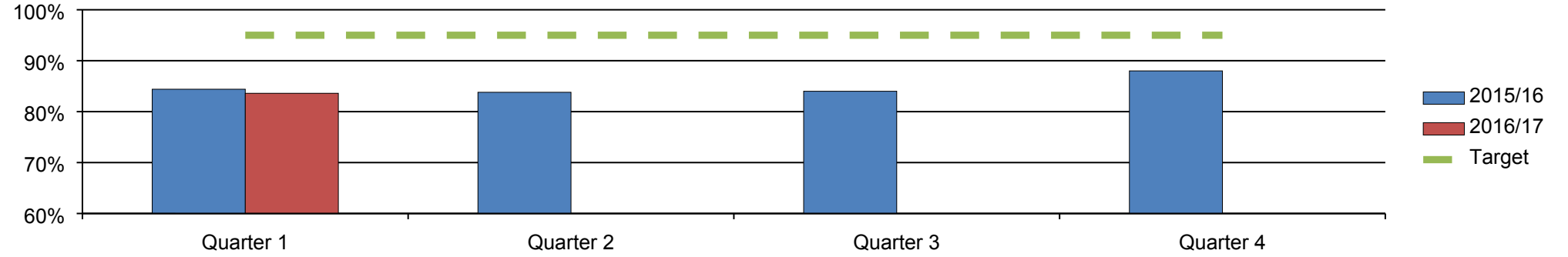
Appendix C - Performance Summary Reports

Health and Wellbeing Board Performance Indicators Indicator 1: Percentage uptake of Diphtheria, Tetanus and Pertussis (DTaP)													Meeting date: November 2016, Data: June 2016 Source: NHS England
Definition	Percentage uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 5 years old.						**How this indicator works**	The DTaP vaccination booster is given at 3 years and 4 months to 5 years. This is reported by COVER based on RIO/Child Health Record.					
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.						**Why this indicator is important**	DTaP is a vaccine that helps children younger than age 7 develop immunity to three deadly diseases caused by bacteria: diphtheria, tetanus, and whooping cough (pertussis).					
History with this indicator	2011/12: 82.0%, 2012/13: 85.5%, 2013/14: 83.4%, 2014/15: 85.1%, 2015/16: 80.3%						**Any issues to consider**	Quarter 2 data 2016/17 is expected to be available January 2017.					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16		84.4%			83.8%			84.0%			88.0%	
2016/17		83.6%										



Performance Overview **RAG Rating**	• Poor performance is seen across the whole of London with this indicator. Barking and Dagenham are currently performing above the London average but below the national average for England. Low immunisation coverage is a risk to unimmunised children who are at risk of infection from the vaccine-preventable diseases against which they are not protected.	**Further Performance comments**	• Ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. • Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisations. • Identifying what works in the best performing practices and share. Practice visits are being carried out to allow work with poor performing practices in troubleshooting the barriers to increasing uptake. Encourage GP practices to remove ghost patients.
Benchmarking	In quarter 1 2016/17, Barking and Dagenham's DTaP rate (83.6%) was above the London rate (77.0%)		

Indicator 1: Percentage uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 5 years old

1. **Key information** (concise summary / main messages)

This indicator reports of eligible children who have received Diphtheria, Tetanus and Pertussis (DTaP) Immunisation from 3 years and 4 months to 5 years old.

The indicator is currently reported on a quarterly basis.

In Quarter 1 2016/17 83.6% of 5 year olds within Barking and Dagenham received a DTap vaccination. This is decrease (+4.4 percentage points) from the previous quarter and 8.6 percentage points higher than the London rate for quarter 1.

Quarter 2 data is due to be released in January 2017. There is a four-month lag on this indicator.

This indication is RAG rated as **Red**.

2. **What does this mean** (brief contextual analysis)

DTaP is a vaccine that helps children younger than age 7 develop immunity to three deadly diseases caused by bacteria: diphtheria, tetanus, and whooping cough (pertussis). A DTaP/IPV booster is given to children at the age of 5 years.

3. **What is the impact** (risks and opportunities / assessment of implications)

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

4. **What actions are required / being taken (**changes / decisions required)

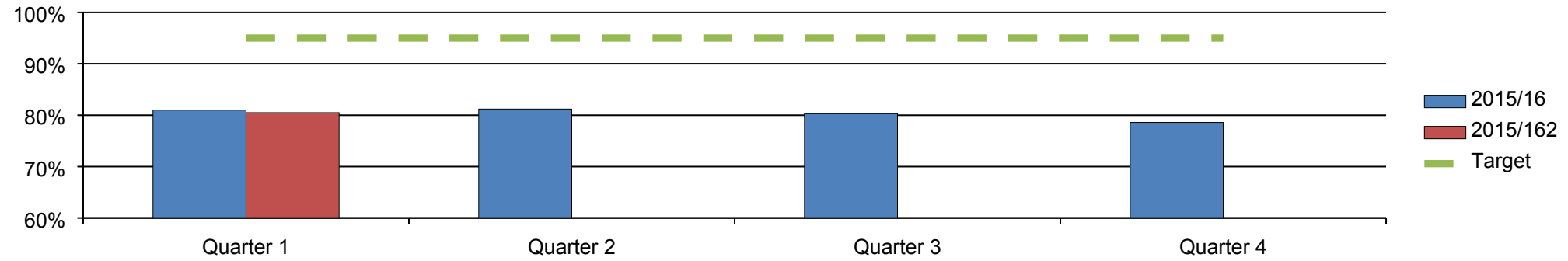
This indicator is led by NHS England.

Encourage GP practices to remove ghost patients.

Ensure Barking and Dagenham GP practices have access to IT support for generating immunisation reports.

Health and Wellbeing Board Performance Indicators Indicator 2: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old													Meeting date: November 2016, Data: June 2016 Source: NHS England
Definition	Percentage of children given two doses of MMR vaccination by their fifth birthday.						**How this indicator works**	MMR 2 vaccination is given at 3 years and 4 months to 5 years. This is reported by COVER based on RIO/Child Health Record.					
What good looks like	Quarterly achievement rates to be above the set target of 95% immunisation coverage.						**Why this indicator is important**	Measles, mumps and rubella are highly infectious, common conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.					
History with this indicator	2011/12: 82.8%, 2012/13: 85.0%, 2013/14: 82.3%, 2014/15: 82.7%, 2015/16: 80.3%						**Any issues to consider**	Quarter 2 data 2016/17 is expected to be available January 2017.					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16		81.0%			81.2%			80.3%			78.6%	
2016/17		80.5%										



Performance Overview **RAG Rating**	• Poor performance is seen across the whole of London with this indicator, and the borough's performance is similar to the London average but below the national average for England. Low immunisation coverage is a risk to unimmunised children who are at risk of infection from the vaccine-preventable diseases against which they are not protected.	**Further Performance comments**	• Ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. • Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisations. • Identifying what works in the best performing practices and share. Practice visits are being carried out to allow work with poor performing practices in troubleshooting the barriers to increasing uptake. Encourage GP practices to remove ghost patients.
Benchmarking	In quarter 1 2016/17, Barking and Dagenham's MMR2 rate (80.5%) was similar to the London rate (80.2%)		

Indicator 2: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old

5. **Key information** (concise summary / main messages)

This indicator reports of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday.

The indicator is currently reported on a quarterly basis.

In Quarter 1 2016/17 80.5% of 5 year olds within Barking and Dagenham received a second dose of the MMR vaccination. This is a slight increase (+1.9 percentage points) from the previous quarter and 0.3 percentage points higher than the London rate for quarter 1.

Quarter 2 data is due to be released in January 2017. There is a four-month lag on this indicator.

This indication is RAG rated as **Red**.

6. **What does this mean** (brief contextual analysis)

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

7. **What is the impact** (risks and opportunities / assessment of implications)

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

8. **What actions are required / being taken** (changes / decisions required)

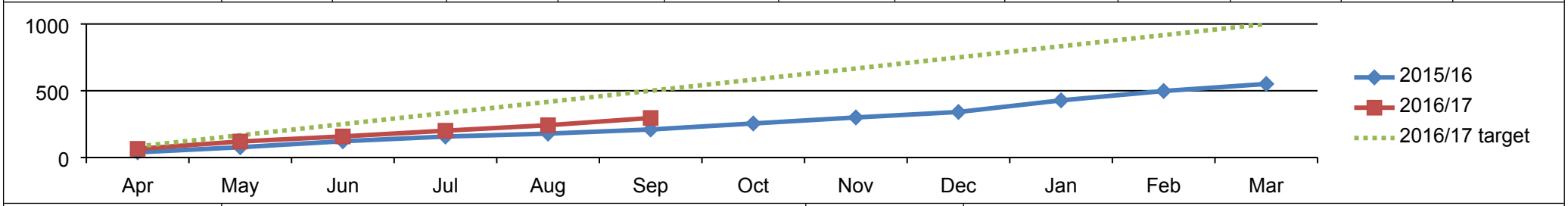
This indicator is led by NHS England.

Encourage GP practices to remove ghost patients.

Ensure Barking and Dagenham GP practices have access to IT support for generating immunisation reports.

Health and Wellbeing Board Performance Indicators Indicator 10: Number of smoking quitters aged 16 and over through cessation service				Meeting date: November 2016, Data: September 2016 Source: Quit Manager
Definition	The number of smokers setting an agreed quit date and, when assessed at four weeks, self-reporting as not having smoked in the previous two weeks.	**How this indicator works**	A client is counted as a 'self-reported 4-week quitter' when assessed 4 weeks after the designated quit date, if they declare that they have not smoked, even a single puff of a cigarette, in the past two weeks.
What good looks like	For the number of quitters to be as high as possible and to be above the target line. The annual target for number of quitters is 1,000.	**Why this indicator is important**	The data allows us to make performance comparisons with other areas and provides a broad overview of how well the borough is performing in terms of four week smoking quitters.
History with this indicator	**2012/13:** 1,480 quitters **2013/14:** 1,174 quitters **2014/15**: 635 quitters **2015/16**: 551 quitters	**Any issues to consider**	Due to the nature of the indicator, the quit must be confirmed at least 4 weeks after the quit date. This means that the data will likely increase upon refresh next month.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	39	38	45	35	22	31	45	45	41	87	70	53
2016/17	65	55	38	43	41	28						



Performance Overview **RAG Rating**	• From April to September 2016/17 there have been 296 quitters. This is 59% against the year to date target of 498, slightly up from the previous month. • Although the indicator is RAG rated as Red, the above compares favourably to 210 quitters for the same time last year.	**Further Performance comments**	• The focus for improvement is in Primary Care. Public Health has reviewed the worst performing practices and, together with the Tier 3 (specialist) team, we will put in place supportive actions for the worst performing practices and pharmacies to help improve activity. This work will commence on 1 November. • The Tier 3 team will contribute support for the areas of highest prevalence. The Tier 3 team will continue to assign a proportion of their capacity to prevention work in schools and youth services.
Benchmarking			

Indicator 10: Number of smoking quitters aged 16 and over through cessation service

1. **Key information** (concise summary / main messages)

The service needs to deliver an average of 83 quits a month to stay on trajectory for meeting the target of 1,000 4 week quits; therefore, this would have delivered 498 quits by the end of September, compared to an actual delivery of 296 quits.

Tier 3 continues to lead the way in numbers of quits, with pharmacy second and GP practices third.

This indicator is RAG rated as **Red**.

2. **What does this mean** (brief contextual analysis)

We are behind target by 202 quitters (but as noted trends show a summer affect), though we are still in a better position than in 15/16; September's data is not yet complete.

3. **What is the impact** (risks and opportunities / assessment of implications)

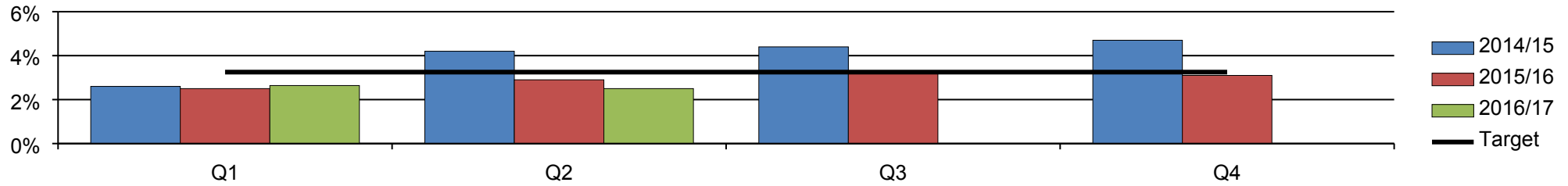
The risk is that activity will not increase compared to what is required to meet the target, though there is still time to put some remedial measures into action for the remainder of the 16/17 year, to improve the end of year result. The busiest quarter is also yet to come, so it is possible to increase activity with additional support.

4. **What actions are required / being taken** (changes / decisions required)

The focus for improvement is in Primary Care. Public Health has reviewed the worse performing practices and together with the Tier 3 team we will be able to put in place supportive actions for pharmacy and primary care to improve activity – the difference is already being seen through data cleansing work of Quit Manager which produced 12 more quitters this week than otherwise would have been. Other practical support will be given which may include hosting of clinics and mailing smokers. Public health will individually contact practices about their activity and suggest additional help be provided depending on each one's circumstance.

Health and Wellbeing Board Performance Indicators Indicator 12: Those aged 40-74 who receive Health Check			Meeting date: November 2016, Data: September 2016 Source: Department of Health
Definition	The NHS Health Check is a 5 year programme offered to people between the ages of 40 – 74yrs who have not previously been diagnosed with long term conditions, particularly - heart disease, stroke, diabetes, chronic kidney disease and certain types of dementia (eligibility criteria). Depending on the results of the risk score following the assessment, some patients may need to be referred to the relevant lifestyle programme or potentially included on a disease register. **Data reporting**: Performance as a percentage of the 5 year programme. **Time period**: April 2016 to March 2017.	**How this indicator works**	The programme is a 5-year rolling programme that intends to invite 100% of its eligible population by year 5 to receive a Health Check. Evidence suggests that for the programme to be truly cost effective nationally, 75% of those offered should receive a NHS Health Check. Number offered Health Check- maximum 20% of the population annually Number received/uptake Health Check* - 75% of those offered **PHE requests that this figure should at least be better than the previous year data.*
What good looks like	• Improvement on the previous year's performance. • Increased number of patients invited for a health check • Increased numbers of patients diagnosed with long term conditions. • Increased numbers of referrals made to existing lifestyle programmes. • Measured Targets: 20% invited each year; 75% uptake each year.	**Why this indicator is important**	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. It is a key approach for new patients to be identified and clinically managed with long term conditions to prevent premature deaths; also to influence lifestyle choices of patients to improve their overall health and wellbeing.
History with this indicator	2012/13*: 10.0%, 2013/14*: 11.4% received 2014/15*: 16.3%, 2015/16*: 11.7% received **Please note this is a fraction of the 5 year programme*	**Any issues to consider**	There is sometimes a delay between the intervention and data capture- this means that the data is likely to increase upon refresh next month.

	Q1	Q2	Q3	Q4
2015/16	2.5%	2.9%	3.2%	3.1%
2016/17	2.6%	2.5%		



Performance Overview **RAG Rating**	• The service needs to deliver 518 health checks a month in order to stay on trajectory for meeting the target. April to September has delivered an average of 405 health checks per month. This means that the monthly target has not been met.	**Further Performance comments**	1) All Practices will be advised about their individual targets and sent a league table of achievement on alternate months as a reminder and information on the gap to target. 2) New pharmacy provision to begin in October 2016. Non-providing practices will be encouraged to refer to named pharmacies within their local vicinity. 3) Practice visits continue and support is provided where needed. 4) Action plan is currently being developed to help improve performance.
Benchmarking	In 2015/16 LBBD completed eligible health checks on 11.8% of the eligible population. This is above the England and London rates of 9% and 10.7% respectively.		

Indicator 12: Those aged 40-74 who receive NHS Health Checks

1. **Key information** (concise summary / main messages)

Reporting is provided against a target of 20% invited and an uptake of 75% of eligible people receiving a Health Check of those invited over the 5 year period. On this basis, an average of 518 health checks per month is required to stay on trajectory (to meet a yearly target of 6,221 Health Checks). April to September data shows that 2,430 people have received a health check.

Please note that the September data is provisional and will likely increase upon refresh next month.

Following the evaluation of the programme an action plan has been drafted to address some key issues, the action plan will;

- address new ways to ensure future monitoring has a stronger focus on equity of provision.
- address new ways to promote the Healthy Lifestyle Services and ensure primary care are referring patients to this service, therefore behaviour change becomes a key part of the programme.

This indicator is currently RAG rated as **Red**.

2. **What does this mean** (brief contextual analysis)

The programme is part of a 5-year rolling programme of which we are in year 4. Some of the recommendations from the evaluation will enable the programme improve its outcomes and reach in the communities that need it the most. Also, there will be an even stronger agenda for more partnership working between primary care and the local authority.

However, it should be noted that currently in comparison to most London and England Boroughs, Barking and Dagenham has a better Health Check offer and uptake rate, which means we are doing much better than our peers.

Agreeing changes to the way performance of this programme is monitored will lead to a greater concentration on improving equity.

3. **What is the impact** (risks and opportunities / assessment of implications)

The impact of making the recommended changes will be a stronger focus on outcomes and an opportunity to deliver greater equity of delivery.

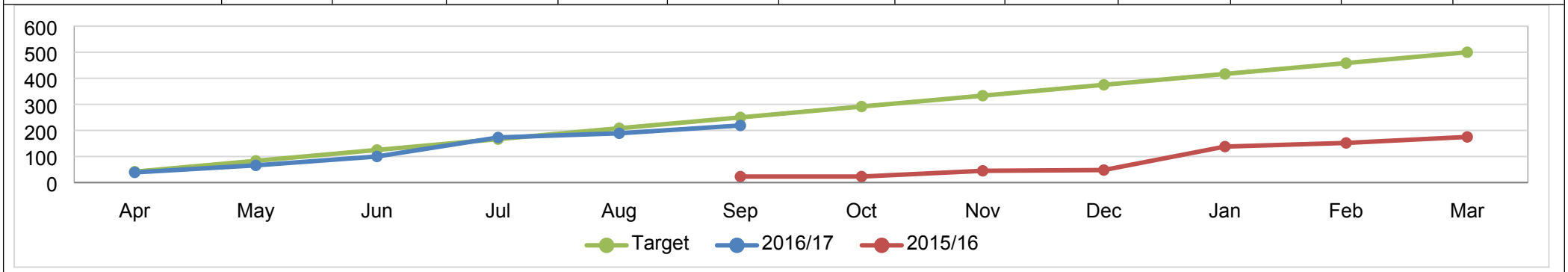
4. **What actions are required / being taken** (changes / decisions required)

Actions going forward will be dependent on the acceptance of the evaluation findings and recommendations; however, plans are already in place to effect considerable change across the programme.

10 pharmacies are due to commence delivering health checks from December 2016 which will help boost the accessibility of the health check programme to the local population.

Health and Wellbeing Board Performance Indicator Indicator 24: Number of 'turned around' troubled families				Meeting date: November 2016, Data: September 2016 Source: Children's Services
Definition	Number of families 'turned around' meeting all outcome targets and showing 'significant and sustained improvement'	**How this indicator works**	This indicates the number of families 'turned around' meeting all outcome targets, showing 'significant and sustained improvement' (rolling figure including TF2 claims approved internally and submitted to DCLG for payment.	
What good looks like	2,515 families to be 'turned round' by March 2020.	**Why this indicator is important**	TF2 is a payment by results programme. Successful family interventions mean significant reduction in costs to the Local Authority (LA) and its partners. The LA target for TF is to "turn around" 500 families in 16/17.	
History with this indicator			* Please note that the numbers below in brackets are year to date (red) and projected figures (black).	

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	0(0)	0(0)	0(0)	0(0)	0(0)	23 (23)	0 (23)	22 (45)	3 (48)	90 (138)	14 (152)	23 (175)
2016/17*	39 (39)	27 (66)	34 (100)	73 (173)	16 (189)	30 (219)	44 (263)	44 (307)	44(351)	50(401)	50 (451)	50 (501)



Performance Overview **RAG Rating**	• Since the Troubled Families 2 (TF2) programme commenced (September 2015), 394 claims have been submitted to DCLG (175 between September 2015 to March 2016 and 219 as at the end of Q2 2016/17). Performance is RAG rated Red based on progress to target – 31 claims off target of 250 as at Q2. The DCLG is extremely positive about our TF progress. • We have an indicative target of 11 claims per week to meet the internally-set claim target of 500 claims per year.	**Further Performance comments**	Families that are successfully turned around are saving the LA substantially. Cost benefit analysis of TF carried out by DCLG shows that every £1 the LA spends on TF saves £2 on LA budgets. A DCLG spot check on claims/process undertaken in June 2016 produced very positive comments. The throughput of claims will inevitably be uneven as evidence such as school attendance, health and housing data is often only available at set times of the year.
Benchmarking	The DCLG is extremely positive about the TF2 programme in Barking and Dagenham and have recently confirmed that the number of turned around families (as measured by claims submitted to DCLG) is in the top quartile nationally and the highest borough in London.		

Indicator 24: Number of turned around troubled families

1. **Key information** (concise summary / main messages)

This indicator reports on the number of families turned around based on claims submitted and approved by the Local Authority (LA) data team and finance and auditing approval process. Once approved, claims are submitted to DCLG for payment.

TF2 is a Payment by Results programme set out by DCLG. Successful family interventions mean significant reduction in costs to the Local Authority (LA) and its partners. The LA target for TF2 is to "turn around" 500 families in 16/17. DCLG is encouraging front loading the programme to enable successful outcomes in 2020. LBBD is committed to turn around 2,515 families by March 2020.

Since the TF2 programme commenced (September 2015), we have submitted in total 394 claims to DCLG (175 between September 2015 to March 2016 and 219 as at the end of Q2 2016/17 – the next claim window closes on September 30th 2016. We now have an indicative target of 11 claims per week to meet the claim target of 500 claims this year.

A target of 500 turned around families has been set by end of year 2016/17 and to date performance is RAG rated red. Benchmark data is not available to date.

This indicator is RAG rated as **Red**.

2. **What does this mean** (brief contextual analysis)

LBBD are doing well compared to other London LAs but success can only be measured anecdotally as DCLG are not releasing data on other LA performance. TF2 is a significant potential funding stream if we are able to succeed in the outcomes for families.

3. **What is the impact** (risks and opportunities / assessment of implications)

The impact of TF is in its very early stages but families that are successfully turned around are potentially saving the LA in costs. Cost benefit analysis of TF is showing that for every £1 the LA spends on TF is saving £2 on LA budgets.

Risks: DCLG outcome targets are unachievable leading to a loss in funding.

Opportunities: Families are receiving early intervention services are not being assessed by CS and therefore saving money and officer time.

4. **What actions are required / being taken (**changes / decisions required)

TF project board meets monthly to monitor the programme. Currently developing work with schools to assist identification and direct work with families.

No current decisions needed. DCLG spot check on claims/process undertaken in June 2016 was very positive, and LBBD being asked to host good practice workshop as a result.