision that primary care is best placed to deliver this. There will however be a plurality of providers offering the initial vascular screen, including in the first instance community pharmacists.

The first group of residents to be invited for a screen is a joint targeting of people who are already at significant risk, as defined by their QRISK score (the PCT's risk engine of choice) and those who are already identified as having hypertension (last recorded blood pressure >140/85) but who are not on a hypertension register. This cohort will be identified through a rigorous search of pre-existing patient-level data practice by

[2] CQC will assess our performance based on a 3 year pooled rate.



practice.

The PCT is commissioning additional capacity within smoking cessation, weight management and exercise on referral services to meet the predicted increased demand generated by the screening. The screening programme will make a positive contribution to our local smoking quit rate.

The programme will be evaluated in partnership with Queen Mary College, University of London.
The vascular programme excludes patients with pre-existing cardiovascular disease on the basis that this cohort of patients already receives a structured programme of care, including annual review, etc.

The PCT has identified that there is further scope to improve control of risk factors, such as blood pressure and cholesterol, in hypertensive, cardiac and diabetic patients. The PCT will do this by commissioning a trial primary care based education programme called “HiLo”, from Queen Mary College, University of London and through introducing tighter targets on BP and cholesterol control through a new Local Enhanced Service (a “super-QOF”).

VSB03: Reduction in cancer mortality rate in people age under 75

Vital sign guidance & indicator description

More than one in three people in England will develop cancer at some stage in their lives and one if four will die from it. This means that better prevention , detection and treatment of cancer is a key priority for commissioners in City and Hackney and the CIty

At least one third of cancers are preventable, yet a recent survey by Cancer Research UK suggests that public awareness of the main preventable risk factors for cancer is poor. Early diagnosis through screening and improved detection will improve survival rates, which are currently relatively poor when compared to some parts of Europe. As survival rates continue to improve, commissioners will extend their focus on support for cancer survivors.

Indicator: Directly standardised death rate 2008, per 100,000 population (using 2007 population data)

How performance has been set in the context of local and national priorities

We will continue to take a five pronged approach to reduce premature deaths from cancer:

- Increasing access to and uptake of screening services
- Ensuring timely access to cancer diagnosis and treatment services
- Improving public awareness of symptoms
- Empowering people to present early if they are concerned
- Improving lifestyle choices and supporting behaviour change

Progress made and plans for continued improvement

Target: 113.00 | Actual Performance: 122.64 | Performance Status Green[3]
National Average: 114.10 | London Average: n/a

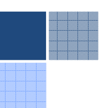
The PCT remains an active member of the North East London Cancer network, which is chaired by our Chief Executive, and recently appointed both a Public Health Consultant and a Public Health Strategist, who will lead on cancer. An early priority is to develop local clinical leadership and engagement for cancer prevention, screening and treatment services.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Promotional activities will focus on increasing awareness of the symptoms of cancer and encouraging people to present to their GP if they are concerned. This will be informed by learning from the National Awareness and Early Diagnosis Initiative (DOH), the North East London Cancer Network, and local research.

Our health trainer programme will be key to achievement of higher screening rates and cancer prevention. By focusing on the most deprived housing estates health trainers will be able to support individuals to register

[3] Although the target has not been met, this indicator is still marked as green, due to the statistical banding method which is used to evaluate this indicator.



with a GP practice, access quit smoking services, take up the offer of screening, and present early with concerns. They will also be able to offer support to communities in achieving a balanced diet and healthy weight.

VSB04: Suicide & injury of undetermined intent

Vital sign guidance & indicator description

The Public Service Agreement requires a reduction by at least 20% nationally in the mortality rate from suicide and injury of undetermined intent by 2010 (from the 'Our Healthier Nation' baseline, 1995 - 1997). The 2008/2009 NHS Operating Framework is prescriptive that this is a measure for Strategic Health Authorities (SHAs) and, as such, the age standardised death rate per 100,000 population from suicide and injury of undetermined intent should decrease with time for SHAs. Whilst SHAs have plans in place with the Department of Health to achieve this reduction, there is not a similar set of plans for Primary Care Trusts (PCTs). We are therefore unable to robustly measure the progress of PCTs in contributing to the reduction in the mortality rate from suicide and injury of undetermined intent. The Healthcare Commission has reluctantly agreed to withdraw this indicator from the 2008/09 national priorities for PCTs.

Indicator: Directly Standardised Rates per 100,000 European standard population

How performance has been set in the context of local and national priorities

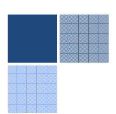
Mental Health is a PCT priority

Progress made and plans for continued improvement

Target: <=10.4 | Actual Performance: 8.93 | Performance Status Green

National Average: n/a | London Average: n/a

Operational plan refresh: How are we engaging stakeholders, partners & community groups



VSB04: Smoking prevalence (smoking quitters)

Vital sign guidance & indicator description

Smoking is the single greatest cause of preventable illness and premature death in the UK (http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Tobacco/index.htm). The effects on health from smoking have been known for many years and are well documented, with 80% of the deaths from lung cancer being related to smoking. There has been a steady decline in the number of people who smoke in England over the last three decades. For smokers who give up, the chances of developing serious conditions or diseases are greatly reduced. This indicator is crucial to securing improvements in public health.

There are many approaches to tobacco control and treatments to help people quit smoking are constantly evolving. The NHS Stop Smoking Services are implemented by targeting smokers and supporting them to quit within four weeks. The monitoring of the progress made within this programme provides a proxy for the level of performance on reducing smoking prevalence in the population.

Indicator: Smoking quit rate per 100,000 population aged 16 and over

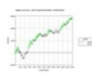
How performance has been set in the context of local and national priorities

Smoking remains the main cause of preventable disease and premature death in the UK. It accounts for 1 in 5 of all deaths, 1 in 3 cancer deaths and 15% of deaths due to coronary heart disease nationally. One in every two regular smokers is killed by tobacco and 50% of these deaths will occur before the age of 70.

Up to 18% of deaths in Hackney and 15% of deaths in the City are attributable to smoking. England has shown a decrease in the rate of deaths due to smoking of about 4% whereas the decrease in the Hackney rate has been far less marked at 0.2%.

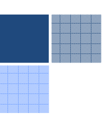
The evidence shows that exposure to second hand smoke increases the risk of developing diseases such as coronary heart disease, lung cancer and asthma. Parental smoking has a big impact on children's health and wellbeing; smoking during and after pregnancy causes one in three cot deaths (Sudden Infant Death Syndrome)and infants whose parents smoke are much more likely to get respiratory and ear infections. (LHO, 2009)

Smoking accounts for a significant proportion of inequalities in life expectancy at birth in the UK and City and Hackney. The London Health Observatory has estimated the health impact of smoking by socio-economic status and found that 37% of the difference in life expectancy at birth in males and 30% of the difference in females between the spearhead (most deprived) local authorities such as Hackney and the rest was attributable to deaths caused by smoking.



Progress made and plans for continued improvement

Target: >= 1357	Actual Performance: 524.00	Performance Status Red
National Average: n/a	London Average: 829.00	



Target 2009/10 – 2020

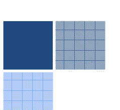
Quarter 1 performance 414 (Green)

Key actions for continued improvement

- Improved performance management of the enhanced services in primary care & increasing support available for advisors
- Increasing referrals into local services through a level I training programme for provider services and LBH front line staff.
- In 2009/10 a robust evidence based marketing campaign is being commissioned. A range of techniques will be used including direct marketing through street recruitment teams, more traditional marketing techniques, such as advertising on bus stops, price promotions and a re-branding of City services to raise awareness. The campaigns will be based on the findings from research commissioned in 2008/09 and national guidance from the Department of Health.
- Piloting new ways of delivering services - during the various marketing campaigns additional temporary stop smoking services will be set up and evaluated. These will include a range of different types of service to gain better insight into the sort of services local residents are likely to access.
- Expansion of workforce smoking cessation services across the City
- Targeted community stop smoking services. Two new services will be commissioned for our local priority communities. This will include BME communities; specifically Turkish/Kurdish, Somali and Vietnamese; routine and manual workers and people with mental health problems. These services will provide an outreach approach, taking smoking cessation to our local communities.
- Agreement of a local Tobacco Control Strategy which will ensure a co-ordinated approach to tobacco control issues. A number of work streams will be established including smoking cessation, enforcement, prevention and communication.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

- Establishing a Tobacco Control Alliance – this will engage a wide range of partners including the Local Authority, Mental Health Trust, Homerton NHS Foundation Trust, Hackney Homes, the Learning Trust and the Voluntary and Community Sector on tobacco control issues.
- Young People Peer Network Pilot – We hope to deliver some innovative projects with young people including a peer network project and health promotion sessions in schools delivering modern messages about tobacco control that young people can relate to. These messages include information on the impact on the environment, marketing of tobacco products to young people and the impact of tobacco companies in the third world.
- Peer Review – The Tobacco Control Team will participate in two peer reviews in 2009-10. Firstly with the London Tobacco Control Support Unit and secondly NHS London
- Continued working relation with the clinical forums and LPC attending meetings to provide updates on relevant information.



VSB06: Early access for women to maternity services

Vital sign guidance & indicator description

The 'Vital Signs', published as part of the 2008/09 NHS Operating Framework, include an indicator on the percentage of women who have seen a midwife or maternity healthcare professional, for assessment of health and social care need, risks and choices, by 12 completed weeks of pregnancy. This indicator also appears as a PSA target indicator as part of the 2007 Comprehensive Spending Review.

This requirement is also included in the Department of Health document 'Maternity Matters' (2007) as a key element in delivering maternity choice. In the future this indicator will assess the number of first maternity appointments which occur within the first 12 weeks of pregnancy.

In 2008/09 this indicator will be limited to an assessment of the data quality of PCTs' returns, based on their declaration in the fourth quarter of the year.

Numerator: Women who have been seen for an assessment by a relevant professional by 12 weeks and 6 days of pregnancy

Denominator: Women who have been seen for an assessment by a relevant professional at any time during pregnancy

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

Ensuring that women are able to benefit from antenatal care as early as possible is a key priority for City and Hackney. We know that some women miss out on vital care, including screening for infectious diseases and other conditions, as they do not make contact with services at an early enough point in their pregnancy. Therefore our target is for at least 80% of women to be booked by the 12th completed week of pregnancy by Q4 2009/10.

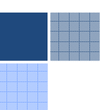
Progress made and plans for continued improvement: *Q4 08/09 bookings in 12 wks as a proportion of all bookings.*

Target:50%	Actual Performance: 41.39%	Performance Status Green
National Average: 77.35%	London Average: 66.08%	

The collection of data showing the proportion of women booked by week 12 was a new requirement in 2008/09 and there were some concerns regarding data quality and completeness of records. The recording of community midwifery data has improved and all bookings are now recorded electronically in the maternity information system. By Q1 2009/10, 51% of pregnant women had been booked by 12 weeks of pregnancy[4].

A Primary Care Maternity (Pre-conception, Antenatal and postnatal) LES has been offered to practices which includes a target for all referrals to antenatal care to be made by week 8 of pregnancy with a view to booking by week 10; 42 practices have now signed up to the LES.

[4] Dept of Health has changed the way that this indicator is calculated – this figure is based on the actual number of bookings divided by the estimated number of births. The final figure will be calculated using the quarter's bookings and the births from two quarters ahead (Q3).



During 2008/09 11 additional midwifery posts were funded and each GP practice now has a named midwife. Additional antenatal clinics have been rolled out so that more GP practices can now offer antenatal clinics on their premises. The successful elements of the Reducing Infant Mortality programme (funded in the first instance by Team Hackney) were given mainstream funding – these include a telephone helpline, peer support programmes for pregnant women and women in labour, and a number of bilingual maternity support workers.

In order to continue to improve access and increase the proportion of women accessing care by 12 weeks, in 2009/10 we are planning to develop a maternity website providing easily accessible information and advice about pregnancy, birth and infant health to women and their families. We will also be reviewing the information that is given to women when they purchase pregnancy tests to ensure that they are given the information they need to access maternity services or other types of care.

Homerton are currently revising their community midwifery service model to increase continuity of care and to ensure an equitable delivery of care to all women. The development of the new Shoreditch Maternity Centre (opening October 2009) will increase the availability of antenatal and postnatal care in the community.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Delivery of the City and Hackney Maternity strategy is overseen by the Maternity Services Strategy Group (MSSG), which is an inter-professional steering group with membership from midwifery, health visiting, Primary Care/GP services, obstetrics, paediatrics and neonatology, mental health services, public health, voluntary sector, local authorities and service users. In addition to the MSSG there is a subgroup with a focus on delivering the primary and community care aspects of the strategy.

The PCT also has a very active Maternity Services Liaison Committee (MSLC) which meets bi-monthly. The MSLC provides a forum bringing together commissioners and providers with service users. It is a very useful forum for gathering the views of service users and ensuring women and their families are given a voice.

VSB08: Teenage pregnancy

Vital sign guidance & indicator description

Britain's teenage birth rates are among the highest in Europe (rcog.org.uk/resources/public/pdf/RCOGTeenagePregnancySummaryReview.pdf (PDF, 530KB, Opens in a new window). Teenage mothers are more likely to suffer poor health outcomes. The teenage pregnancy strategy seeks to halve the under-18 conception rate by 2010 (from the 1998 baseline) through a wide- ranging programme of coordinated activity, including improved advice and contraceptive services for young people.

In addition, local under-18 conception rate targets have been agreed with teenage pregnancy partnership areas, which are coterminous with top tier local authority areas in England. These local targets range between a 40% to 60% reduction by 2010. Each PCT is signed up to the target for their teenage pregnancy partnership area.

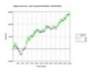
Numerator: Conceptions to females (aged 15 - 17)

Denominator: Females (aged 15 - 17)

Indicator = Numerator / Denominator (percentage)* 1000

How performance has been set in the context of local and national priorities

In 1988 (baseline) Hackney had one of the highest rates of teenage pregnancy in the UK. Despite considerable reduction in teenage pregnancies (26% reduction), Hackney still has a relatively high rate of teenage pregnancy. The local 2010 target is to reduce the teenage conception rate by 60% from the 1998 baseline. This means achieving a rate of 31 per 1,000 young women aged 15-17 years.



Progress made and plans for continued improvement

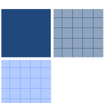
Target: <=52 | Actual Performance: 57.10 | Performance Status Green[5]
National Average: 41.08 | London Average: 45.64

Despite remaining above the rates for England and London, the 2007 figure of 57.1 represents a reduction of 26% from the 1998 baseline, which is significantly greater than the 10.7% reduction achieved nationally and London-wide.
To achieve the challenging local target, it is essential that the momentum and direction of the local strategy is maintained. Three new initiatives in 2009/10 will help to support this:

1. 'Free-Dom Kutz' - a pilot project to extend the young people's condom distribution scheme to seven local barbers, with twice-weekly drop-ins run by trained young fathers. If successful, the aim is to roll this scheme out to other local barbers and hairdressing salons.
2. 'SHO-me Goes Purple' health bus– building on the well-established SHO-me sexual health services brand, this project is being developed to pilot the provision of sex and relationship education to young people in community settings. If successful, we will seek to establish this model on school sites.

Parents With Prospects programme - this provides training for young teenage parents to enhance their parenting skills and confidence, as well as achieving accreditation to encourage them to progress in to further education or training.

[5] Although the target has not been met, this indicator is still marked as green, due to the statistical banding method which is used to evaluate this indicator.



Operational plan refresh: How are we engaging stakeholders, partners & community groups

The main forum for engaging stakeholders and partners is the local Teenage Pregnancy Partnership, which continues to meet on a regular basis. Membership includes the local teenage pregnancy co-ordinator, SRE co-ordinator, the education sector, representatives from children and young people's services, housing providers, Connexions, sexual health service providers and other relevant health care workers, plus voluntary sector providers. The terms of reference for this group have recently been refreshed and emphasise the partnership as a forum for inter-agency discussion in relation to effective delivery of the local strategy and a reduction in the under-18 conception rate. Through these various partner organisations, the views of young people contribute to the development and implementation of local initiatives to support the strategy.

VSB09: Childhood obesity

Vital sign guidance & indicator description

Obesity is a complex public health issue. Children who have a poor diet or are not physically active enough, or both, might become overweight or underweight, either of which can have a substantial effect on health both in childhood and in later life. Being overweight or obese can have a severe impact on an individual's physical health. Both are associated with an increased risk of diabetes, cancer, heart and liver disease, and others illnesses

The Health Survey for England 2006 showed that rates of obesity are rising in children. In boys and girls aged 2 to 10 years, rates of obesity increased from 11% in 1996 to 15% in 2006. A further 12% of boys and 13% of girls were overweight in 2006. Almost two-thirds of adults (62%) and a third of children (30%) are either overweight or obese, and work by the Government Office for Science's Foresight programme suggests that, without clear action, these figures will rise substantially by 2050.

In October 2007, the Government announced a new ambition on obesity, which forms part of the Government's PSA 12: to improve the health and wellbeing of children and young people. In addition, Healthy Weight, Healthy Lives - A Cross Government Strategy for England, published in January 2008, sets out the first steps to meeting the challenge of excess weight in the population.

This indicator highlights a high priority area with a challenging ambition to reduce the proportion of overweight and obese children to year 2000 levels, within the wider context of ensuring that everyone is able to maintain a healthy weight.

Numerator: Children in reception year recorded as obese for their age in the past school year

Denominator: Children in reception year with height and weight recorded in the past school year

Indicator 1 = Numerator / Denominator

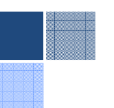
Numerator: Children in year 6 recorded as obese for their age in the past school year

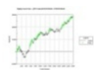
Denominator: Children in year 6 with height and weight recorded in the past school year

Indicator 2 = Numerator / Denominator

How performance has been set in the context of local and national priorities

National data shows that obesity is increasing in both children and adults in the UK. Research shows that overweight children are more likely to become overweight adults, and in turn parent overweight children. Tackling childhood obesity is therefore essential in breaking this cycle. Data from the National Child Measurement Programme (NCMP) 2007-08 showed City and Hackney to have the highest percentage of obese children in reception year, and the second highest percentage of obese children in year six. The knowledge of the long-term effects of childhood obesity, including an increased risk of high blood pressure, diabetes, heart disease and cancers means that childhood obesity has been chosen as one of our top ten outcomes in our Commissioning Strategy Plan.





Progress made and plans for continued improvement

Rec Year	Target: 16%	Actual Performance: 14.02%	Performance Status		Green
	National Average: 9.65%	London Average: 10.78%			
Year 6	Target: 24.2%	Actual Performance: 23.6%	Performance Status		Red[6]
	National Average: 18.44%	London Average:			

While we have marginally exceeded the targets set at the start of the year, we still lag behind the London and national averages. We have successfully collected data for the National Child Measurement Programme (NCMP) and have had a good participation rate in state maintained schools. There is still a difficulty in accessing the independent sector schools, of which the Orthodox Jewish schools make up a high proportion. Through our currently commissioned and future healthy weight projects, we hope to see levels of obesity fall further, in line with the current trend. We are engaging with partners to take action on environmental factors.

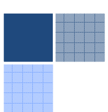
Operational plan refresh: How are we engaging stakeholders, partners & community groups

We have developed a draft strategy 'Achieving a healthy weight for all in Hackney and the City', which is currently out for consultation. This is a joint strategy between the Primary Care Trust, London Borough of Hackney, City of London and other key stakeholders. The strategy includes the development of age-specific prevention and treatment pathways for children and adults. There has been extensive consultation with a wide range of stakeholders. The strategy is based on a series of directional statements, subdivided into actions, which should be sponsored and taken forward by individual stakeholder organisations.

In the past 12 months the PCT has invested in building the infrastructure for the delivery of the strategy. We have spent £360,000 renovating local community kitchens and used additional monies to recruit 11 estate-based health trainers, who will have healthy weight as one of their top priorities. We have conducted research into the influences and barriers to good health among the African and Caribbean communities and commissioned a review of the effectiveness of almost 60 healthy weight related projects, many involving children. We have mapped access to community kitchens, nutritious food and space for physical activity, produced a series of community walking maps and are developing the 'Fitchance' website, a portal through which local people can access information about healthy weight and local activities. Total PCT funding for projects aimed specifically at combating childhood obesity in 2008-09 was in excess of £215,000, however children will also indirectly benefit from projects which reach out to the whole community.

Work in 2009-10 will include the finalisation and implementation of our healthy weight strategy and care pathways. We are committed to funding free swimming for 16-18 year olds and refurbishment of the changing facilities on Hackney Marshes. We are also funding provision of school sports equipment, and the schools based 'personal best programme' – encouraging kids to develop their own interest and proficiency in physical activity. We will continue to fund the nursery fruit scheme, and have designed an £80,000 'community chest' fund, from which local community groups can apply for funding for projects aimed at promoting and achieving healthy weight. The funded projects will be evaluated with the aim of scaling up the most successful projects across a wider section of the community.

[6] This indicator was marked as red due to the poor coverage of measuring children in year 6.



VSB10: Individuals who complete immunisation

Vital sign guidance & indicator description

This indicator highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well as mortality rates. Pre-school immunisation for the under 5 year olds in England enables the control of diseases such as diphtheria, tetanus, polio, pertussis, measles, rubella, Haemophilus influenzae type b (Hib), pneumococcal infection and meningitis C.

Although the coverage is relatively high for majority of the vaccines when England averages are considered, it is variable across trusts with some areas reporting particularly low immunisation rates. In addition, current World Health Organisation (WHO) immunisation recommendations states that at least 95% of children should receive three primary doses of diphtheria, tetanus, polio and pertussis in the first year of life and a first dose of measles, mumps and rubella containing vaccine by 2 years of age. These recommended levels of coverage are in place to end the transmission of these vaccine-preventable life-threatening infectious diseases and is a public health priority for all trusts.

Numerator: Children immunised for each of: DTaP, IPV and Hib (at 1), PCV Booster (at 2), Hib and MenC (at 2), DTaP and IPV (at 5), MMR (at 2), MMR (at 5)

Denominator: Children aged 1, 2 and 5 multiplied by the number of appropriate immunisations

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

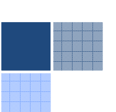
Babies and children are offered a schedule of routine immunisations throughout infancy and childhood. Historically immunisation uptake in Hackney and the City has been lower than the national average. However immunisation remains a high priority for NHS City and Hackney and therefore we have set targets for 80% of children to have completed their routine immunisations at the appropriate ages.

Progress made and plans for continued improvement: *proportion of children who have had all required immunisations at 12 months, 24 months and 5 years of age (COVER 08/09)*

Target: 80% | Actual Performance: 54.9% | Performance Status: Red
National Average: 84.0% | London Average: 70.6%

Although immunisation rates in Hackney and the City remain well below the national average some progress has been achieved and by Q4 08/09 uptake of MMR at two years old was 75.3% (compared with a rate of 76.7% across London and 85.6% nationally). The quality of data on immunisations continues to be of concern and it is likely that the figures reported are not an accurate reflection of immunisation uptake (which may be higher than we are able to report).

The current situation has been aggravated by the lack of an adequate Child Health Information System that allows access to accurate information and the calling and recalling of children due for or missing their immunisation schedule. NHS City and Hackney is changing its Child Health Information System (from CHIA to RiO) and the new system will offer a much more effective function in relation to immunisation. The Child Health Department are currently sending out to practices quarterly defaulter lists (showing the children who



have missed scheduled immunisations) and are working towards sending out targeting lists (showing the children who are soon to be due their immunisations) and Public Health have been communicating with Health Visiting and Primary Care/GP practices to ensure they understand the importance of immunisation.

A detailed action plan has been developed by the PCT, signed off by the Chief Executive and submitted to NHS London which outlines how we will deliver, track and monitor the uptake of immunisations and improve the uptake of all immunisations. Much of the focus of this action plan is on improving the way in which information is gathered, utilised and shared between Child Health and GP practices.

The MMR catch up programme has been extended as a Local Enhanced Service through primary care.

A catch-up campaign for Human Papillomavirus Vaccine is currently underway. Vaccination will be offered to all girls aged 12 and up to 18 years old (in addition to the routine HPV vaccination programme offered to girls aged 12-13). The catch-up will be available in schools, GP practices and other community settings.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The PCT has a well-established quarterly Immunisations Steering Committee which has an inter-agency membership including health visiting, school nursing, community paediatrics, pharmacy, primary care/GP, midwifery, education, IM&T and Public Health. A number of action planning meetings/events were held to assist the development of the City and Hackney Immunisation action plan.

VSB11: Prevalence of breastfeeding at 6-8 weeks

Vital sign guidance & indicator description

There has been significant evidence showing the benefit of breastfeeding including lowering the risks of breast and ovarian cancer for the mother and gastro-intestinal and respiratory infections for the infant. Infants who are not breastfed are also five times more likely to be admitted to hospital with infections in their first year of life. The measurement of prevalence of breastfeeding at 6 to 8 weeks is taking place in 2008/09 as a new data collection. In the first year of data collection, trusts need to ensure that a high level of data coverage is achieved and that they set up systems which enable prevalence rates in future years to be based on robust data. This indicator measures a key public health issue which will impact on infant health.

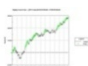
Numerator: Infants with breastfeeding status recorded at 6 - 8 week checks

Denominator: Infants due for 6 - 8 week checks

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

The breastfeeding initiation rate (the proportion of babies who receive breast milk at least once) in Hackney and the City is one of the highest rates nationally; in City and Hackney in 2008/09 breastfeeding was initiated for 91.1% of babies, the second highest (best) rate in the country. Therefore we anticipate that the proportion of babies still receiving breast milk at 6-8 weeks of age will remain relatively high. By Q4 2009/10 our target for breastfeeding prevalence (that is, babies who are either fully or partially breastfed) is 74.7%. In order to have confidence in the accuracy of our prevalence, we need to ensure that data are collected for a high proportion of the population. We are therefore also monitored on data quality; our target is to achieve 90% coverage (that is, we know the feeding method of 90% of the babies in Hackney and the City who were due a 6-8 week check in the quarter) by Q4 2009/10. Achieving this target will be challenging as we need to increase the proportion of babies that are brought to their GPs for a 6-8 week review and we need to improve the quality of the data that are collected during the review.



Progress made and plans for continued improvement – coverage data for 2008/09 Q4

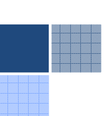
Target: 55.2%	Actual Performance: 87.4%	Performance Status: Green
National Average: 81.3%	London Average: 81.3%	

- A PCT breastfeeding coordinator was recruited in September 2008 and is the PCT lead for breastfeeding including data collection, breastfeeding support services and planning for the achievement of UNICEF Baby-Friendly best practice standards.

- Following the appointment of the breastfeeding coordinator a breastfeeding steering committee was formed to oversee the work and meets quarterly.

- Data for Q1 2009/10 show that 72.8% of babies were breastfed at 6-8 weeks (compared with a target of 70.6%) and we achieved coverage of 88.4% (against a target of 85.1%).

- During Breastfeeding Awareness Week (May 2009) stalls were held in Children's Centres and other locations



across City and Hackney (including Sainsbury's and Somerfield supermarkets) throughout the week and offered advice and support to mothers and their families.

- The PCT took part in a London-wide breastfeeding mapping exercise; in July 2009 the breastfeeding coordinators from Homerton and the PCT worked together to gather information about all services providing breastfeeding support to women in Hackney and the City and to submit this information via a mapping tool developed for use by Department of Health.

- The City and Hackney maternity strategy was completed in August 2009 within which breastfeeding is a priority area.

- A breastfeeding policy for City and Hackney has been drafted and will be submitted for approval in Oct 2009.

- The breastfeeding coordinator has been working closely with GP practices to develop methods for improving the collection and submission of data resulting from 6-8 week reviews. Health Visitors and GP practices are working together to increase the proportion of babies who attend for a 6-8 week review.

- The PCT IM&T Department are exploring the possibility of extracting information on the 6-8 week review directly from GP systems which should improve the quality of available data by the end of 2009/10.

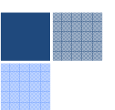
- A support group targeted at young (25 years old and younger) pregnant women will be piloted early in 2010 in one of the most deprived wards in Hackney. The group has been developed in partnership with Public Health maternity and tobacco control leads and will provide both smoking cessation and breastfeeding promotion.

- We are developing plans to ensure that information on breastfeeding (including a list of breastfeeding drop-ins) will be provided to all pregnant women in City and Hackney by the end of 2009/10.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The City and Hackney breastfeeding steering group is a multi-disciplinary group with membership from Public Health, Health Visiting, Homerton Midwifery Services (Community Midwifery and Public Health Midwifery), IM&T, Child Health, Primary Care/GP practices, service users and voluntary sector representation including members from the National Childbirth Trust (NCT) and the Jewish Maternity Programme (JuMP). Homerton Hospital has a similar breastfeeding steering group which is attended by a strategist from the PCT Public Health Department (who also sits on the City and Hackney group) to ensure that the two steering groups work in partnership.

Breastfeeding is also a key priority of the City and Hackney Maternity Services Liaison Committee (MSLC) which is a forum which meets bi-monthly and brings together service users with commissioners and providers and is chaired by a service user member.



VSB12: Evaluating the impact of Child Adolescent Mental Health Services

Vital sign guidance & indicator description

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour; placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people but also for their families and carers, continuing into adult life and affecting the next generation. The National Service Framework for Children, Young People and Maternity Services set out the standards and milestones for improvement in child and adolescent mental health services, including year on year improvements in access.

The 2008/2009 NHS Operating Framework and the 2007 Public Service Agreement 'Improve the health and wellbeing of children and young people' describe four proxy measures for a truly comprehensive child and adolescent mental health service:

- 24 hour/seven days a week cover to meet the urgent mental health needs of children and young people
- a full range of CAMHS for children and young people who also have a learning disability
- a full range of CAMHS for 16 and 17 years olds, appropriate to their age and level of maturity
- a full range of early intervention support services jointly commissioned by the Local Authority and PCT in partnership

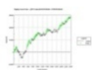
Numerator: Trust points

Denominator: Points available

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

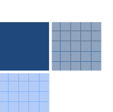
Hackney's Partnership has included NI51- Comprehensive CAMHS as one of its priority under the LAA and the Children and Young People's Plan 2009 identifies effectiveness of CAMHS as one of its priority areas. This indicates the priority that Hackney has given to improving the effectiveness of CAMHS



Progress made and plans for continued improvement

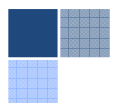
Target: 100% | Actual Performance: 100% | Performance Status: Green
National Average: 86.64% | London Average: 94.15%

Using the self assessment of the 4 proxy indicators used to assess progress towards Comprehensive CAMHS, Hackney has increased its score from 15/16 to 16/16. This was on the basis of an improvement to the CAMHS disability service that has been made following a significant increase in the range and number of specialist staff providing this service and a massive reduction in waiting times and very high user satisfaction measures. Further developments to improve the service in 2009 are an expansion of our parental mental health service , which will provide direct support to children where parents have chronic mental health needs and also an expansion of the adolescent service to enable a more appropriate and flexible handover to adult services. A refresh of our CAMHS training programme will assist with workforce development and support our approach of providing earlier interventions in universal settings such as schools, youth clubs and GP's surgeries.



Operational plan refresh: How are we engaging stakeholders, partners & community groups

The CAMHS Multi Agency Partnership continues to provide a strong lead in developing effective CAMHS services across Hackney in a wider and more accessible range of places. This is to deliver one of our priorities of a more accessible service with earlier interventions. The partnership Commissioning and Performance framework gives a clear structure for all partners providing services to improve their services and this is leading to improved outcomes. In addition, Shoreditch Spa – a local voluntary sector organisation has been commissioned to implement a community development programme across Hackney with one of the new workers leading on children and young people and CAMHS. Further, Two local organisations providing services for the orthodox Jewish community and Turkish/Kurdish communities have also received funding to deliver targeted support to young people with mental health needs from those communities.



VSB13: Chlamydia prevalence (screening)

Vital sign guidance & indicator description

Chlamydia is the most common sexually transmitted infection (STI) and there is evidence that up to one in 10 young people aged under 25 may be infected. It often has no symptoms, but if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and infertility. Chlamydia is very easily treated. The National Chlamydia Screening Programme (NCSP) has a community focus and concentrates on opportunistic screening of asymptomatic sexually active men and women under the age of 25 who would not normally access, or be offered a chlamydia test, and focuses on screening in non-traditional settings.

In 2008/09, all chlamydia tests undertaken outside of genitourinary medicine clinics (GUM) on 15-24 year olds will count towards calculating screening coverage in residents of each Primary Care Trust (PCT). It is the responsibility of each PCT to ensure that the data submitted reflects the activity within their community.

Numerator: Persons tested for Chlamydia (aged 15 - 24)

Denominator: The PCT population (aged 15 - 24)

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

The National Chlamydia Screening Programme estimates that 35% screening coverage is required in order to have an impact on the level of Chlamydia prevalence. The national target in 2008/09 was to screen 17% of all young people aged 15-24 years, increasing to 25% in 2009/10 and 35% in 2010/11. These same targets apply locally.

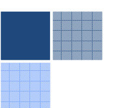
Progress made and plans for continued improvement

Target: 17%	Actual Performance: 24.02%	Performance Status	Green
National Average: 15.9%	London Average: 18.1%		

In 2008/09, City & Hackney exceeded the screening coverage target, ranking 11th out of 152 PCTs nationally. Continued improvement will be supported by a number of initiatives, including:

- in primary care - payments for Chlamydia screening under the Sexual Health LES, ongoing visits to GP practices by the local Chlamydia Screening Programme Co-ordinator and GP with Special Interest, regular newsletters, training for receptionists and HCAs on communicating around sexual health issues
- in pharmacies – payment for screens and treatment, introducing postal tests, piloting local Pharmacy Champion to support and encourage colleagues, regular newsletters
- community contraception and sexual health services – regular newsletters, working closely with clinics as part of wider campaign to encourage men to access services
- promoting postal testing through ‘Check ur self’ and local ‘SHO-Me’ sexual health websites
- outreach screening as part of young people’s sexual health outreach on health bus in schools, colleges and other sites

Potential for new screening routes are also being explored, including sports trainers, Youth Service and 6th form colleges and schools.



Operational plan refresh: How are we engaging stakeholders, partners & community groups

Stakeholder engagement is ensured through regular meetings of the Chlamydia Steering Group and the Sexual Health Management Group. Membership includes public health, primary care, community sexual health services and children and young people's services.

VSB14: Number of drug users recorded as being in effective treatment

Vital sign guidance & indicator description

An estimated 3.764 million people in England and Wales use at least one illicit drug each year (British Crime Survey), and around one million people use at least one of the most harmful drugs (such as heroin and cocaine).

For most people this will be a passing phase and they will not continue to take drugs or require any special treatment in order to deal with it. The Home Office however estimate that approximately 330,000 people in England experienced a serious drug problem involving crack and/or opiates in 2005/06 (homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf (PDF, 55KB, Opens in a new window).

Drug use causes a wide range of health and social harms. It causes short and long-term damage to physical and mental health, it affects unborn babies and it exposes drug users to risk of death from overdose and blood borne viruses. Drug use also causes wider public health risks as a result of discarded drug paraphernalia, drug driving and unprotected sex. Drug use also limits the ability to work, to parent and to function effectively in society. It contributes to social exclusion and makes it difficult for people to play full and active roles in society.

The government's ten-year drug strategy 2008-2018 (http://drugs.homeoffice.gov.uk/drug-strategy/overview/) aims to restrict the supply of illegal drugs and reduce the harm caused by illicit drug abuse by reducing the demand for them.

A major strand of the new National Drug Strategy is the provision of effective and high quality drug treatment. The Drug Strategy recognises that providing effective treatment for drug users not only reduces rates of individual harm (e.g. the spread of blood borne viruses and accidental death through overdose) but also contributes significantly to reducing wider social harms such as rates of acquisitive crime. This aim is also reflected within PSA 25: Reduce the harm caused by alcohol and drugs (hm-treasury.gov.uk/media/B/1/pbr_csr07_psa25.pdf (PDF, 55kb, Opens in a new window).

Numerator: Problematic drug users who were effectively engaged in treatment

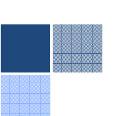
Denominator: Problematic drug users who were admitted into treatment

Indicator = Numerator / Denominator

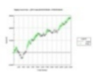
How performance has been set in the context of local and national priorities

Care pathways are being redesigned to improve the numbers of problem drug users receiving effective treatment. A new Tier 3 Community Drugs Treatment service will be commissioned and the Mental Health Trust's Specialist Addictions service will be set new performance targets and play a more significant part in clinical leadership for the whole system in City & Hackney. A new Joint Commissioning Manager will be appointed to strengthen the service co-ordination and local performance monitoring.

The objectives/aims are:
To increase the number of problem drugs users maintained in effective treatment beyond the NTA target
To increase the overall numbers of all drugs users provided with effective treatment
To reduce the unit cost of treatment provided without loss of quality or effectiveness



To increase the numbers of problem drugs users receiving GP shared care with the aim of ensuring that more patients are managed by GP practices.
To try and increase the number of GP practices providing the LES.
To try and increase/improve the capacity for managing these clients by looking at alternative methods of service delivery, e.g. non-medical prescribing.
To increase the numbers of pharmacies offering supervised methadone consumption and needle exchange.
To increase the number of planned discharges from bottom quartile performance (currently 28%) to the London average
To increase the percentage of service users offered Hepatitis B screening from 20% and those offered health screening from 21%
To increase the number of service users with completed Treatment Outcome Profiles (TOPs) at the initial assessment, 3 month review and discharge stages
To increase the number of clients being entered on to the NDTMS system in order to secure adequate funding.
To commission improved services for 25 -35 year olds, crack cocaine users and specialist services for women.



Progress made and plans for continued improvement

Target: | Actual Performance: 84.1% | Performance Status Green
National Average: 85.2% | London Average: 83.7%

The latest National Drug Treatment Monitoring System (NDTMS) figures for 2008/09 shows that 619 problematic drug users are effectively engaged in treatment out of 736 users who were admitted for treatment.

NDTMS feedback reports show data quality to be high. The DAAT Partnership Board has prioritised improved data capture. The new Joint Commissioning Manager has targeted providers where data capture can be improved and it is expected that numbers shown to have been treated effectively will increase further.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

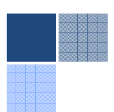
Drugs treatment services are commissioned through the Hackney and City Drugs and Alcohol Action Teams (DAATs). The Joint Head of Mental Health, Drugs and Alcohol Commissioning is actively involved at partnership board and Joint Commissioning Group level.

Performance management by the DAATs has been strengthened. The City DAAT has a dedicated information and performance manager. The Hackney DAAT receives regular, high quality monitoring reports through the local authority's corporate performance management team. This has led to more effective intervention with poorly performing providers, as evidenced by the increasing numbers of problem drug user receiving effective treatment.

New terms of reference have been produced for the Hackney JCG and its membership will be expanded to ensure more effective inter-agency co-ordination. A separate Children and Young Persons JCG has been established to reflect local partnership arrangements. The Young Persons Commissioner remains a member of the JCG in order to ensure continuity. The Hackney Adults JCG will be chaired by the lead Public Health Consultant. All provider contracts have now been reviewed to ensure compliance with financial standing orders and a rolling programme of regular re-tendering has been agreed.

Commissioning arrangements were strengthened in 2008-09 with the appointment of a deputy DAAT Manager in Hackney (Joint Commissioner) and a 0.5 care co-ordinator in the City of London.

The PCT has established a Substance Misuse Management group consisting of the lead officers from



commissioning, Public Health and Pharmacy and Prescribing together with the Hackney Joint Commissioner and City drugs services lead. A Clinical Governance sub-group has been established. The management group is focusing on improved harm reduction measures, increases in the numbers of shared care GPs and improvements in pharmacy and needle exchange services.

The Hackney Community Drugs Service was re-tendered in the course of the year and a new provider, Lifeline was awarded the contract. The new service commenced in July and has already demonstrated significant improvements in numbers of people treated and levels of effectiveness.

Similarly the Hackney Drugs Intervention Programme doctor and nurse service was transferred to Counted 4, a private GP company in July after the Mental Health Trust withdrew the service. Numbers of people assessed following arrest have increased significantly as have the numbers proceeding to treatment.

Both DAATs conduct annual needs assessments in compliance with National Treatment Agency requirements. The 2008-09 assessments demonstrate significant improvement. There have been high levels of user participation in both needs assessments and their input has led to important changes in the draft Annual Pooled Treatment Budget Plans for 2009-10.

The Plans for 2009-10 have been developed on the basis of the NTA indicative allocation figures based on the November 2007 activity levels and costs. These indicated a 10% reduction in the Adult Pooled Treatment budget for Hackney and a 4% increase in the City budget. These figures will be revised in the light of the November 2008 outturn figures. This should lead to an improvement in the available budget in Hackney. In practice we are confident that even with a 10% reduction the number of problem drugs users in effective treatment will continue to rise and exceed the NTA target

VSB15: Self reported experience of patients/users

Vital sign guidance & indicator description

The 2008/09 NHS Operating Framework requires each NHS trust to obtain feedback from patients about their experience of care. The Healthcare Commission will use data from its ongoing programme of patient surveys to calculate this indicator.

Indicator = Experience of patients

How performance has been set in the context of local and national priorities

Nationally -patient experience is based on results of the PCT Patient Experience Survey for 2007/8 conducted by Picker Europe on behalf of the Healthcare Commission. From 2009/10 results from the GP Patient Experience Survey conducted by Ipsos Mori on behalf of the Care Quality Commission will be used instead. Locally- in addition to the above national surveys NHS City & Hackney carries out annual local resident and patient experience surveys. This involves significantly larger samples and can therefore provide more useful results

Progress made and plans for continued improvement

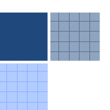
Target: 75 PCT	Actual Performance: 75 PCT	Performance Status: Green
Target: 70 MORI	Actual Performance: 74 MORI	
National Average: 77	London Average: 74	

Both the National PCT surveys and MORI survey shows improvement in the patients' experience of, and satisfaction with local health services.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The PCT works closely with partners from the London Borough of Hackney, City of London Corporation, the voluntary sector, Homerton Hospital, East London Foundation Trust and our local residents. A key vehicle for strategic planning for health and social care are the partnership boards of Team Hackney and The City Together, as well as sub boards such as the Thriving Healthy Communities Partnership Board and Children's and young peoples Board.

PCT officers also engage with local residents, community groups, and voluntary sector organisation via umbrella groups and representative bodies. Examples of this include the *Patient & Public Involvement Commissioning Advisory Partnership* (a multi- agency advisory group set up by the PCT to advise it on PPI), Local Involvement Networks, The Health and Social Care Forum, and Black & Ethnic Minority Working Group. A range of public events and workshops are also used to inform and involve stakeholders and the public in decision making such as the workshops and consultation events held in relation to development of the JSNA.



VSB17: NHS staff survey based measures of job satisfaction

Vital sign guidance & indicator description

Improving staff satisfaction is one of the five key areas of the 2008/09 NHS Operating Framework. The NHS Staff Survey has been carried out annually since 2003 and changes in the reported levels of NHS staff job satisfaction can be compared year on year from this time. This provides a survey-based measure of job satisfaction for NHS staff. A more satisfied workforce is likely to be more sustainable and provide better patient care, with motivated and involved staff being better placed to know what is working well and how to improve services for the benefit of patients and the public. The 2008/09 NHS Operating Framework set out the expectation that NHS organisations help staff understand their role in delivering a better NHS and encouraging staff to participate in the NHS Staff Survey and act on the findings.

Indicator: NHS staff job satisfaction score

How performance has been set in the context of local and national priorities

The measure of staff satisfaction arises from the national staff survey and covers a number of measures including support from line managers, ability to direct our work, autonomy etc.

The PCT has historically had a poor response to the staff survey and also concerns about staff satisfaction as well as high levels of perceived bullying and harassment. Concerns were raised in the past about the timing of the survey which in 2006 and 2007 were during major organisational restructuring or at the end of the restructuring which may have impacted on the responses. The survey also covered all PCT not just commissioning staff. The 2008 survey will be the first time we can truly separate commissioning and provider staff.

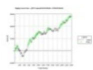
The PCT commissioners need excellent motivated staff to deliver the ambitious CSP for the PCT and improve health and reduce health inequalities in City and Hackney.

The PCT's Organisational Development Plan committed to improving staff capacity and capability and specifically it set out to develop a unique culture for City and Hackney commissioners and put engagement, including staff engagement, at the centre of everything we do. It also set out a priority to develop commitment, skills and capabilities and also develop leadership in the PCT.

These priorities in the 2008 Organisational Development Plan for World Class Commissioning support the four pledges to staff in the draft NHS Consultation:

- to provide well designed and rewarding jobs
- to provide staff with personal development, access to training appropriate for their job and line management support
- to provide support to keep staff healthy and safe
- to engage staff and empower staff

Progress nationally will be measured by the staff satisfaction score in the staff survey



Progress made and plans for continued improvement

Target: 3.40	Actual Performance: 3.54	Performance Status: Green
National Average: 3.57	London Average: n/a	

The staff survey for 2007 showed us to be above the target of 3.40.

The most recent staff survey was completed on 23 December 2008. The response rate was again low and the PCT will need to consider undertaking local surveys more frequently to measure staff satisfaction.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

The Commissioning Division has, during 2008, undertaken a number of development sessions collectively. Continuation of these along with greater engagement across and between the three Directorates of the Division and the relevant support services is needed in 2009/10.

Work will need to be undertaken to embed the new staff development process and increase the levels of appraisals and PDP's in the division. Across the PCT this was 68% in 2007 with PDP levels in the 50's.

The Commissioning Division also needs to commit to leadership and management development programmes for its staff and to ensure all managers have completed the coaching skills for managers programme in 2009/10.

There is also a need to increase the capacity and develop skills in areas such as knowledge management. Data analysis, market management and social marketing skills. These will be developed in-house, across Inner North East London and as part of the Commissioning Development Programme. The PCT is also developing a talent management plan for commissioning to ensure that there is effective succession planning and to support recruitment.

VSB18: Dental services

Vital sign guidance & indicator description

According to guidelines issued by the National Institute for Clinical Excellence (NICE, 2004), the recommended longest period a patient over the age of 18 should go without an oral review is 2 years. However, many patients experience difficulty in accessing an NHS dentist and recent figures show that during the 24 months leading up to 31 March 2008, only 53.3% of the total population of England were seen by an NHS dentist (NHS Dental Statistics England, 2007/2008, published by the Information Centre). Of the remaining population, some patients will opt to receive private treatment, a proportion of which, in itself, is likely to be a direct result of difficulty accessing an NHS dentist. A recent survey commissioned by the Citizens Advice Bureau estimated that approximately 7.4m people in England and Wales say they would like to access NHS dentistry, but cannot. Of these, 2.7m say they are not able to access a dentist at all. Consultations by two SHAs have shown that the public consider this to be a major problem for the NHS to resolve.

The Government has responded to this issue of access by increasing funding for NHS dentistry in England from April 2008, by 11 per cent, as part of the comprehensive spending review. The NHS 'Vital Signs' framework contains an indicator in the second tier (national priorities for local delivery) to measure improvements in access to primary dental care. PCTs will therefore be assessed on their performance in terms of access to NHS dental services using data compiled centrally by the Dental Services Division of the NHS Business Authority and the NHS Information Centre. PCTs will be expected to demonstrate improvement in 24-month access to a NHS dentist against a baseline of the two year period ending 31 March 2006, when the new dental contract system was introduced.

Numerator: The number of patients seen in the 24 month period ending 31 March 2009

Denominator: Final Mid - 2007 Population Estimates

Indicator = Numerator / Denominator

How performance has been set in the context of local and national priorities

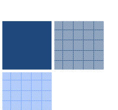
The population of CHPCT has some of the poorest levels of oral health nationally, with levels of decayed missing or filled teeth in 5 year olds being the third worst in NE London. In 2008/9 the PCT has undertaken a number of key strategic initiatives, to enable us to develop a commissioning strategy that will tackle the issues of poor oral health as well as to set ourselves stretch targets in relation to measures of oral health.

We commissioned extended opening hours, weekend and out of hours urgent care and an enhanced scheme targeting our Vital Signs with a view to increase uptake of new patients.

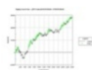
As we finalise our oral health needs assessment, oral health strategy and oral health action plan we have also been looking at issues of quality of services, access, capacity and uptake.

During 2009/10 we intend to build on the start that we have made in reversing the trends of low access to and low take up of NHS dentistry.

We have initiated monthly reporting from our practices on the Local Enhanced Service in order to better manage our expenditure and monitor uptake of new patients by each participating practice.



We will continue the delivery of innovative services targeted at difficult to reach families, creating care pathways that assist in the shift to using primary care dental services, whilst being mindful of requiring some specialist service provision for vulnerable and at risk groups.



Progress made and plans for continued improvement

Target:40.35% Actual Performance: 37.96% Performance Status Amber
National Average: 53.83% London Average: 49.34%

Our data validation exercise on the information held by the NHS Dental Services (NHS-DS) [formerly, the Business Services Authority] across all contracts, which means that we have more confidence in the data coming through. Simultaneously, the data validation exercise with Tower Hamlets PCTs to disaggregate Community Dental Services data between the two boroughs, thus repatriating CHPCT activity to contribute to our targets has been concluded and all information collated from City & Hackney's Community Dental Services is being attributed correctly to City & Hackney Vital Signs. We are currently in the process of procuring the first of 3, dental practices, all to start operating during 2009/2010. This will add capacity to existing services and allow access in areas of high need.

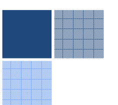
Operational plan refresh: How are we engaging stakeholders, partners & community groups

The PCT has implemented a revised annual contract review process. In this year we plan to review all GDS and PDS contracts in terms of value for money.

Specific monitoring of newly commissioned services will be undertaken to test their effectiveness in meeting the outcomes of increasing uptake of primary dental services, reducing attendance at emergency clinics and supporting the improvement of oral health in children and adults.

The updated oral health action plan and commissioning strategy will be consulted on and when agreed will be monitored through internal governance process. The needs assessment undertaken as part of the trilogy of documents on oral health will be crucial in determining commissioning decisions.

The PCT has recently undertaken a process of re-engaging local practitioners in our work programme as well as creating forums for clinical input into the commissioning process. We continue to develop our expertise in managing poor performance, both clinical and contractual.



VSC03: Adults (aged 18 and over) assisted to live independently

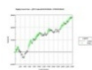
Vital sign guidance & indicator description

Number of adults (18+) supported directly through social care community care assessment, to live at independently at home plus those supported through organisations that receive social services grant funded services.

How performance has been set in the context of local and national priorities

This is a local priority

National Indicator with local target set in line with demographic profile



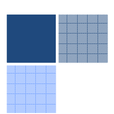
Progress made and plans for continued improvement

Target: 2700 | Actual Performance: 2436.9 | Performance Status Green
National Average: 3244.8 | London Average: 3380.2

Plans to increase the number of people assisted to live independently include launch of prevention and well-being strategy, investment in low cost services and voluntary sector support, increased use of assistive technology and development of a wider range of response services. In 08/09 investment in the Supporting People Older People's Floating Support increased significantly. Services are now being delivered for vulnerable adults who do not necessarily live in supported accommodation.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Commissioning input into Partnership Boards and involvement of stakeholders through forums and workshops.



VSC10: Delayed transfers of care per 100,000 population (aged 18 & over)

Vital sign guidance & indicator description

This indicator measures the impact of hospital services and community-based care in facilitating timely and appropriate discharge from all hospitals for all adults. This therefore measures the ability of the whole system to ensure appropriate discharge for the whole population passing through hospital and is an indicator of the effectiveness of the interface between health and social care services.

Numerator: The number of non-acute patients (aged 18 and over) whose transfer of care was delayed each week* summed across quarter one of 2008/2009.

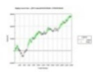
Denominator: The number of non-acute patients (aged 18 and over) who were admitted to the trust each week, summed across quarter one of 2008/09.

* Delayed transfers of care that are recorded as attributable to social care are excluded.

Indicator: is the numerator divided by the denominator, expressed as a percentage.

How performance has been set in the context of local and national priorities

This is an important local issue



Progress made and plans for continued improvement

Target: 8.3 | Actual Performance: 8.76 | Performance Status Green
National Average: 10.82 | London Average: 9.65

See operational plan refresh

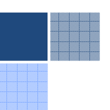
Operational plan refresh: How are we engaging stakeholders, partners & community groups

Within NHS City & Hackney, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust, City & Hackney Community Services and both London Borough of Hackney and City of London Corporation work closely together to ensure that delayed transfers of care are kept to a minimum.

During 2008/2009 delayed transfer of care from the Homerton Hospital have been maintained at a consistent level, with partnership working well developed, robust and operating well.

For the East London NHS Foundation Trust (Mental Health Trust) delays have steadily decreased over the past year and the partnership aims to maintain and improve performance further during 2009/2010.

The partnership has experienced issues with reporting of delays in out of borough acute trusts for patients attributed as Hackney residents. We are in the process of rectifying a number of recording inaccuracies and are in the process of working together to find solutions to this ongoing challenge.



VSC12: Timeliness of social care assessment

Vital sign guidance & indicator description

Users and carers should expect practical help and other support to arrive in a timely fashion, soon after their problems have been referred to social services. Timeliness of assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services.

How performance has been set in the context of local and national priorities

National indicator requiring all (100%) of assessments to commence within 48 hours of referral

Progress made and plans for continued improvement

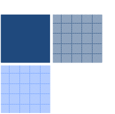
Target: 93.0% | Actual Performance: 87.5% | Performance Status: Green

National Average: 79.8% | London Average: 85.0%

Local target set to drive continual improvement, with actual performance now above both national and London average. Assessments of adults and older people leading to the provision of a service increased from 72% to 77% putting Hackney just outside of the top quartile for London.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Engaging stakeholders and partners in the re-design of point of contact in Hackney, with increased emphasis on managing future demand through improved signposting and preventative approaches, as well as better information gathering for referrals.



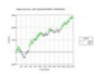
VSC13: Timeliness of social care packages

Vital sign guidance & indicator description

Users should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to social services. Timeliness of the delivery of care packages following social care assessment is of importance in policy terms, recognised as crucial by Councils with Adult Social Services Responsibilities and significant for people who use services for whom long delays in delivering the help and support they need can be detrimental.

How performance has been set in the context of local and national priorities

National indicator for social care packages to commence within 28 days of assessment



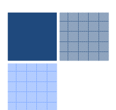
Progress made and plans for continued improvement

Target: 94.0%	Actual Performance: 90.6%	Performance Status: Green
National Average: 90.7%	London Average: 91.1%	

Local target set as a stretch target to be in top quartile of comparator group, current performance is in line with national average, but seeking to achieve higher level than London average. The introduction of brokerage function has significantly helped in ensuring services are set up in a timely way and deliver value for money, and will continue to be developed in line with planned implementation for individual budgets. Commissioners are working on market development to prepare providers for personalisation and delivery of more flexible and responsive services.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Use of feedback from local forums, ICES stores (including national survey data on equipment provision). Brokerage and Commissioning working with providers.



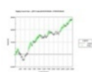
VSC15: Proportion of all deaths that occur at home

Vital sign guidance & indicator description

To improve end of life care allowing more patients the choice of dying at home. The End of Life Care Strategy sets out the direction of travel to provide all adults nearing the end of life, regardless of diagnosis, access to high quality palliative care, giving more people the choice to die at home. This requires effective care pathways to meet the health and social care needs and preferences at the end of life.

How performance has been set in the context of local and national priorities

This is an important local issue



Progress made and plans for continued improvement

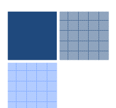
Target: TBC	Actual Performance: 19.37%	Performance Status	TBC
National Average: n/a	London Average: n/a		

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Within City & Hackney we have increased the number of people dying at home by 6% over 4 years. The PCT and other stakeholders, such as the local authority, acute trust, community services and the voluntary sector have been working closely together to implement a partnership action plan to enable more people to die at the location of their choice.

Through the action plan the partnership has focussed on:

- Increasing capacity within services to support more people
- Developing a new bereavement service
- Implementing the Liverpool Care Pathway across acute and community settings
- Undertaking a training needs analysis for all Health and Social Care Staff and commissioning training to enable them to support patients
- Developing a 3 year local strategy for end of life care.



VSC18: Proportion of carers receiving a 'carer's break' or a specific service for carers

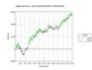
Vital sign guidance & indicator description

Support for carers is a key part of support for vulnerable people.

Support for carers also enables carers to continue with their lives, families, work and contribution to their community. This measure provides a measurement of engagement with, and support to, carers.

How performance has been set in the context of local and national priorities

This is engaged as a priority from the Joint Strategic Needs Assessment



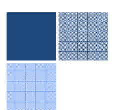
Progress made and plans for continued improvement

Target: 22.0%　Actual Performance: 25.1%　Performance Status Green
National Average: 23.0%　London Average: 21.0%

Hackney exceeded its local target in 2008/09, and is currently performing higher than the national and London average. We have implemented the first two years of our 3-year carers' strategy. This has included the introduction of carers' retreats, a helpline and training and volunteering opportunities for carers. We are aware that engaging people is a very effective way of promoting access to mainstream services. In pursuit of this we held a number of events, at which services were represented, including World Mental Health Day, the Hackney Carers Conference and events for the Older People's Reference Group.

Operational plan refresh: How are we engaging stakeholders, partners & community groups

Hackney held consultation events with a wide range of citizens, whose feedback will form the basis of our Health and Wellbeing Prevention Strategy, and future development and implementation of the outcomes in the Carers Strategy.



VSC26: Rate of hospital admissions for alcohol related harm

Vital sign guidance & indicator description

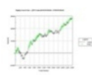
The indicator is based on admissions involving conditions that are either wholly or partly attributable to alcohol.

Admissions for partly attributable diseases are counted in proportion to the role that alcohol is estimated to have played in causing specific diseases or injuries. These proportions (or Alcohol Attributable Fractions, AAFs) are derived from epidemiological literature on the relative risk of different levels of alcohol consumption, combined with data on the actual levels of consumption.

Indicator: Directly standardised rate of hospital admissions for alcohol-related harm per 10,000 population

How performance has been set in the context of local and national priorities

This is a priority in the Commissioning Strategy Plan



Progress made and plans for continued improvement

Target: 175	Actual Performance: 177.33	Performance Status Green
National Average: 138.40	London Average: n/a	

The rate of hospital admissions for alcohol related harm fell slightly in 2008/09 following a four fold increase between 2002/03 and 2007/08. However the rate of admission is relatively high, and alcohol remains a key determinant of poor health in City & Hackney. Reducing hospital admissions for alcohol related harm is one of our 'Top 10' Commissioning Strategy Plan outcomes.

we aim to

1. Develop our understanding of local needs
2. Implement the City and Hackney Alcohol strategies, supported by appropriate governance arrangements
3. Reduce the harm caused by harmful and hazardous drinking
4. Reduce the rate of alcohol related hospital admissions

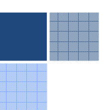
Operational plan refresh: How are we engaging stakeholders, partners & community groups

We have established an alcohol harm reduction steering group to draw together the key agencies in The City and Hackney, supported by a new Alcohol Harm Reduction Coordinator post.

We continue to work with the City of London to implement the City alcohol strategy.

We will contribute to the Hackney alcohol harm reduction strategy, and adopt an action plan with the local authority to reduce alcohol related hospital admissions as one of our key Local Area Agreement targets.

We will develop an alcohol treatment system commissioning plan for Hackney, building on the findings of our recent needs assessment and treatment system review.



VSC27: Patients with diabetes

Vital sign guidance & indicator description

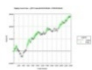
Numerator: Patients with diabetes in whom the last HbA1c is 7.5 or less

Denominator: Patients with diabetes

Indicator = Numerator / Denominator (percentage)

How performance has been set in the context of local and national priorities

This is a priority in the Commissioning Strategy Plan



Progress made and plans for continued improvement

Target: 55.5% | Actual Performance: 58.35% | Performance Status Green
National Average: 66.8% | London Average: 63.34%

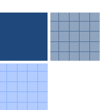
Operational plan refresh: How are we engaging stakeholders, partners & community groups

Increasing blood sugar control in the management of diabetes is one of the PCTs top 10 goals for 09/10. Blood sugar control is a marker for optimal management of diabetes and diabetes is a major contributor to death and disability in City and Hackney.

For diabetes there has been an improvement in the levels of control of blood glucose for local residents. In 2004 only 44.9% of diabetes patients met the control definition; by 2007 this had increased to 58.4%. In addition our detection rate is good for an inner London PCT at 87%. Our estimated prevalence is higher than the London prevalence; 5.1% compared to 4.6%.

In order to continue to improve outcomes for diabetic patients, including the proportion having adequately controlled blood sugar the PCT is investing in a range of new initiatives. This will include:
The roll out of the “Year of Care” programme across primary care which is an initiative designed to encourage self management through putting care planning into routine practice
Using incentives to change behaviour as part of a research trial
A new initiative focusing on nutrition and cooking skills as part of patient education
Access to support and exercise for the Orthodox Jewish Community
Tighter targets for GPs to work to in primary care
Increased community awareness through targeted events using social marketing techniques

Introduction of EMIS –web means that the PCT will be able to access anonymised patient level data from GP practices – this gives a greater scope for data scrutiny leading to targeted support to improve data quality at practice level.



Children with disability

Department of health guidance

The Government's Child Health Strategy – *"Healthy Lives, Brighter Futures"* – published on 12 February, confirmed the funding available in PCT baselines to improve services for disabled children.

"Healthy Lives, Brighter Futures" emphasises the need to ensure that high quality, timely and accessible support is available for children and young people with acute or additional health needs and their families. It confirms that £340m is included in PCT baseline allocations for disabled children for the period 2008-09 to 2010-11, to support implementation of *Aiming High for Disabled Children* and the children's palliative care strategy, "*Better Care, Better Lives".*

Short breaks: ensure that disabled children with complex healthcare needs and their families can enjoy the same opportunities for short breaks as other disabled children.

Community Equipment: NHS to work with partners to ensure there is timely and comprehensive assessment of the complete needs of the disabled child, taking account of clinical, social and educational needs, and the needs of the family and carers; and to improve the timely provision of equipment.

Wheelchairs: to improve access to powered wheelchairs for children who need them, and reduce waiting times for assessment and provision; PCTs to set themselves goals for making this offer in all new cases and as they replace equipment for existing users.

Children's palliative care: to develop services to meet the goals in '*Better Care; Better Lives*' - in particular to develop children's community nursing, capable of providing an all round care package, including end of life care, 24 hours a day, 7 days a week, in the location the child and family prefer; as well as building capacity in children's palliative care networks. Please see Autumn Statement on services for disabled children for more detail

Short breaks

In 2008/9 we invested £50k to develop short breaks for those with complex health needs and 15 families received this service. In 2009/10 we increased this investment to £200k and are developing 2 new short break projects targeted at children with complex health needs.

Community Equipment

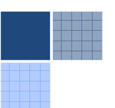
In 2008/9 we invested an additional £65k in community equipment as well as 3 additional OT posts to improve the effectiveness of the assessment of the full range of needs and to provide a more timely service.

Wheelchairs

In 2008/9 we invested a total of £190k in the wheel chair service to reduce waiting time from assessment to provision.

Children's palliative care

In 2008/9 an additional £250k was invested in complex care packages for children receiving a service from the complex care nursing team. We continue to invest in specialist palliative care provider – Richard House and this has increased to £60k in 09/10 and we are in the process of recruiting a specialist Palliative Care nurse to improve capacity/expertise of team.



Appendix i) Autumn Statement on Services for Disabled Children

City & Hackney NHS - September 2009

Improving services for disabled children in City and Hackney has been a priority area in NHS City and Hackney Commissioning Strategy Plan (CSP) from 2008/9 and it is further highlighted in our refreshed CSP for 09/10. This is in line with our partners across Hackney, where improving services for disabled children and young people are identified as a priority in Hackney's Children and Young People's Plan 2008-11. In addition NI54, (the government survey of parental experience of health, education and social care services for disabled children) has been included as one of Hackney 35 Priority targets in the Local Area Agreement 200-8/9 to 2010/11. This reflects the importance given within the NHS Operating Framework, the Aiming High for Disabled Children and the recently published Healthy lives, brighter futures (the Child Health Strategy) for disabled children and the need to keep improving services for this vulnerable group.

To reflect this priority, the 2008/9 budget setting plans for City & Hackney included many new developments and expansions of existing successful services. The increased investment reflected the areas identified in our local multi agency Disabled Children's Plan and builds upon the work we have done over the last 3 years to strengthen our services and improve co-ordination and integration of services for disabled children. As part of the previous plan we have undertaken extensive consultation and involvement programmes to ensure that children and young people, parents and carers tell us what they want and how they want services delivered. In addition we had done an assessment of need and through this we have identified some of the gaps in service delivery.

This has resulted in the development of a modern purpose built centre for the provision of many services for disabled children under one roof called Hackney ARK. Health Education and Social Care services are delivered from this centre and we have been pioneering key working, multi agency referral and assessments together with care pathways to improve integration of our services and provide a better "joined up" service for our families

Commissioning of new services for disabled Children 2008/9

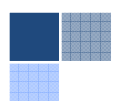
Complex Care- £250k - To enable us to provide a fuller range of support for children with complex needs. This has improved service delivery for this group with high level needs
CAMHS Disability - £250k -To provide a larger multidisciplinary team to meet the mental well-being needs of disabled children, (particularly those with severe learning disabilities).This expanded service is fully operational and providing impressive improved outcomes and user satisfaction for users of this service with waiting times reduced from nearly a year to 5 weeks
LAC with Disabilities - £75k – This has funded additional posts of Nurse and health Visitor to ensure all Disabled children who are looked after, receive a full integrated health service whether they are placed in Hackney or not. This has resulted in strong performance in respect of Medical & dental reviews and improved health outcomes for this potentially vulnerable group
Occupational Therapy - x 4 -£182k –To increase capacity of the OT service to deliver better and faster services for OT assessment, advice and equipment services and providing early intervention and training for Children's centres. In addition it has developed a new service to provide assessment s and equipment to help with the safety around the home for disabled children with challenging behaviour OT)
Physiotherapy x 2.4 £155 k (+ admin) - To enhance the capacity of the Physiotherapy service to provide support the delivery of enhanced integrated assessments and interventions/support for disabled children
Speech & Language Therapy –x 6 £299k- To improve the capacity of S< to reduce awaiting times and enhance advice and support re eating, drinking and for those children with hearing impairment
Key workers - £90k – To establish a full key worker arrangement for Hackney to co-ordinate support and assessments for disabled children
Paediatric Consultants - £156k – To improve the capacity for paediatric assessments and support for disabled children
Audiology Services - £77k- To increase the capacity of the Audiology service to reduce waiting times and improved capacity to provide assessments and support services
Transition £145k - To develop a transition co-ordination and tracking service that will enhance the Transition arrangement for disabled young people in Hackney (This service has been extended in 09/10 up to £290k) to provide a support services for vulnerable young adults who don't meet the eligibility criteria for Adult Community care Services
Short Breaks pilot -£50k- To establish a short break service for children with complex health needs, in collaboration with LB of Hackney under the Aiming High for Disabled children agenda. The budget has been increased to £200k for 09/10
Community Equipment -£65k (Including £10k for children's orthotics). This increased budget is to enhance the capacity of the service to meet the equipment needs of disabled children with complex health needs particularly. This will facilitate better support in the community and quicker discharges from hospital
Palliative care nurse x 1- £50k. - To enhance the capacity and specialist skills for the services supporting children with palliative care needs

Total new investments in services for disabled children = £1.844m

In addition there was extra investment in Wheel Chair Service - £80k in 07/8, £190k in 08/9 and a further £47k in 09/10 but this is both a children and adult service and it is not possible to disaggregate this into a separate children's budget at this point

Describe the aspects of services for children with disabilities, complex and palliative care needs which you commission jointly within your Children's Trust arrangements	The is a complex care panel which meets regularly to consider the need for complex care packages for children with a range of disabilities including complex and palliative care needs. This panel agrees the contributions each agency (Education, LB of Hackney Social Care, NHS City & Hackney and East London Foundation Trust-CAMHS) will make towards these care packages, including where appropriate residential placement. This is a collaborative arrangement and is not covered by a formal pooling of budgets or S75 etc The Hackney Ark has a wide range of staff from all 3 agencies but in addition there is a joint funding arrangement to provide the Management , reception and information and advice services in the centre.
Describe any collaborative commissioning arrangements with other PCTs for aspects of service (e.g. high cost low volume provision such as specialist equipment, specialist palliative care services, etc)	Newham, Tower Hamlets and City & Hackney join together in a collaborative specialist commissioning arrangement to commission palliative care services from Richard House and in the past Haven House. This specialist commissioning arrangement is currently managed within Tower Hamlets –NHS. We are currently beginning discussions with Whizz Kidz and other relevant agencies about the possibility of them working with City & Hackney Wheel chair service to improve procurement of wheel chairs and associated equipment, although no definite decisions have been taken by City & Hackney NHS about future procurement
How is the PCT identifying and responding to the views of children and young people with disabilities, complex and palliative care needs and their carers?	In respect of palliative care needs City & Hackney is in the process of undertaking a formal review of the views of children and young people about the support services they receive. This review will also gather the views of their carers. In respect of Short breaks , in conjunction with LB of Hackney we brought in St Christopher's , a voluntary organisation with expertise in the area of communicating with disabled children, to undertake a formal consultation process about what children and young people in Hackney wanted in terms of new services. One theme that emerged from the consultation was that disabled young people wanted to access, everyday activities and be with their friends in the community, in youth clubs and accessing music, sports and leisure facilities. We are using the outcomes of this consultation to inform the development of our short breaks services.

SERVICE NEED	PLEASE INDICATE WHETHER THE PCT COMMISSIONS THIS SERVICE, RELECTING CURRENT EXPENDITURE	WHAT ARE THE LOCAL SERVICE GAPS? Are these identified in the Children and Young People's Plan?	NARRATIVE ON PLANNED DEVELOPMENTS IN 2009/10 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS	NARRATIVE ON PLANNED DEVELOPMENTS IN 2010/11 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS
1a.24 hour a day, 7 day a week community children's nursing service enabling children/young people to be cared for in their preferred setting	The Community Children's Nursing Team for City and Hackney Community Health Services has two key elements:1).complex care 2).generic care. 1) The care packages for children who have complex health needs are delivered by qualified nursing staff and trained carers in the family home. The qualified nursing staff provides direct service between 9-5 Monday to Friday and the trained carers provide the service outside of these hours under the supervision of the qualified nurses. (This allows for both parents and carer's to seek advice if they have concerns about the child or equipment issues). 2). The children on the generic caseload have a range of conditions from the non-acute to those who have acute nursing or life limiting conditions which may become palliative. They have access to trained paediatric nursing staff Monday to Friday 09.00 hours until 17.00 hours. Plus they have access GOSH palliative	The service provided by qualified nurses is between 9-5 Monday to Friday. In addition, they provide an on call service. Outside of these hours, support needs are met by the trained carers who can access the on call service for advice and support If the child is palliative and requires a syringe driver for analgesia then this can be managed within the community,	We are in the process of employing band 7 nurse who has specialised in oncology/palliative care to develop a care pathway between the acute sector, community and children hospices within the area, as well as providing specialist expertise , advice and support to those that need it, particularly those preferring to be cared for at home	City & Hackney are exploring the advantages of aligning our services with neighbouring NHS providers. The aim would be to offer qualified nursing service to those children with high level, complex health needs to cover 24 hrs per day 7 days p.w. for the whole year.



	care team if they have an oncology diagnosis **Team Composition**.1) The complex care arm of the community nursing team consists of 3 whole time equivalent (WTE) qualified paediatric nurses i.e.1x band 7 modern matron, 1x band 6 clinical lead and 1x band 5 staff nurse. As well as 17 WTE band 3 & 4 unqualified associates carers who are trained to deliver technical nursing care for bespoke complex care packages which are provided 10 – 24 hrs per day. 2) The generic team consists of 7 WTE qualified paediatric nurses 2 x band 7 nurses, 2 x band 6 nurses, 4 band 5 staff nurses and 1x band 4 administrator. The complex care and generic children's community nursing team work as an integrated team and are line managed by a band 8a enhanced modern matron. Spend 08/9 Pay and non-pay £1.8million			
2a. Powered wheelchairs for children and young people	Spend 08/09 - £7,071.38 *Please note that this figure only accounts for new chairs purchased and does not include spend on reconditioned chairs*	Seat riser wheelchairs can currently be provided under the wheelchair service voucher scheme As this is a children/adult service there has been a challenge about	The wheelchair service is keen to investigate further the possibility of joint funding with education and social services for the provision of standing and riser wheelchairs and discussions in this area have already started	The discussions with education and social care about the possibility of joint funding with education and social services for the provision of standing and riser wheelchairs will continue

		disaggregating the spend on children's equipment	Currently Developing Tracking arrangements for equipment and spend in respect of children and young people	
3a. Non Powered wheelchairs for children and young people	The wheelchair service provides equipment to meet assessed clinical need and provides a comprehensive range of equipment - Spend 08/09 Buggies - £2,228.71 Manual wheelchairs - £21,484.46 (*NB.- this figure only accounts for new chairs purchased and does not include spend on reconditioned chairs)*	As above for standing non-powered wheelchairs As this is a children/adult service there is a need to disaggregate the spend on children's equipment	As above - to investigate the possibility of joint funding with education and social services re standing non powered wheel chairs Currently developing tracking arrangements for equipment and spend in respect of children and young people	The discussions with education and social care about the possibility of joint funding with education and social services for the provision of standing wheelchairs will be ongoing
4a. Health service element of short breaks for disabled children and those with palliative care needs	PCT piloted a short breaks scheme in 2008/9 with a budget of £50k. This pilot was targeted at those children supported by the complex care nursing team. A range of short breaks (including holiday breaks and regular on-going breaks) were provided to a total of 15 families.	As this is a new service the take up of SB has been targeted to those children and young people with the most complex needs. It is hoped to widen the range of children being offered these services both this year and in future, as part of Hackney's local core offer.	This budget allocation has been increased in 09/10 to a total of £200k. This includes developing a new "Sunday club" for children with complex health needs supported by play and nursing staff, plus a team of therapist to train, advise and support disabled children accessing a range of sports, leisure & community activities in line with the outcomes of the consultation. This is in addition to the provisions from 08/9	The plan is that we develop a more integrated programme of comprehensive short breaks in conjunction with LB of Hackney, which is in the process of procuring a wide range of new services. There is a clear expectation that SB provisions will be co-ordinated across the multi agency partnership

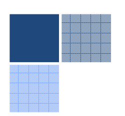
5a. Health key worker arrangements for children/young people who require health care packages in the community	Each child/young person receiving a complex care package has a 'named nurse' who oversees and co-ordinates the delivery of the care package .	Whilst we do not have the formal concept of key workers in the community. The community key worker role is being developed.	On going development of the Community key worker role	On going development of the Community Key worker role
6a. Specialist palliative care provision for children	CCNT will care for the palliative child at home if that is the wish of the family Specialist Commissioning arrangements have been established across NE London and this means that the nursing staff can refer to hospice provisions (Richard House & Haven House) on behalf of the children and families they work with, if that is the preferred choice of the families There is a new specialist palliative care/oncology nurse that is being recruited to, which will enhance the specialist provision locally	There is a need to have clear pathways to tertiary specialist palliative care experts i.e. between community teams and specialist providers e.g. Great Ormond Street Hospital. Low uptake of short breaks in the hospices would suggest that this provision does not meet local needs. Indications are that families prefer palliative care services at home	A palliative care nurse post is being developed. The post holder will take the lead on developing integrated care pathway to allow more children to be cared for in the community by community nursing staff. This will the supported by care pathways and protocols with the acute sector. More emphasis will be placed on working in partnership with children and young people by formally getting their views and involving them in the decision making process where appropriate on how their care will be delivered	An options appraisal is being undertaken to determine how community nursing services will be provided in the future. The survey of children and young people and their families will inform whether palliative care services will be further developed at home rather than in hospice settings

	PLEASE DESCRIBE WHETHER AND HOW YOUR COMMISSIONED SERVICES DELIVER THE FOLLOWING.	WHAT ARE THE LOCAL SERVICE GAPS?	NARRATIVE ON PLANNED DEVELOPMENTS IN 2009/10 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS	NARRATIVE ON PLANNED DEVELOPMENTS IN 2010/11 INCLUDING NEW PCT INVESTMENT TO SUPPORT THIS
1b. Year on year reduction in delayed transfers of care due to unmet equipment or community nursing needs	Standard practice is that the acute sector notifies the commissioner and the community nursing team once a child who is going to need a continuing care package is identified. At that point the nurses will start the assessment process jointly with social care disabilities team and other related professionals. A detailed assessment is undertaken, outlining the health and social needs of the child, the staff levels required to deliver the care, the equipment costs etc is then submitted to the commissioners for discussion at the joint complex care panel for a single or multi-agency funding decision to be made. We work towards having the care package in place for when the child is fit to be discharged to the community. There have been no examples of delayed transfers due to unmet equipment needs in the last year	There is an explicit commitment in the CYPP (2008-11) to fully meet the requirement of the Every Disabled Child Matter charters for local authorities and primary care trusts. Due to the dearth in suitable adapted housing in Hackney discharge in some cases can be delayed. Recruitment, training and sign off of competent staff to care for the child can also delay transfer of care to the community. From the community children's nursing team perspective there are no problems with the ordering and supplying of equipment that is required to care for the child within the home and community environment. The team need to be part of the ICES (Integrated Community equipment Store) contract to allow greater flexibility for the ordering of beds. Care pathways between hospital and discharge back to the community need to be as streamlined as possible	To continue to work closely with the multi-agency/professional team to provide a timely response when a date for transfer to care to the community has been agreed. To work with local partners to develop a staff pool of competent carers who can be called up to provide care in the transition period Plans are underway to ensure the care pathway and ordering process is as streamlined as possible removing any possible delays	An options appraisal is being undertaken to determine how community nursing services will be provided in the future with a view to ensuring that there is an appropriately skilled and staffed CCNT It is planned to get shadow budget for paediatric equipment into integrated OT service so we can allocate funds equally for all children equipment

2b. The provision of equipment for individual children/young people in more than one domestic setting if requested.	Children would be using their buggies / wheelchairs to travel between domestic settings Other equipment is generally easily transportable Where a child has a powered wheelchair a manual chair is also provided. The Wheelchair Service provides two trays for use in the home and school setting. – The Community Children's Nursing Team will provide portable equipment to cater for the child or young person's medical needs. So the child may require a portable suction machine.	There have been 2 examples of cases where requests for equipment for second residence have been refused by LBH. The gaps are that families often have shared care, only examples in the past that have been funded have been when parents divorced.	PCT plans – we are planning to use short breaks capital money for equipment to alleviate care and manual handling difficulties and short breaks facilitation team will investigate this possibility and develop a kit for trial.	This could roll over in 10/11 with kit in place once trialled
3b. An NHS workforce able to contribute to delivery of the full service offer in short break arrangements	At present NHS City & Hackney provide £200k funding to NHS City & Hackney Community Health Services to fund short breaks for disabled children with complex health needs, including palliative care needs and continuing care needs enabling them to experience new things, optimise their potential and for their parents/carers to have a break. We currently utilize our associate carers who work on the complex care packages to contribute to the delivery of short breaks.	There is an explicit statement in the CYPP to '*Develop and implement our strategy for providing short breaks for disabled children and their families*'. Health short breaks offer needs to be aligned with the local authority short breaks offer, to ensure that resources are used effectively to support children and families and prevent duplication of effort. There are challenges recruiting and retaining a pool of suitably trained and competent associate carers which reflects the cultural diversity	Work with LBH to standardize the core short breaks offer across the partner agencies. To develop a pool of competent carers to reflect the cultural diversity of the local population. To ensure that short breaks is embedded in the care assessment and planning process. Utilise existing and proposed specialist and skilled staff to train, advise and support other staff in ensuring the	Further develop the team of health workers to advise, support and train other providers to ensure an effective short break is part of the "Hackney Offer" including children and young people with complex health & palliative care needs.

		of the local population, across statutory and voluntary to call upon when required to deliver the short break.	delivery of the full service offer in short break arrangements	
4b. Free health skills training for short break providers from outside the NHS	We are currently developing a team of health staff who will deliver training, advice and support to a range of settings and this could and will include SB providers	Currently some providers are understandably cautious about providing short breaks to children with complex health needs particularly and so we have used some funding to provide suitably trained nursing staff to provide the required support	The new team of therapists/ health staff is being recruited to and there will be input from other health teams including the CCNT, and Psychology services to facilitate short break providers providing services for children with complex needs. There is currently a pilot being developed in conjunction with a voluntary sector provider of short breaks in collaboration with CCNT. It will involve a suitably qualified nurse being part of the service provision	Depending on how the pilot works out , it is envisaged that this model and training , advice and support will be rolled out to other settings
5b. Community children's nursing which integrates with other service providers, e.g. education, social care, leisure etc	NHS City & Hackney commissions, NHS City and Hackney Community Health Services to provide community children's nursing on a residency basis. This covers patients who are registered with GP surgeries within the borough, in neighbouring boroughs and those who are unregistered. There is core funding for a generic and complex care community nursing team. Health care packages for	The multi agency partnership is committed to work across all the services to develop effective collaboration and integration of services. We have established a Joint Planning Unit to take forward joint developments and one of the priority areas is around development of services for disabled children The complex care and generic children's community nursing team	The intention is work more effectively with the acute sector to enable children with palliative care needs to have a more timely discharge home. To provide care more effectively for in the home with the right level of pain and symptom management support. Funding has been provided for a band 7 palliative care nurse	The strategic plan is to move towards having a more extensive 24hrs 7 day service which will allow qualified nurses to visit high intervention children in their homes at the weekend. Proposals to link with neighbouring NHS providers to expand the hours where qualified nursing staff can visit are being developed.

	children with complex care needs are commissioned on a case by case basis. Some of these packages are jointly funded by the local authority dependent on the level of social need. There is a Joint Complex Care Panel led by NHS City & Hackney. Multi-agency funding decisions are governed by a joint funding protocol. The children's community nursing team works within an integrated Children and Families Nursing management structure which sits within Children and Families Services which is a multi-professional. The community children nursing team is based at Hackney Ark which is the centre for integrated services for disabled children. The team works in close collaborative partnership with services and professionals within NHS City and Hackney and with the Children with Disabilities Team (Social Care) as well as with our key partners in the Local Authority, the Learning Trust (the local Education Service) and the voluntary sector. Delivery of care packages is tailored to meet the need of children and families. We work towards improving access to	work as an integrated team and are line managed by a band 8a enhanced modern matron. The currents gaps in the delivery of paediatric palliative care services are the need to: Further develop Staff training. There is a need to develop core palliative care competences for all nursing staff to increase the capacity to meet the needs of this client group appropriately. Improve psychological support for children and their families. This impacts on the level of anticipatory and actual bereavement support that is provided. Strengthen community provision for some children with long term conditions and palliative care needs who are currently being seen in the acute sector as the skills to provide some aspects of their care are not available in the team e.g. IV Drug therapy management. Limited feedback on the views of local children, parents or carers on how they feel their needs are being met.	who will work closely with the complex care team, acute and voluntary sector to develop a care pathway for this client group.	



	targeted and specialist health and social care services for children with palliative and complex health needs. The current governance arrangements which oversee these processes include multi-agency reference groups, an integrated care pathway and protocols			
6b. Holistic, integrated assessment which includes a mobility assessment and leads directly to a) provision of an appropriate wheelchair if needed b) provision of appropriate community equipment if needed	City & Hackney HNS is developing an integrated health and social care OT service which works jointly with physiotherapy and the wheelchair service on effective equipment pathway for wheelchair and mobility equipment . This service provides a joint multi disciplinary assessment and leads to provision of equipment and/or wheelchairs and advice to improve functional independence and postural management.	There is a complex process for the ordering and delivery of community equipment involving LBH – Adults Community Equipment store	The work on the equipment pathway is being finalised during 2009/10 and it is envisaged that the equipment pathway will be faster and provide better value for money	2010/11 – equipment pathway will be in place We will investigate joint funding with wheelchair service and routes to reduce number of items needed and increase spec of items on offer, i.e. avoid unnecessary duplication of equipment provision in different settings
7b. A transparent service standard in service specifications regarding 'time from initial assessment to receipt of fully functional/adapted wheel chair'	The wheelchair service currently collects and provides data on time from referral to initial assessment. Regular data on time from initial assessment to delivery of equipment will be provided in the near future.	There is need to track referrals from initial assessment to equipment provisions	Work is underway to establish full data collection re the time frame for all referrals to the Wheel chair service. This will lead to the service being able to accurately track all referrals from initial contact to assessment and from assessment to equipment provision and then set standards accordingly	In 2010/11 there will be a Standard in the Service Specifications setting stretch targets for the WCS to reduce the time taken from initial referral to delivery of appropriate wheel chair with any associated training to fully utilise this equipment. A system of regular reviews of equipment provision will be developed.