

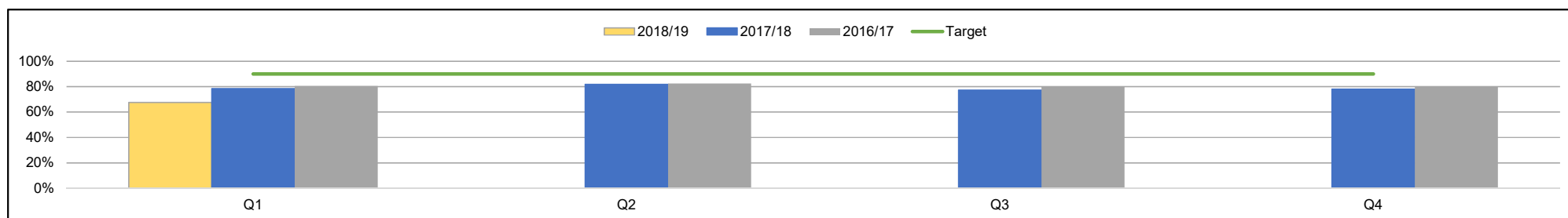


**Health and Wellbeing Board
Performance Report 2018/19 Q2
7 November 2018**

Back to summary page	Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old	Health and Wellbeing Board Indicators	Q1 2018/19
----------------------	---	--	-------------------

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 local authority 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	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.
What does good performance look like?		For the percentage of children vaccinated to be as high as possible.		

Quarterly data		Q1	Q2	Q3	Q4
	2018/19	67.6%			
	2017/18	78.6%	81.8%	77.3%	78.1%
	2016/17	80.5%	82.5%	79.9%	79.7%
	Target	90.0%	90.0%	90.0%	90.0%



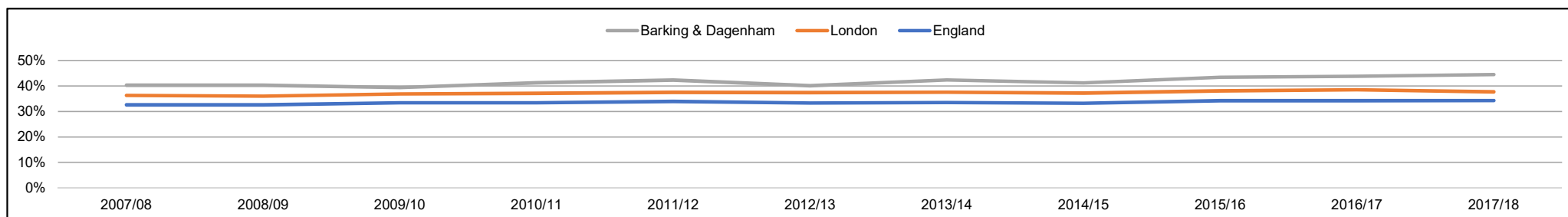
Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Participation and data quality issues (Health Protection Report Volume 12 Number 35 - 28 September 2018): Child Health Information Services (CHIS) Hubs provide COVER data for the whole of London and the data submitted from these newly established Hubs reflects a system in transition. The NE London Hub has reported data quality issues associated with a second phase of migrating data in July 2018 which has resulted in decreases in London-level coverage estimates at 12 and 24 months and 5 year evaluations. As this issue is impacting across London, pan-London comparisons are consistent. The London average for uptake of two doses of MMR at age five is 72.2%, which is almost five percentage points higher than the Barking and Dagenham figure of 67.6%.</p>	<p>With the data migration issues at this juncture is difficult to establish a real picture for quarter 1 currently. Due to the nature of the data (tracking individuals on their immunisation history until their fifth birthday), revision of the current reported figures should be possible once data migration inconsistencies are resolved. It is also inconsistent to compare with previous quarters.</p> <p>However, the issues affecting the poor performance that was apparent in previous quarters are likely to remain.</p>	<p>The 2018/19 quarter 1 figure for Barking and Dagenham at 67.6% is well below the London average of 72.2% and ranks in position 23 out of 32 London boroughs.</p> <p>Due to participation and data quality issues of CHIS Hubs, no national data was published this quarter.</p>

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--

Back to summary page	Prevalence of children in Year 6 that are obese or overweight	Health and Wellbeing Board Indicators	2017/18
----------------------	--	--	----------------

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		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	Barking & Dagenham	40.3%	40.3%	39.4%	41.3%	42.3%	40.1%	42.4%	41.2%	43.4%	43.8%	44.5%
	London	36.3%	36.0%	36.9%	37.1%	37.5%	37.4%	37.6%	37.2%	38.1%	38.5%	37.7%
	England	32.6%	32.6%	33.4%	33.4%	33.9%	33.3%	33.5%	33.2%	34.2%	34.2%	34.3%

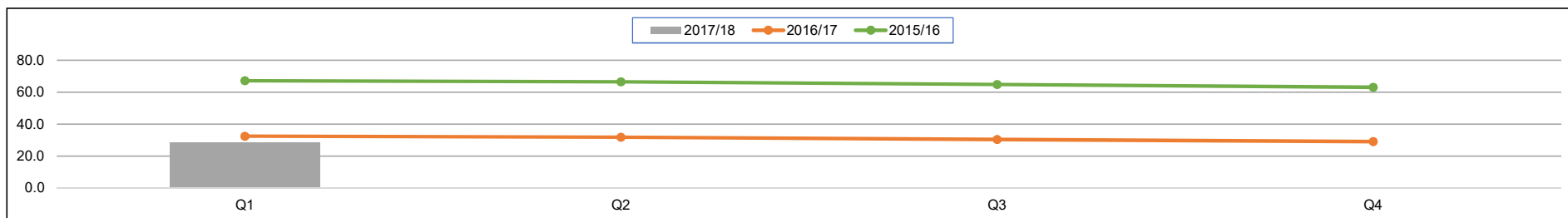


Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham has had sustained poor performance on this indicator, having a higher prevalence of Year 6 children with excess weight than seen nationally and regionally. In 2017/18, Barking and Dagenham was the worst performing local authority in the country for this measure.	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. One such example is the healthy lifestyles referral indicator.	2017/18: London: 37.7% (target) England: 34.3%

Back to summary page	Under 18 conception rate (per 1,000 population aged 15-17 years)	Health and Wellbeing Board Indicators	Q1 2017/18
----------------------	---	--	-------------------

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		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.
What does good performance look like?	For the rate of teenage conceptions to be as low as possible.			

Quarterly data		Q1	Q2	Q3	Q4
	2017/18		28.3		
2016/17		32.5	31.9	30.4	29.1
2015/16		34.7	34.6	34.4	34.0

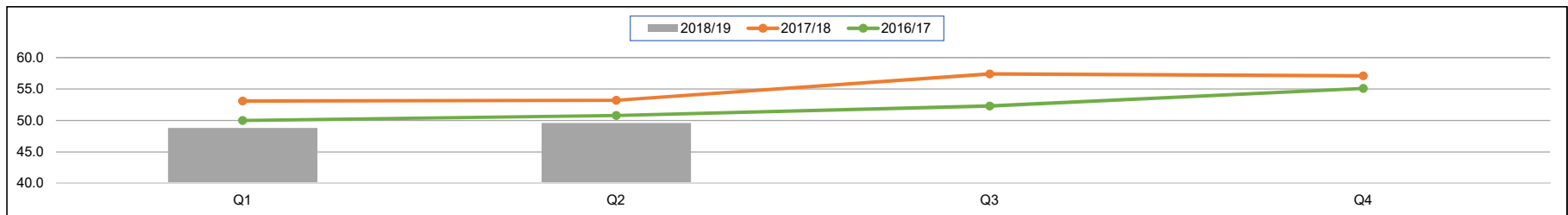


Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Please note: the data presented above is a 3-year rolling average, containing data for the 12 quarters up to and including the quarter named.</p> <p>The overall trend in Barking and Dagenham continues to be downward, with the 3-year rolling average more than halving over the last 10 years (from 64.1 per 1,000 females aged 15–17 years in quarter 1 2007/8 to 28.3 per 1,000 in quarter 1 2017/18).</p> <p>Barking and Dagenham had the eighth highest quarterly (non-rolling) rate in London in quarter 1 2017/18.</p>	<p>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 has been the best performing programme in London for the last 2 years. The Healthy Schools Programme also supports schools to provide effective Relationships and Sex Education. The Programme in the borough is among the best performing in London.</p>	<p>2017/18 Q1 (rolling 3-year average): London: 18.5 England: 20.0</p>

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--

Definition	Numerator	Of those in the denominator, how many were engaged in education, employment or training within the period 3 months prior or one month after their birthday that falls within the collection period.	How this indicator works	This indicator counts all those in the definition and of those how many are in EET either between 3 months before or 1 month after their birthday. This is reported as a percentage.
	Denominator	The number of children who were looked after for a total of 13 weeks after their 14th birthday, including at least some time after their 16th birthday and whose 17th, 18th, 19th, 20th or 21st birthday falls within the collection period.		
Source		Liquid Logic		
What does good performance look like?		For the proportion of care leavers in education, employment or training to be as high as possible.	Why is this indicator 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 care leavers accessing EET and improving their life chances. This is an Ofsted area of inspection as part of our duty to improve outcomes for care leavers and is a key Children and Young People's Plan and Council priority area.

Quarterly data		Q1	Q2	Q3	Q4
		2018/19	48.8	49.6	
	2017/18	53.1	53.2	57.4	57.1
	2016/17	50.0	50.8	52.3	55.1



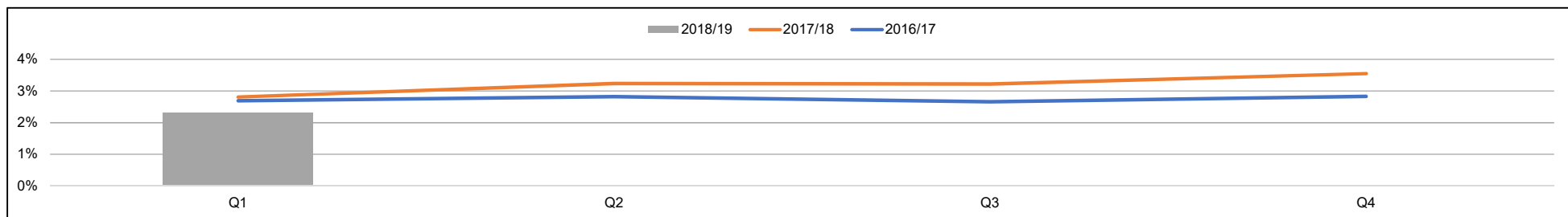
Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Quarter 2 performance has increased slightly to 49.6% (55/111) compared with quarter 1 performance of 48.8% (21/43). Performance is below all comparators. Of the 56 young people not in EET as of the end of quarter 2, <5 are in prison, <5 are young mothers, 21 we are not in contact with and 30 are open to the L2L service and are NEET. For those young people we are in contact with, performance is 60%.</p>	<p>The L2L team has been involved in the NEET workshops with Members and Officers, with care leavers having a particular profile. Progress has been made with regards to the development of internships and apprenticeships within the council for care leavers.</p> <p>Agreement has been obtained to provide a financial incentive in addition to the apprenticeship payment so that care leavers are not in deficit by loss of benefits.</p> <p>Further work is being planned to develop the support element to care leavers to ensure they are well prepared for the world of work and are supported through each stage of the process to successfully move from NEET to EET.</p>	<p>2016/17 (aged 19-21 only): London: 52% England: 50%</p>

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--

Back to summary page	Percentage of eligible population that received a health check	Health and Wellbeing Board Indicators	Q1 2018/19
----------------------	--	---------------------------------------	------------

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
	2018/19	2.32%			
	2017/18	2.81%	3.24%	3.22%	3.55%
	2016/17	2.69%	2.82%	2.66%	2.83%



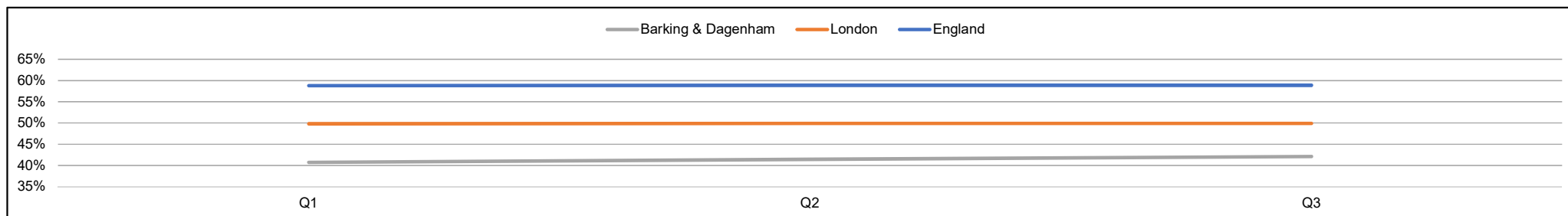
Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Please note: No updated data is available due to a change in the reporting system.</p> <p>Barking and Dagenham's performance is below the target figure of 3.75% coverage per quarter, but quarter 4 2017/18 figures were higher than both the national and regional averages.</p> <p>Performance has decreased in quarter 1 to 2.32%, which is lower than quarter 1 last year (2.81%)</p> <p>From quarter 1 to quarter 4 2017/18 we achieved 12.82% coverage, which is 85% of our yearly target to reach 15% of our eligible population and higher than achievement last year (11.00%).</p>	<p>Q2 figures will not be available until the end of October but there is some doubt as to whether we will have access to the data. Health Analytics is now switched off permanently; Public Health and Intelligence are working with the CCG to try to ensure that the new DDS system becomes operational as soon as possible. Public Health England have been informed about the issue and Public Health are keeping them informed about progress.</p> <p>The specialist nurse post has continued to make progress with some of the poorest performers whose figures have improved compared with 2017/18</p>	<p>2017/18 (quarter 4): London: 2.78% England: 2.35% Barking & Dagenham: 3.55%</p>

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--

Back to summary page	Bowel screening - coverage of people aged 60-74 years	Health and Wellbeing Board Indicators	Q3 2017/18
----------------------	--	---------------------------------------	------------

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	Number of people aged 60–74 resident in the area who are eligible for bowel screening at a given point in time.		
Source		Public Health England		
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% [www.phoutcomes.info].

Quarterly data	2017/18	Q1	Q2	Q3	Q4
	Barking & Dagenham	40.7%	41.4%	42.1%	-
	London	49.8%	49.9%	49.9%	-
	England	58.8%	58.9%	58.9%	-



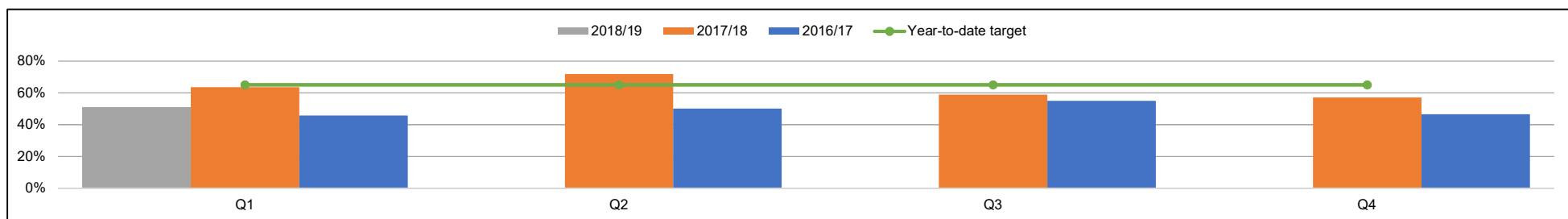
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham continues to perform significantly worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 42.1% coverage of the eligible population at Q3 of 2017/18. This is the third lowest coverage in both London and England. While the coverage for Barking and Dagenham is improving slowly, the rates for London and England as a whole have levelled off.	We continue to work through the UCLH Cancer Collaborative and the Uptake and Screening hub on plans to procure a reminder of screening and calling service. We have now been informed that each CCG has a sum of money that can be spend on education and training, so the group are currently working through some ideas about the most effective way to use this funding. Plans continue to roll out the qFit screening which only requires patients to supply one sample. Further training sessions from CRUK are planned which the Barking and Dagenham health champions are going to attend.	2017/18 (quarter 3): London: 49.9% England: 58.9%

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--

Back to summary page	The percentage of children and adults starting healthy lifestyle programmes that complete the programme	Health and Wellbeing Board Indicators	Q1 2018/19
----------------------	---	---------------------------------------	------------

Definition	Numerator	The number of children and adult completing healthy lifestyle programmes.	How this indicator works	The proportion of people who complete the HENRY, Exercise on Referral (EOR), Adult Weight Management (AWM) and Child Weight Management (CWM) programmes of those who start the programmes.
	Denominator	The number of children and adult starting healthy lifestyle programmes.		
Source		Community Solutions		Why is this indicator important?
What does good performance look like?		For the percentage of completions to be as high as possible.		
				The programmes allow the borough's GPs and health professionals to refer individuals who they feel would benefit from physical activity and nutrition advice to help them improve their health and weight conditions. Adult and Child Weight Management programmes also accept self-referrals if the individuals meet the referral criteria.

Quarterly data		Q1	Q2	Q3	Q4
	2018/19	50.9%			
	2017/18	63.6%	71.9%	58.8%	57.2%
	2016/17	45.8%	50.2%	55.0%	46.5%
	Year-to-date target	65.0%	65.0%	65.0%	65.0%



Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Performance has decreased from a peak of 71.9% in quarter 2 last year (2017/18) when more than seven in ten completed their healthy lifestyles programmes. At 71.9% it was the only quarter that exceeded the target of 65.0%. In the latest quarter, half (50.9%) of all people completed their courses.</p>	<p>A restructure and recruitment to vacant posts will increase number of delivery staff and increase the number of appointments and programmes available; a revised NCMP referral pathway is being discussed with NELFT to align delivery with NCMP schedule in schools ensuring children get access to support after identification; a system is now in place where attendance is monitored weekly and people that do not attend are contacted to check how they are and to encourage them to come back.</p> <p>Staff delivering AWM have been assessed by Momena. Training needs will be identified, and training provided. A quality assurance schedule is being put in place to identify good practice and training needs. We have reviewed current programmes and redirected resources to increase EOR appointment availability.</p>	<p>This is a local indicator.</p>

Responsible Director	Matthew Cole	Status	
-----------------------------	---------------------	---------------	--