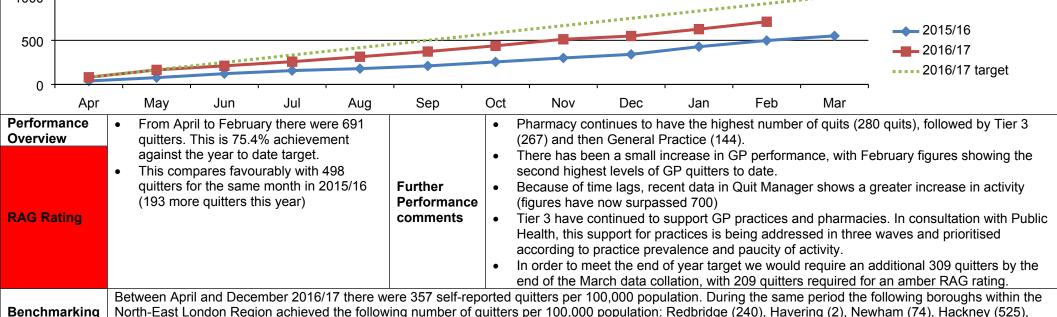
Appendix ii - Performance Summary Reports

Vaccination by their hith Dirthody. Why this indicator is important Vaccination by their hith Dirthody. Why this indicator is important Vaccination by their hith Dirthody. Why this indicator is important Vaccination by their hith Dirthody. Why this indicator is important Vaccination by their hith Dirthody. Vaccination by their hith Dirthody. Vaccination by their hith Dirthody. Why this indicator is important Vaccination by their hith Dirthody. Vaccination the Common by their hith Dirthody. Vaccination the Conditions that can have serious, potentially fatal, complications, including meningits, 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. Cuarter 4 data 2016/17 is expected to be available on 23 June 2017. Any issues to Conditions that can have serious, potentially fatal, complications, including meningits, swelling of the brain (encephalitis) and deafness. They can also lead to complications, including hith deafness. They can also lead to complications, including the barriers. Any issues to Conditions that can have serious, conditions that at a that severity including the barriers. Any issues to Conditions that can have serious, conditions that affect the unborn baby and can lead to miscarriage. Any issues to Conditions that can have serious. Any issues to Conditions		ng Board Performance tage uptake of MMR (m s old		ımps and rı	ubella) vaccir	nation		Meeting	date: June 2		December ce: NHS En		
And good looks ke Quarterly achievement rates to be above the set target of 95% vaccination coverage. Why this inclicator is important is important in line inclicator is important in line inclicator in line inclications. 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. Any issues to consider Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar On 16/17 80.5% 82.5% 79.9% Ouarter 4 data 2016/17 is expected to be available on 23 June 2017. Consider on 16/17 80.5% 82.5% 79.9% Ouarter 1 Quarter 2 Quarter 3 Quarter 4 Performance verview Poor performance is seen across the whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. 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. Purchaments Further Performance is seen across the whole of London with this indicator. Comments Further Performance to increase rates by: - 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.	Definition			loses of MM	R		cator works is reported by COVER based on RIO/Child Health R						
Apr Way Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar 1015/16 81.0% 81.2% 80.3% 78.6% 1016/17 80.5% 82.5% 79.9% Quarter 1 Quarter 2 Quarter 3 Quarter 4 Performance whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. 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. Practice visits are being carried out to allow work with poor performing practices in troubleshooting the barriers to increasing uptake. Any issues to consider Any issues t	What good looks like			above the s	et target of	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					
1016/17 81.0% 81.2% 80.3% 78.6% 1016/17 80.5% 82.5% 79.9% 2015/16 2016/17 2016/17 2016/17 2016/17 2016/17 2016/17 Target Poor performance is seen across the whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. Low immunised children who are at risk of infection from the vaccine-preventable diseases against which they are not protected. Purther Performance comments Practice visits are being carried out to allow work with poor 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.	History with this indicator	2013/14: 82.3%,					s to	Quarter 4 data 20	16/17 is expe	ected to be a	vailable on 2	3 June 2017.	
## Poor performance is seen across the whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. 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. ### Purther Performance to increase rates by: Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisations. I dentifying 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. Ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. Work jointly with the CCG (commissioners) to target GP practices with poor performance to increase rates by: Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisations. I dentifying 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. Ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. Work jointly with the CCG (commissioners) to target GP practices with poor performance to increase rates by: Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisation. I dentifying what works in the best performing practices in troubleshooting the barriers to increasing uptake.	2045/46		Jun	Jul		Sep	0		Dec	Jan		Mar	
Quarter 1 Quarter 2 Quarter 3 Quarter 4 Poor performance is seen across the whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. Low immunised children who are at risk of infection from the vaccine-preventable diseases against which they are not protected. Further Performance to increase rates by: 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. Ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. Work jointly with the CCG (commissioners) to target GP practices with poor performance to increase rates by: 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.										70.0%			
Poor performance is seen across the whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. 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 Further Performance comments Further Performance diseases against which they are not protected. Further Performance comments Further Performance comments Further Performance comments Further Performance diseases against which they are not protected. Further Performance comments Further Performance comments Further Performance diseases against which they are not protected. Further Performance diseases against which they are not protected. Further Performance comments Further Performance diseases against which they are not protected. Further Performance comments Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance comments Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against which they are not protected. Further Performance disease against or protected and Dagenham GP Practices have access to IT support for generating immunisation reports. • Work jointly with the CCG (commissioners) to target GP practices with poor performance or increase rates by: • Children who persistently miss immunisation appointments followed up to ensure they are up to date with immunisation against the performance disease against the performance disease against the performance disease against the performance disease a	70%										_	2016/17	
whole of London with this indicator. In LBBD 10 GP practices are above the 95% rate and 12 below 80%. 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 Further Performance to increase rates by: - 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.	00%	Quarter 1		Quarter 2	'	(Quarter	3	Qu	arter 4	ľ		
	Performance Overview RAG Rating	whole of London v In LBBD 10 GP pr 95% rate and 12 b Low immunisation unimmunised child infection from the diseases against v	cator. above the a risk to a trisk of ventable	Performanc	ger • Wo	nerating rk jointl forman - Ch en - Ide Pr pra	rating immunisation reports. jointly with the CCG (commissioners) to target GP practices with poor rmance to increase rates by: Children who persistently miss immunisation appointments followed up 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.						
	Benchmarking	In Quarter 3 2016/17	Barking and	Dagenham'	s MMR2 cove	rage at 5 vea						land (87.8%)	

Indicator 6: The nu		erformance I dren subject		rotection plar	ıs			Meeting			: March 2017 en's Service		
Definition	protection p		ed each mo	of children on nth as part of		_	v this or works	It is reported as a number and a rate per 10,000 children aged 0–17 in the borough. Children on child protection plans have been assessed as at risk of significant harm or abuse by a Child Protection Conference. A child protection plan is then put in					
What good looks like	For the number to remain in line with population change and to be stable throughout the year. LBBD rate per 10,000 to be in line with benchmark data and in line with London rate.						y this ator is ortant	The data allows us to make performance comparisons with other areas and provides data on trends on the number and rate of our children's population at risk of harm and abuse. It is also an indicator of how well our safeguarding threshold is being applied and is a significant KPI for LSCB and is an Ofsted area of inspection.					
History with this indicator		0 (36 per 10,		13/14: 318 (56									
indicator	2014/15: 35 Apr	3 (60 per 10, May	Jun	15/16: 253 (43 Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2015/16	332	328	320	325	358	323 313		317	292	282	280	253	
2016/17	240	242	265	266	286	271	255	254	266	272	287	294	
300											2015/16 2016/17		
200					<u> </u>						Target		
200	May Ju	ın Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb N	lar			
200	The nur to 294 in protection end 15/ subsequenter (38)	mber of childr n March 2017 on numbers a 16 outturn of uently increas	en on child compared re higher was 253. The rased to 48.7, onal rate (4	Sep protection pla with 287 last then compared ate per 10,000 higher than the 13), and just be	ns increased month. Child d to our year- has ne London	Nov Further Perform comme	nance	 Child Proincreasing decline up The CPR of year date of the fact of children 15/16: 29 a slight in 	tection numbers in the first 5 to Novembers and Performata to ascertators contribution are being delaced and compared	ers have fluct months of the r 2016 and a mance team a in factors cau ng to the rise e-planned in to 411 respect		ed by a again. the CP end ease. One er number red to has been	

			erformance Indicators onception rate (per 1,000)			Mee	ting date: June 2017, Da	Source: ONS			
Definitio	on		Conceptions in women aged unde 1,000 females aged 15-17.	r 18 per	How this indicate works	or	This indicator is reported annually by the Office for National Statistics and refers to pregnancy rate among women aged below 18.				
What good looks like			For the number of under 18 conce as low as possible, with the gap to national averages narrowing.	•	Why this indicator is important			icularly from longitudinal age pregnancy is associated both young parents and their			
History v			2009: 54.7 per 1,000 women aged 2010: 54.9 per 1,000 women aged	d 15-17 years	Any issues to consider		Data for this indicator is based upon births and abortio data and is therefore released around 1 year after the end of the period.				
			Quarter 1	Qu	arter 2		Quarter 3	Quarter 4			
2014/15			31.0		20.5		37.1	28.6			
2015/16			32.1		32.8		29.8				
Crude rate per 1,000 females aged 15-17	50.0 - 40.0 - 30.0 - 20.0 - 10.0 - 0.0 10.0 - 1										
		201011	2017/1/2	2012113	Quarter po	, to	2014115	2015116			
Performa Overview	ance w		The rate of under 18 conceptions decreasing trend over the last 4 ye quarterly-rolling annual average fa	is showing a go ears, with the alling from 47.7	Perform	ance	and London average respectively), who b	nam remains above the national es (20.3 and 19.4 per 1,000 oth saw a continued decline in			
Benchm			start of 2011/12 to 31.0 in 2015/16 Q3. their conception rate. Barking and Dagenham's rate is above the national and regional averages, with Barking & Dagenham currently having one of highest rates nationally and regionally.								

Definition		date and, wh self-reporting	nen assessed at g as not having	How this indi	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 possible and the	er of quitters to be above the	to be as high as ne target line. The f quitters is 1,000		cator is	provide	The data allows us to make performance comparisons with other areas provides a broad overview of how well the borough is performing in term four week smoking guitters.								
History with this indicator	2012/13: 1,48 2013/14: 1,17 2014/15: 635 2015/16: 551	30 quitters 74 quitters 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 upo 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	81	64	46	47	56	59	65	74	37	78	84				
1000										-					
										 20	115/16				
500					2 2 2 2 2 2						310/10				
500							-			2					



City of London (1,533), Waltham Forest (292) and Tower Hamlets (333).

HWB Performance Indicator 11: Thos		who receive	an NUS U	oalth Chack				Me		June 2017, Source: Dep		
Definition	The NHS Heal the ages of 40 term condition disease and or Depending on patients may repotentially include Data reporting Time period: A	Ith Check is a – 74yrs who s, particularly ertain types or the results of need to be refuded on a dis : Performance	5-year prog have not progressive the heart disease f dementia (of the risk sco erred to the ease registed as a perce	ramme offere eviously been ase, stroke, d eligibility crite re following the relevant lifester.	ed to people diagnosed liabetes, ch ria). ne assessm yle progran	with long ronic kidney nent, some nme or	How this indicator works	receive a here population of the population of the population Number received a here at the transfer of the previous years.	nme is a 5-ye alth check is ver 5years. Non annually (reived/uptake alth check. sts that this find data.	ar rolling prog sent out to 10 lumber offere maximum). Health Check gure should a	gramme, invita 00% of its elig d Health Che *: 75% - upta at least be bet	ations to ible ck: 20% - of ke of those ter than the
What good looks like	Increased nuMeasured Ta 15%.	argets: 20% ir	vited each y	ear; 75% upt		ear, i.e.	Why this indicator is important	disease, stro approach for with long ten	oke, diabetes new patients m conditions style choices	rogramme air , and kidney on s to be identif to prevent pro s of patients to	disease. It is a fied and clinica emature deat	a key ally managed hs; also, to
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 where there is an annual target uptake of 15%.						Any issues to consider		s means that	ay between tl the data is lil		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	0.93%	0.73%	0.90%	0.97%	1.03%	0.89%	0.87%	1.07%	1.24%	1.10%	1.08%	1.02%
2016/17	0.77%	0.84%	1.08%	0.87%	1.00%	0.95%	0.92%	1.01%	0.73%	0.78%	0.87%	1.18%
15% 10% 5% 0% Apr	May	Jun	Jul	Aug	Sep	Oct	Nov D	ec Jar	n Feb) Mar	20 20	
Performance Overview RAG Rating	5,177 hear delivered i9,339 peo	Ith checks ha	ve been	Further Performance comments	•	Public Healt Public Healt likely improve For March Healte for 201 remains RA An additional health chec	th has success th England. The ve the RAG ratelled the Check per 6/17 (555 Hear Grated red. al 1,881 Health ks required for shave now ach	fully submitted ese changes v ing from 'Red' erformance is Ith checks). Ho checks were an amber RAG	I revised den- vill lead to im should curre RAG rated a owever, the correquired to a G rating.	ominator figure proved perfor nt delivery be mber, with the overall 2016/1 chieve the an	mance figure maintained. e highest perf 7-year perfor nual target, w	s and will formance to mance with 1,730
Benchmarking	In 2015/16 LB	BD completed	health chec	cks on 11.8%	of the eligi	ble populatio	n. This is abov	e the England	and London	rates of 9% a	ind 10.7% res	pectively.