

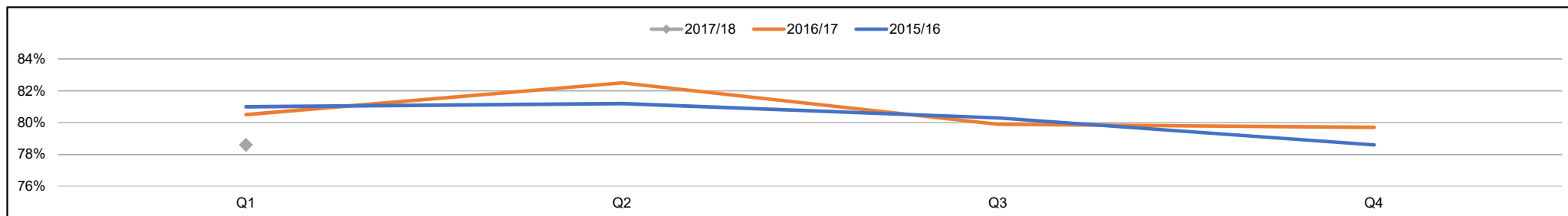


**Health and Wellbeing Board
Performance Report 2017/18 Q1+2
08 November 2017**

Back to summary page	Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old	Health and Wellbeing Board Indicators	Q1 2017/18
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Definition	Numerator	Total number of children who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday.	How this indicator works	All children for whom the PCT is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period.
	Denominator	Total number of children whose fifth birthday falls within the time period.		
Source		COVER data collected by PHE		
What does good performance look like?		For the percentage of children vaccinated to be as high as possible.	Why is this indicator important?	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.

Quarterly data		Q1	Q2	Q3	Q4
	2017/18	78.6%			
	2016/17	80.5%	82.5%	79.9%	79.7%
	2015/16	81.0%	81.2%	80.3%	78.6%



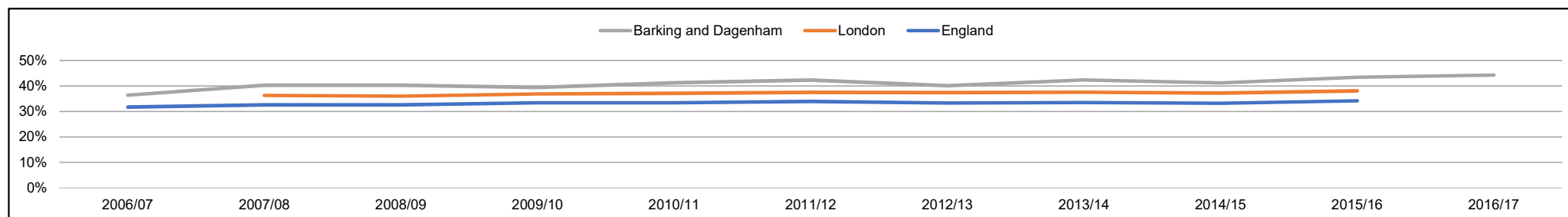
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham's performance continues to be significantly lower than both the national average and the target set for this indicator; performance is, however, higher than the London average.	Work is being done to ensure Barking and Dagenham GP Practices have access to IT support for generating immunisation reports. Children who persistently miss immunisation appointments will be followed up to ensure they are up to date with immunisations. Practice visits are being carried out to allow work with poor performing practices in troubleshooting the barriers to increasing uptake.	The London average for uptake of two doses of MMR at age five is 76.2%, lower than the Barking and Dagenham figure. The national average is 87.6%.

Responsible Director	Matthew Cole	Status	
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Back to summary page	Prevalence of children in Year 6 that are obese or overweight	Health and Wellbeing Board Indicators	2016/17
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Definition	Numerator	Number of children in Year 6 classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	How this indicator works	Children in Year 6 (aged 10-11 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.
	Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.		
Source		National Child Measurement Programme.		
What does good performance look like?		For the proportion of children who are overweight or obese to be as low as possible.	Why is this indicator important?	There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.

Annual data		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
		Barking and Dagenham	36.4%	40.3%	40.3%	39.4%	41.3%	42.3%	40.1%	42.4%	41.2%	43.4%
	London		36.3%	36.0%	36.9%	37.1%	37.5%	37.4%	37.6%	37.2%	38.1%	
	England	31.7%	32.6%	32.6%	33.4%	33.4%	33.9%	33.3%	33.5%	33.2%	34.2%	

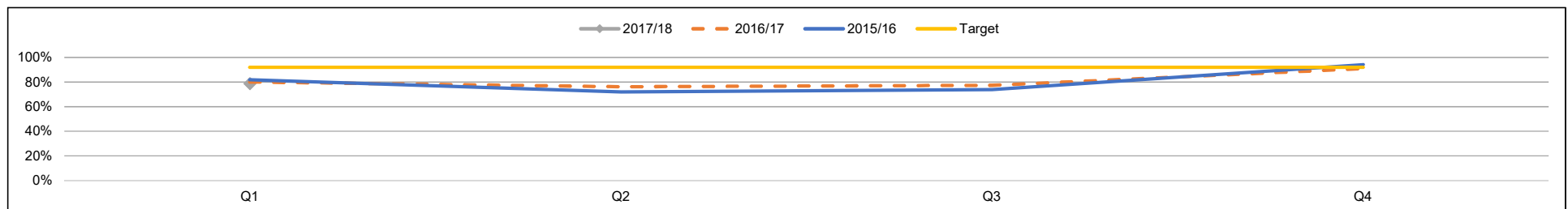


Performance overview	Actions to sustain or improve performance	Benchmarking
<p>It should be noted that the figure for 2016/17 is a provisional figure and is liable to change slightly upon final release. The 2016/17 provisional figure is also based upon Barking and Dagenham schools, whereas the indicator is based upon Barking and Dagenham residents.</p> <p>Barking and Dagenham has had sustained poor performance on this indicator, having a higher prevalence of year 6 children with excess weight than seen nationally and regionally. In fact, in 2015/16, Barking and Dagenham was the worst performing local authority in the country.</p>	<p>As this is such a high level indicator it is not possible to show actions that directly impact on this indicator; however, a number of interventions are in place that aim to improve obesity-related outcomes, either by increasing levels of physical activity or through improved diet.</p> <p>One such example is the healthy lifestyles referral indicator</p>	<p>2015/16: London: 38.1% England: 34.2%</p>

Back to summary page	% looked after children with a completed health check	Health and Wellbeing Board Indicators	Q1 2017/18
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Definition	Numerator	Number of looked after children who had their annual health assessment.	How this indicator works	This indicator records whether the child received their annual health assessment from a doctor or other suitably qualified professional during the year ending 31 March. Health Assessments must be carried out twice a year for those under 5 years of age. Both these assessments must be carried out in order for the Annual Assessment requirement to be satisfied for under 5s.
	Denominator	Number of children looked after at 31 March who had been looked after for at least 12 months		
Source		Department for Education		Why is this indicator important?
What does good performance look like?		For the percentage to be as high as possible.		
				The local authority, through its Corporate Parenting responsibilities, has a duty to promote the welfare of Looked After Children, including those who are Eligible and those children placed in adoptive placements. This includes promoting the child's physical, emotional and mental health; every Looked After Child needs to have a health assessment so that a health plan can be developed to reflect the child's health needs and be included as part of the child's overall Care Plan.

Monthly data		Q1	Q2	Q3	Q4
	2017/18	78.7%			
	2016/17	80.1%	76.2%	77.3%	90.9%
	2015/16	82.0%	72.0%	73.8%	94.2%



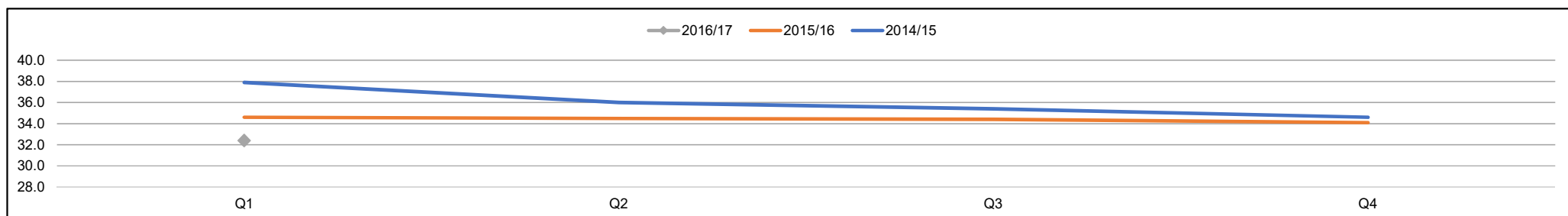
Performance overview	Actions to sustain or improve performance	Benchmarking
Performance has decreased from 90.9% (260/286) at year end 16/17 to 78.7% (225/286) in Q1 17/18. A total of 61 health checks were out of timescale.	A review of LAC medicals out of time is routinely undertaken and fluctuations in performance are due to: Changes and increases in the looked after children numbers placing pressure on social care and health agencies; the relevant paperwork is usually sent to health at least two months before the due date and health agencies carry out the medical and quality assure each medical; there is sometimes a delay in Health completing the medicals and returning the forms to social care; also, contributing to delay is the fact that social workers are not completing the required forms in a timely fashion to pass to Health, despite Health Business Support Officer chasing them regularly. Performance on health and health checks are included in performance dashboards for each team across social care and this performance area is receiving close monitoring to prevent a decline throughout the year.	Quarter 1 2017/18: London – 90.0% England – 88.0%

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Back to summary page	Under 18 conception rate (per 1,000 population aged 15-17 years)	Health and Wellbeing Board Indicators	Q1 2017/18
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Definition	Numerator	Number of pregnancies that occur to women aged under 18, that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.	How this indicator works	Only about 5% of under 18 conceptions are to girls aged 14 or under and to include younger age groups in the base population would produce misleading results. The 15-17 age group is effectively treated as population at risk.
	Denominator	Number of women aged 15-17 living in the area.		
Source		Office for National Statistics		
What does good performance look like?		For the rate of teenage conceptions to be as low as possible.		Why is this indicator important? Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

Quarterly data		Q1	Q2	Q3	Q4
	2016/17	32.4			
	2015/16	34.6	34.5	34.4	34.1
	2014/15	37.9	36.0	35.4	34.6



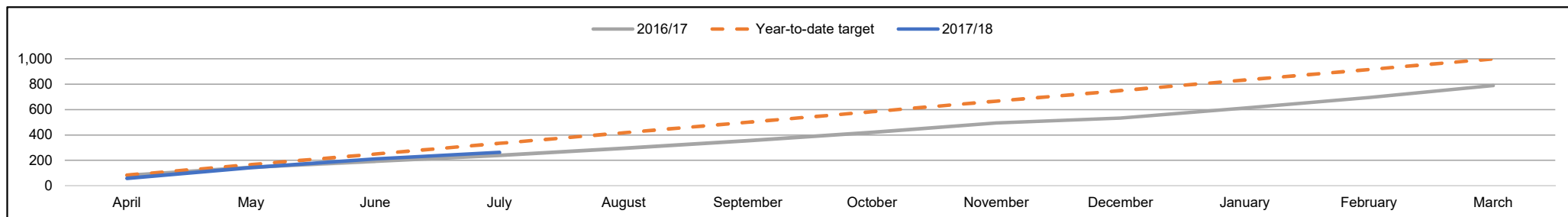
Performance overview	Actions to sustain or improve performance	Benchmarking
The overall trend for teenage conceptions in Barking and Dagenham continues to be downward, with the 3-year rolling average falling consistently over the last six years (from 53.8 per 1,000 females aged 15-17 years in 2009/10 Q4, to 32.4 in 2016/17 Q1); however, this rate leaves Barking and Dagenham continuing to have one of the highest rates of teenage conceptions in London, where the average rate was 18.0 for 2016/17 Q1.	Several programmes are being undertaken to reduce the teenage pregnancy rate in the borough, such as the C-Card distribution scheme, which supplies teenagers with condoms. This scheme has seen improved performance and is now reaching higher numbers of teenagers.	2016/17 Q1: London: 20.0 England: 20.8

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Back to summary page	Number of smoking quitters aged 16 and over through cessation service	Health and Wellbeing Board Indicators	July 2017/18
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Definition	Numerator	The number of people aged 16 years and over who have quit smoking at the four week follow-up check through smoking cessation services.	How this indicator works	A client is counted as a carbon monoxide (CO)-verified four-week quitter where they meet the following criteria: 'A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm.'
	Denominator	N/A		
Source		QuitManager		
What does good performance look like?		For the number of smoking quitters to be higher than the target.	Why is this indicator important?	
			For the number of smoking quitters to be higher than the target.	

Monthly data	Indicator	April	May	June	July	August	September	October	November	December	January	February	March
	2017/18	58	143	210	263								
	Year-to-date target	83	167	250	333	417	500	583	667	750	833	917	1,000
	2016/17	81	145	191	239	296	355	420	495	533	611	695	790



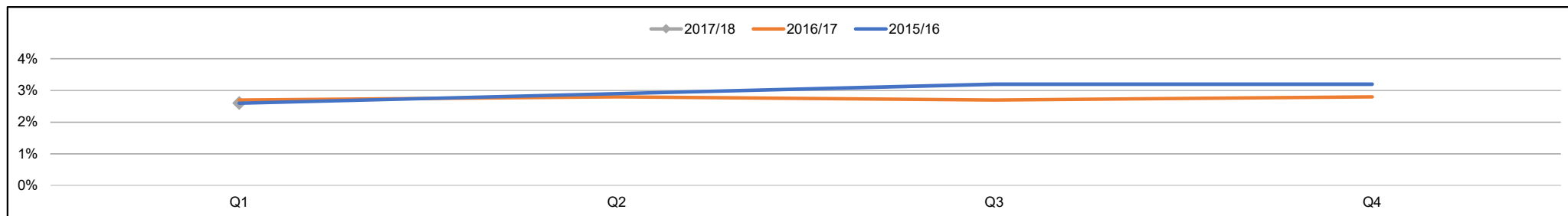
Performance overview	Actions to sustain or improve performance	Benchmarking
From April to July 2017/18 there were 263 quitters and 511 setting a quit date. This means that we are 70 quits behind the year to date target, though slightly above performance for 16/17 in the same period.	The Quarter 1 league table has been sent out to all practices, showing their comparative activity. Progress on activity is being shared at the practice network meetings and with the CCG. Practice visits continue in order to address performance in smoking and all the Public Health contracts. Practices have been encouraged to book onto the stop smoking training taking place in September.	Between April 2016 and March 2017 there were 2,313 self-reported quitters (where this was confirmed with carbon monoxide validation) per 100,000 smokers in Barking and Dagenham. Equivalent figures for the following boroughs within the North East London region were: Redbridge (1,256), Havering (23), Newham (495), Hackney (3,463), Waltham Forest (966) and Tower Hamlets (2,523).

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Back to summary page	Percentage of eligible population that received a health check	Health and Wellbeing Board Indicators	Q1 2017/18
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Definition	Numerator	Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check.	How this indicator works	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease.
	Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period.		
Source		Public Health England		
What does good performance look like?		For the proportion of the eligible population in receipt of an NHS Health Check to be as high as possible.	Why is this indicator important?	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Quarterly data		Q1	Q2	Q3	Q4
	2017/18	2.6%			
	2016/17	2.7%	2.8%	2.7%	2.8%
	2015/16	2.6%	2.9%	3.2%	3.2%



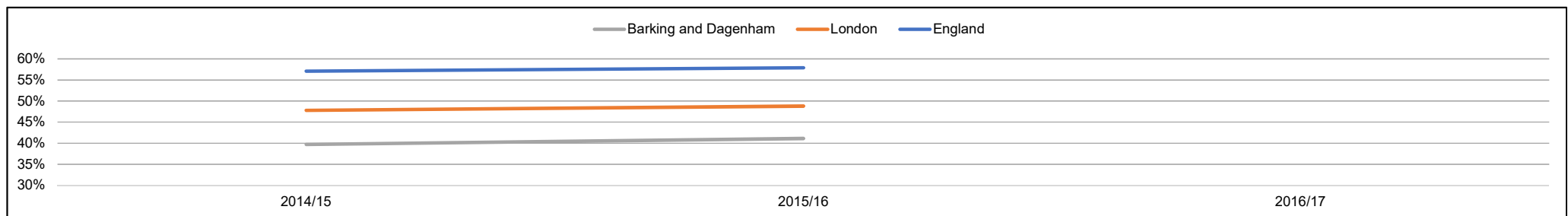
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham's performance is below the target figure of 3.75% coverage per quarter, but significantly higher than both the national and regional averages.	Underperformance is being addressed through targeted practice visits and communication at GP network meetings, supported by the CCG. Work is ongoing through the partnership steering group to improve the process and pathway for the patient and to ensure that eligible patients are offered a check and take it up. There is also an ongoing process to employ a specialist practitioner who will support underperforming practices and help reduce variability in activity across the Borough.	2017/18 Q1: London: 2.2% England: 1.9%

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Back to summary page	Bowel screening - coverage of people aged 60-74 years	Health and Wellbeing Board Indicators	2015/16
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Definition	Numerator	Number of people aged 60–74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years.	How this indicator works	People are excluded from the eligible population if they have no functioning colon (e.g. following bowel surgery) or if they make an informed decision to opt out of the programme.
	Denominator			
Source		HSCIC		
What does good performance look like?		For the percentage coverage to be as high as possible.	Why is this indicator important?	About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.

Annual data		2014/15	2015/16	2016/17
	Barking and Dagenham	39.7%	41.1%	
	London	47.8%	48.8%	
	England	57.1%	57.9%	



Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham continues to perform significantly worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 41.1% of the eligible population having been screened in the last complete year. Provisional data for 2016/17 shows that this trend is due to continue, with performance remaining around 40%.	The bowel scope screening roll out in Barking and Dagenham will commence its first list in April 18 (switch on February 2018). When the project is live in April 2018, it indicates that screening will have commenced within the CCG but may not yet be rolled out to all GP Practices.	2015/16: London: 48.8% England: 57.9%

Responsible Director	Matthew Cole	Status	
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