

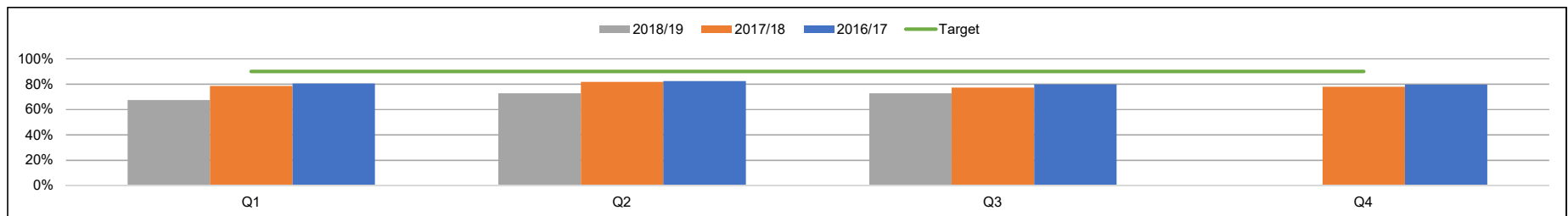


**Health and Wellbeing Board  
Performance Report 2018/19 Q3 and Q4  
11 June 2019**

Back to summary page	<b>Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old</b>	<b>Health and Wellbeing Board Indicators</b>	<b>Q3 2018/19</b>
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<b>Definition</b>	<b>Numerator</b>	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.	<b>How this indicator works</b>	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.
	<b>Denominator</b>	Total number of children whose fifth birthday falls within the time period.		
<b>Source</b>		COVER data collected by PHE	<b>Why is this indicator important?</b>	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.
<b>What does good performance look like?</b>		For the percentage of children vaccinated to be as high as possible.		

Quarterly data		Q1	Q2	Q3	Q4
	2018/19	67.6%	72.9%	72.7%	
	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%



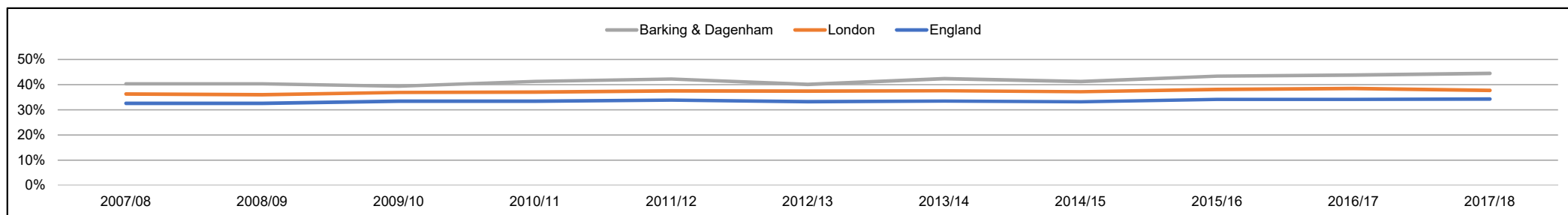
Performance overview	Actions to sustain or improve performance	Benchmarking
<p>Performance in quarter 3 2018/19 was 72.7%, similar to quarter 2 (72.9%). Both are substantially below the target of 90%. However, data quality issues across London have been reported from quarter 1 2018/19 onwards and hence 2018/19 figures should be interpreted with caution.</p>	<p>There has been a big push over the last 2 years where all GP practices were visited/audited on their performance and this was accompanied by a national campaign. There is still an MMR catch-up campaign being provided by GPs, so when patients are identified as having missed their MMR vaccinations, the GP will offer these. Additionally the school-aged vaccination provider is contracted to also offer MMR vaccinations in schools or local clinics.</p> <p>There have been briefings from Public Health England about the measles outbreaks and the three CCGs have an action plan to improve immunisation uptake with more GP visits to be carried out to support lower performing practices.</p> <p>The new GP contract signed off at the NHS England Board includes an item of service payment of £5 per patient for a catch-up campaign for the MMR vaccine for 10 and 11 year olds.</p>	<p>2018/19 quarter 3: London: 75.7% England: 86.6%.</p>

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<a href="#">Back to summary page</a>	<b>Prevalence of children in Year 6 that are obese or overweight</b>	<b>Health and Wellbeing Board Indicators</b>	<b>2017/18</b>
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<b>Definition</b>	<b>Numerator</b>	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.	<b>How this indicator works</b>	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.
	<b>Denominator</b>	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.		
<b>Source</b>		National Child Measurement Programme.		
<b>What does good performance look like?</b>		For the proportion of children who are overweight or obese to be as low as possible.	<b>Why is this indicator important?</b>	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
	<b>Barking &amp; Dagenham</b>	40.3%	40.3%	39.4%	41.3%	42.3%	40.1%	42.4%	41.2%	43.4%	43.8%	44.5%
	<b>London</b>	36.3%	36.0%	36.9%	37.1%	37.5%	37.4%	37.6%	37.2%	38.1%	38.5%	37.7%
	<b>England</b>	32.6%	32.6%	33.4%	33.4%	33.9%	33.3%	33.5%	33.2%	34.2%	34.2%	34.3%



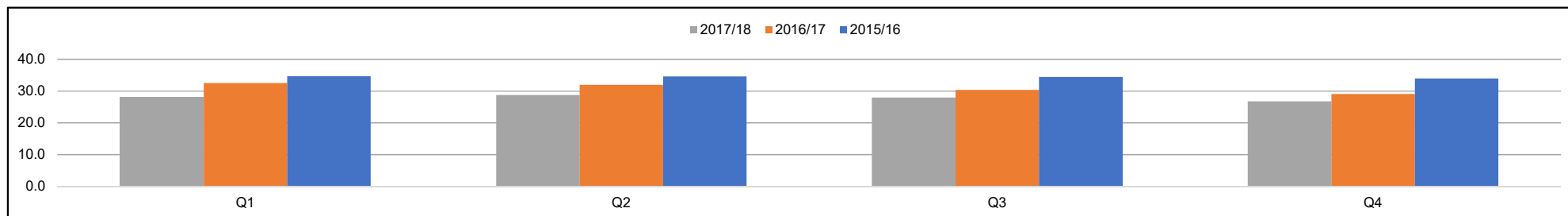
Performance overview	Actions to sustain or improve performance	Benchmarking
Barking and Dagenham has had sustained poor performance on this indicator, having a higher prevalence of Year 6 children with excess weight than seen nationally and regionally. In 2017/18, Barking and Dagenham was the worst performing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

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Back to summary page	<b>Under 18 conception rate (per 1,000 population aged 15-17 years)</b>	Health and Wellbeing Board Indicators	Q4 2017/18
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<b>Definition</b>	<b>Numerator</b>	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.	<b>How this indicator works</b>	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 the population at risk.
	<b>Denominator</b>	Number of women aged 15-17 living in the area.		
<b>Source</b>		Office for National Statistics	<b>Why is this indicator important?</b>	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.
<b>What does good performance look like?</b>		For the rate of under 18 conceptions to be as low as possible.		

<b>Quarterly data</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	<b>2017/18</b>	28.3	28.7	27.9	26.8
	<b>2016/17</b>	32.5	31.9	30.4	29.1
	<b>2015/16</b>	34.7	34.6	34.4	34.0



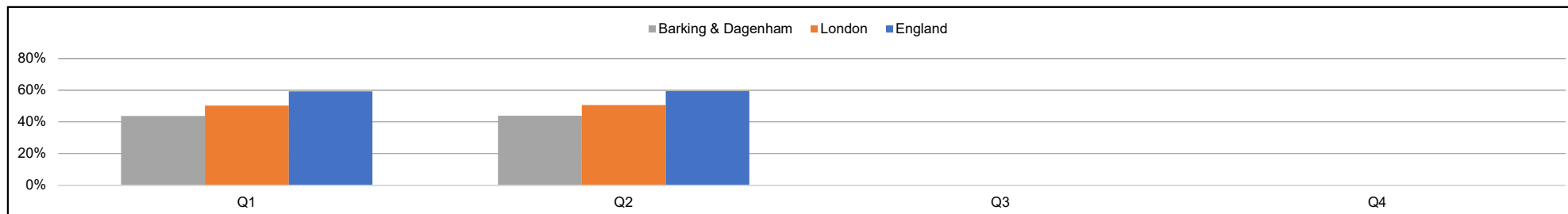
<b>Performance overview</b>	<b>Actions to sustain or improve performance</b>	<b>Benchmarking</b>
<p><b>Note: the data presented above is a 3-year rolling average, containing data for the 12 quarters up to and including the quarter named.</b></p> <p>Barking and Dagenham's 3-year rolling average of under 18 conceptions has more than halved in the past decade. However, its rate remains substantially higher than the London average (target) of 17.2 conceptions per 1,000 females aged 15 to 17 years.</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 past few 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 quarter 4 (rolling 3-year average): London: 17.2 England: 18.7.</p>

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Back to summary page	<b>Bowel screening - coverage of people aged 60-74 years</b>	Health and Wellbeing Board Indicators	Q2 2018/19
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<b>Definition</b>	<b>Numerator</b>	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.	<b>How this indicator works</b>	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.
	<b>Denominator</b>	Number of people aged 60–74 resident in the area who are eligible for bowel screening at a given point in time.		
<b>Source</b>		Public Health England		
<b>What does good performance look like?</b>		For the percentage coverage to be as high as possible.	<b>Why is this indicator important?</b>	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].

<b>Quarterly data</b>		2017/18				2018/19			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	<b>Barking &amp; Dagenham</b>	40.7%	41.4%	42.1%	43.0%	43.7%	43.9%		
	<b>London</b>	49.8%	49.9%	49.9%	50.2%	50.4%	50.6%		
	<b>England</b>	58.8%	58.9%	58.9%	58.9%	59.2%	59.5%		



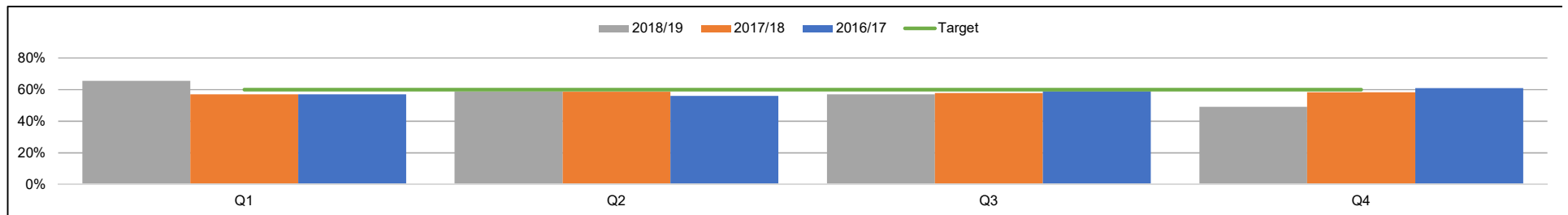
<b>Performance overview</b>	<b>Actions to sustain or improve performance</b>	<b>Benchmarking</b>
Barking and Dagenham continues to perform worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 43.9% coverage of the eligible population at Q2 of 2018/19. This is the fourth lowest coverage in both London and England.	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.	2018/19 quarter 2: London: 50.6% England: 59.5%.

<b>Responsible Director</b>	<b>Matthew Cole</b>	<b>Status</b>	
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Back to summary page	<b>The percentage of people using social care who receive services through direct payments</b>	<b>Health and Wellbeing Board Indicators</b>	<b>Q4 2018/19</b>
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<b>Definition</b>	<b>Numerator</b>	The number of adult social care services provided in the form of a direct payment.	<b>How this indicator works</b>	This is a measure of the packages service users receive as direct payments as a percentage of all services delivered in the community.
	<b>Denominator</b>	The total number of adult social care service users in receipt of community services.		
<b>Source</b>	Liquid Logic Adults System			
<b>What does good performance look like?</b>	Good performance is above the target of 60% receiving direct payments in lieu of directly managed services.		<b>Why is this indicator important?</b>	Direct payments are cash payments given to service users in lieu of community care services they have been assessed as needing and are intended to give users greater choice in their care.

<b>Quarterly data</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	<b>2018/19</b>	65.5%	58.9%	57.0%	49.1%
	<b>2017/18</b>	57.0%	58.7%	57.8%	58.3%
	<b>2016/17</b>	57.0%	56.0%	59.0%	60.9%
	<b>Target</b>	60.0%	60.0%	60.0%	60.0%



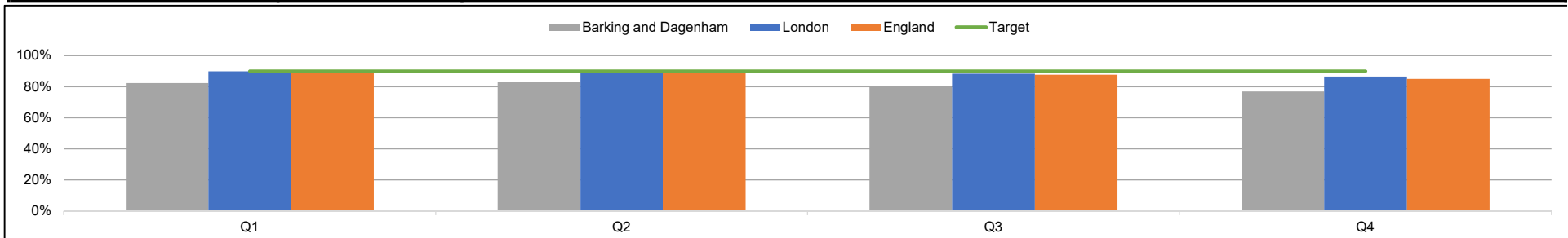
<b>Performance overview</b>	<b>Actions to sustain or improve performance</b>	<b>Benchmarking</b>
<p>Performance has decreased steadily throughout the 2018/19 year from a peak of 65.5% in quarter 1, falling to 59.9% in quarter 2, 57.0% in quarter three and finally falling to 49.1% which is more than 10% below the target of 60% and therefore RAG-rated red.</p> <p>Over the past 3 years only two quarters have exceeded the 60% target: Q4 2016/17 (60.9%) and, more recently, Q1 2018/19 (65.5%). Q4 2018/19 is the only quarter in the last 3 years that has been RAG-rated red.</p>	<p>As indicated over the past years since 2016/17, the strategy of providing choice and control in the form of direct payment packages was focussed on rapid roll-out with the 60% target in mind. This has proven difficult to sustain and would have been inappropriate to continue. It is expected that this measure may remain RAG-rated red in the short term in order to restore quality outcomes.</p>	<p>This is a local indicator.</p>

<b>Responsible Director</b>	<b>Stefan Liebrecht</b>	<b>Status</b>	
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Back to summary page	<b>A&amp;E attendances ≤ 4 hours from arrival to admission, transfer or discharge (type all)</b>	<b>Health and Wellbeing Board Indicators</b>	<b>Q4 2018/19</b>
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<b>Definition</b>	<b>Numerator</b>	Number of A&E attendances where the time to admission, transfer or discharge is 4 hours or less	<b>How this indicator works</b>	This indicator shows the proportion of people attending A&E who are admitted, transferred or discharged within 4 hours.  It describes a provider rather than a population. The figures below are for Barking, Havering and Redbridge University Hospitals NHS Trust, which runs A&Es at King George Hospital and Queen's Hospital. The figures are not specific to residents of Barking and Dagenham, and Barking and Dagenham residents may also attend A&Es run by other trusts.
	<b>Denominator</b>	Total number of A&E attendances		
<b>Source</b>	NHS England			
<b>What does good performance look like?</b>	For the proportion to be as high as possible and above the target of 90%		<b>Why is this indicator important?</b>	The Handbook to the NHS Constitution pledges that individuals should face a maximum wait of 4 hours from arrival in A&E to admission, transfer or discharge.

<b>Quarterly data</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	<b>Barking and Dagenham</b>	82.3%	83.2%	80.6%	76.9%
	<b>London</b>	89.9%	89.9%	88.4%	86.5%
	<b>England</b>	89.9%	89.3%	87.7%	85.1%
	<b>Target</b>	90.0%	90.0%	90.0%	90.0%



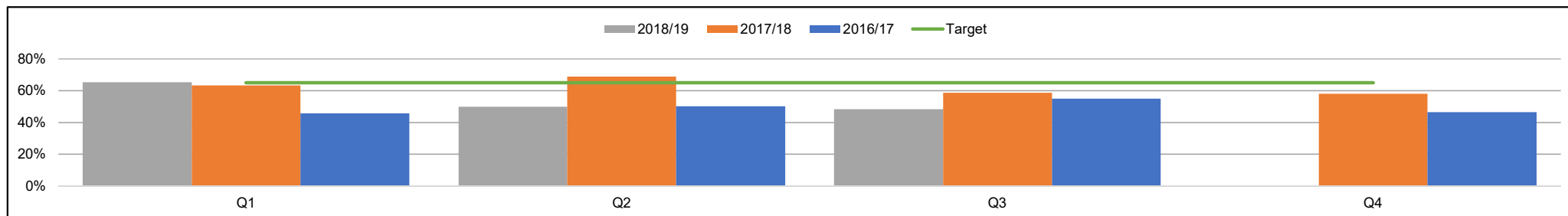
<b>Performance overview</b>	<b>Actions to sustain or improve performance</b>	<b>Benchmarking</b>
The proportion of people attending A&E where the time to admission, transfer or discharge was 4 hours or less at Barking, Havering and Redbridge University Hospitals NHS Trust fell from 83.2% in quarter 2 to 80.6% in quarter 3 and further decreased to 76.9% in quarter 4.	Perfect week in March which focused on bed flow - which has a direct impact on A&E performance. The learning from this has been implemented and Emergency Department (ED) performance has improved. The Trust have implemented a weekly flow programme. In addition, there are workstreams focusing on reducing ambulance conveyance, community capacity (as alternatives to ED), and hospital flow which will also focus on the non-admitted pathway from ED. This work is all overseen by the BHR A&E Delivery Board.	2018/19 quarter 4: London: 86.5% England: 85.1%.

<b>Responsible Director</b>	<b>N/A</b>	<b>Status</b>	
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Back to summary page	The percentage of children and adults starting healthy lifestyle programmes that complete the programme	Health and Wellbeing Board Indicators	Q3 2018/19
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<b>Definition</b>	<b>Numerator</b>	The number of children and adult completing healthy lifestyle programmes.	<b>How this indicator works</b>	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.
	<b>Denominator</b>	The number of children and adult starting healthy lifestyle programmes.		
<b>Source</b>		Community Solutions		<b>Why is this indicator important?</b>
<b>What does good performance look like?</b>		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.

<b>Quarterly data</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
	<b>2018/19</b>	65.3%	50.0%	48.3%	
	<b>2017/18</b>	63.4%	68.9%	58.8%	58.2%
	<b>2016/17</b>	45.8%	50.2%	55.0%	46.5%
	<b>Target</b>	65.0%	65.0%	65.0%	65.0%



<b>Performance overview</b>	<b>Actions to sustain or improve performance</b>	<b>Benchmarking</b>
<p>Performance for this measure has decreased from 65.3% in quarter 1 to 50.0% in quarter 2 and 48.3% in quarter 3.</p> <p>Since 2016/17, only two quarters (quarter 1 2018/19 and quarter 2 2017/18) have exceeded the target of 65%.</p>	<p>Recruitment to vacant posts has recently occurred and will increase number of delivery staff and raise the number of appointments and programmes available.</p> <p>A revised National Child Measurement Programme (NCMP) referral pathway is being discussed with NELFT to align delivery with NCMP schedule in schools ensuring children get access to support after identification.</p> <p>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>This is a local indicator.</p>

<b>Responsible Director</b>	<b>Matthew Cole</b>	<b>Status</b>	
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