

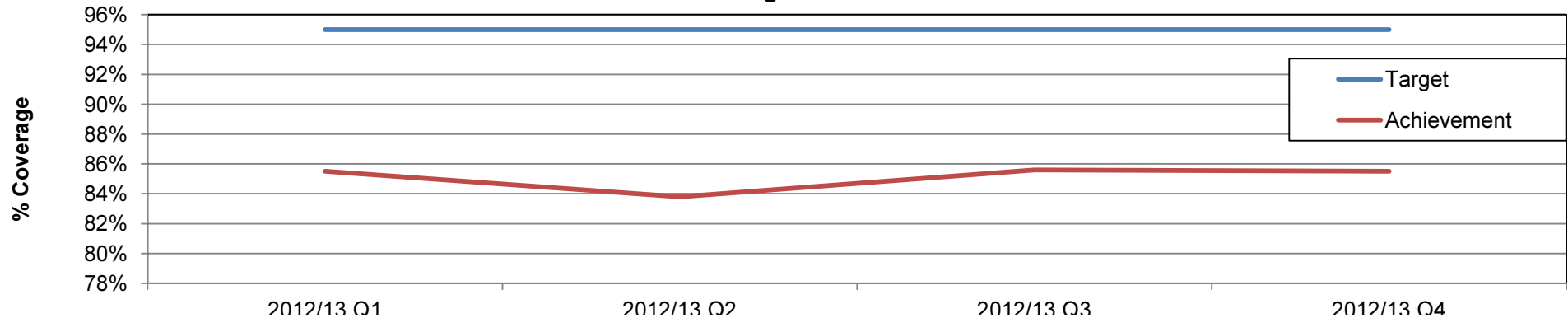
Health & Wellbeing Board, 17 September
Q1 Performance Report

APPENDIX B

AREAS OF PERFORMANCE HIGHLIGHTED FOR IMPROVEMENT

Definition	Percentage of children given two doses of MMR vaccination.		How this indicator works	MMR 2 vaccination is given at 3 years and 4 months to 5 years. 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 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	
Target	95%	95%	95%	95%	
Achievement	85.5%	83.8%	85.6%	85.5%	
Variable 3					

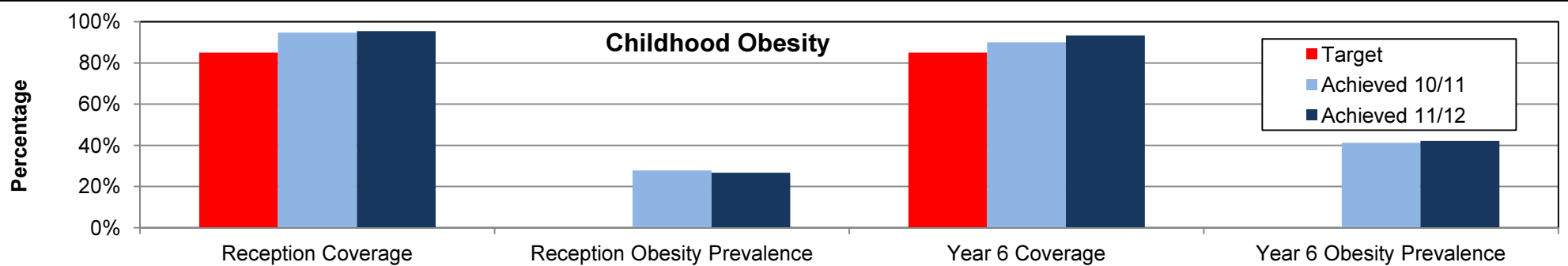
MMR 2 Immunisation Coverage 2012/13



Performance Overview	Coverage levels for MMR 2 have been below target for all four quarters in 2012/13. Quarter four was 9.5% below the 95% target.	Further Actions & comments	Continued press and public activity to encourage take-up, as reported to the Health & Wellbeing Board over previous meetings.
RAG Rating			
Benchmarking	In 2011/12 financial year, uptake rates for MMR 2 were 82.8%.		

Definition	Coverage – Percentage of children in either reception or year 6 that have had their height and weight measured during the school year. Prevalence – Percentage of children in either reception or year 6 whose weight is above the 95 th centile of the population.	How this indicator works	Every year, as part of the NCMP, children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) have their height and weight measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.
What good looks like	Coverage figures should be above the target figure of 85% and as close to 100% as possible. Prevalence figures should be as low as possible.	Why this indicator is important	The National Child Measurement Programme (NCMP) is an important element of the Government's work in addressing childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE).
History with this indicator	2011/12: Reception – 26.7% prevalence; 94.7% coverage. Year 6 – 42.2% prevalence; 90% coverage.		

	Reception Coverage	Reception Obesity Prevalence	Year 6 Coverage	Year 6 Obesity Prevalence
Target	85.0%		85.0%	
Achieved 10/11	94.7%	27.8%	90.0%	41.2%
Achieved 11/12	95.4%	26.7%	93.4%	42.2%

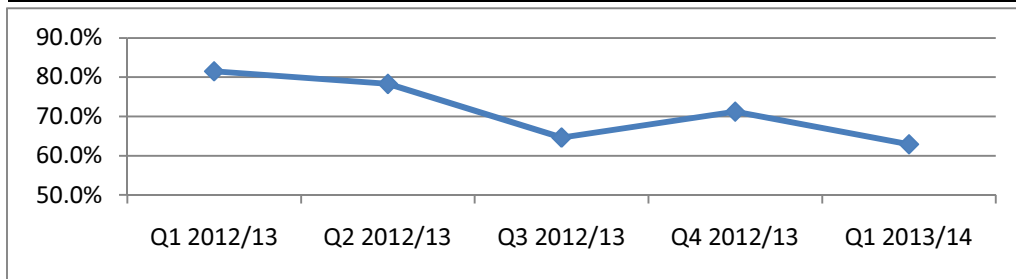


Performance Overview	Coverage for both Reception and Year 6 is over target by 10.4% and 8.4% respectively. Reception and Year 6 prevalence rates are both well above national and regional averages.	Further Actions & comments	Coverage continues to improve. A range of activities are in place to improve physical activity and healthy eating in schools and, through Children's Centres, to address family health before the child reaches school.
RAG Rating			

Benchmarking	2010/11 – Reception: 27.8% Year 6: 41.2%
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Annual health check for Looked After Children
Source: Children's Services Data Management

Definition	The number of children looked after for a year or more with an up to date health check.		How this indicator works	This indicator is calculated by taking the number of LAC who have been in care for one year or more and checking whether they have had their annual health checks, which includes a medical and dental check combined.	
What good looks like	A higher proportion of looked after children receiving an annual health check		Why this indicator is important	This is a statutory requirement. Improving health and wellbeing outcomes for LAC is a top CYPP priority in the borough.	
History with this indicator	N/A		Any issues to consider	N/A	
	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	Q1 2013/14
Health Checks	81.5%	78.3%	64.6%	71.20%	62.9%



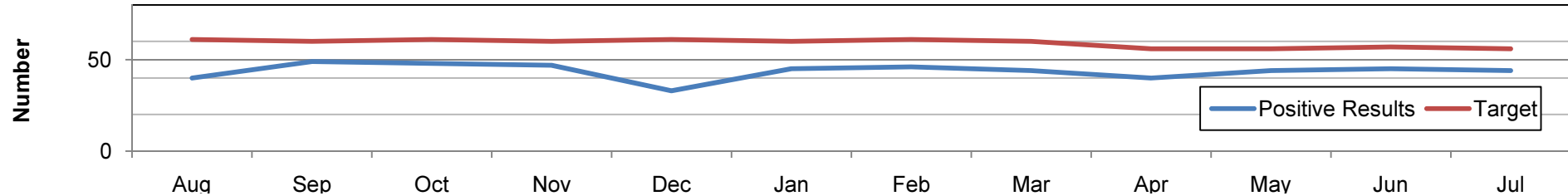
Performance Overview	<p>The percentage of looked after children in care for one year or more with an annual health check has fluctuated over the last year and dropped to 63% as at the end of Q1 2013/14. Performance as at the end of August 2013 has improved and risen to 71%. We predict that this indicator will increase further to over 80% by the end of Q3 and over 90% by the end of year 2014. This indicator is monitored monthly at Complex Needs and Social Care senior management teams and escalated to LAC nurses who sit in the Council's LAC team.</p>	<p>Actions to sustain or improve performance</p> <ol style="list-style-type: none"> Working closely with foster carers to ensure that looked after children attend their annual health and dental check; Implemented clear timescales for health care plans to be shared with the LA and foster carers. The health care plans are all quality assured by the LAC nurses to ensure good quality. Health Passport is being implemented currently with the printers. The Health Passport will encourage young people to begin to take responsibility for their health care by promoting the voice of the child and allowing young people to have knowledge of their health care history and health care actions needed to improve health.
RAG		
Benchmarking	Performance is lower than the England and London averages of 84.3% and 88.1% respectively.	

Actions to sustain or improve performance

4. Health LAC Nurse meets the LAC Group Manager monthly to discuss overdue health assessments and reasons i.e. late paperwork from the local authority or delay via health due to child being placed out of area and delay caused by other health providers. Escalation pathway is now in place with Designated Nurse re: unacceptable delays for health assessments for children placed out of area.
5. Health BSO is now in post, monitoring the health assessments and coordinating with social workers and health, to ensure health assessments request are timely and of good quality.
6. All care plans will have the date of the last Optician and Dental appointment to ensure that Social care can record this on ICS for statutory performance indicators.
7. LAC Nurse maintains statistics on number of refusals of health assessments. A Non completion form is completed and returned to social care for their records. All young people who refuse their health assessment should be spoken to directly by the LAC Nurse in order to promote future health and ensure the young person is aware they may be in need of health interventions, such as missing immunisations or outstanding dental or optician appointments.
8. Performance Indicator is monitored bimonthly at the CiC outcomes group chaired by DCS.

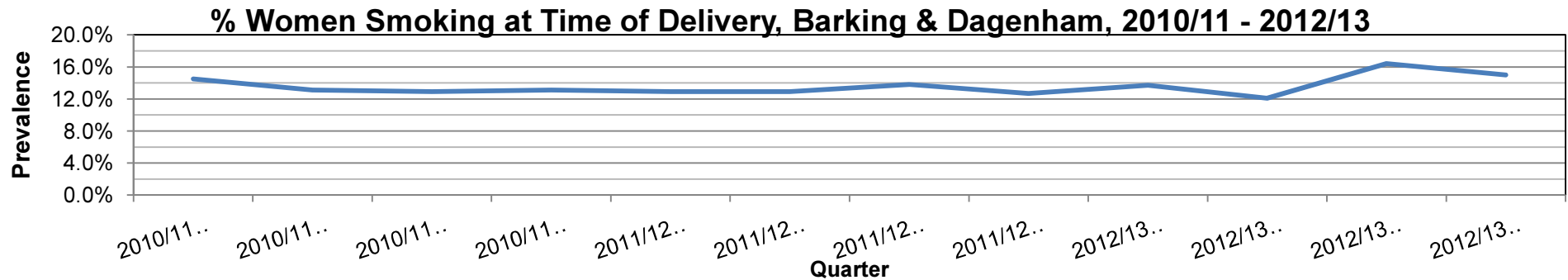
Definition	Number of positive tests for Chlamydia.						How this indicator works	This indicator is reported quarterly via the National Chlamydia Screening Programme and covers screening uptake and positivity rates among young people aged 15-24 years.							
What good looks like	The number of positive results to be greater than target levels on a monthly basis.						Why this indicator is important	Chlamydia is the most commonly diagnosed sexually transmitted bacterial infection among young people under the age of 25. The infection is often symptomless but if left untreated can lead to serious health problems including infertility in women.							
History with this indicator	2011/12: 587 positive results. 2012/13: 585 positive results against target of 726.														
	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13			
Positive Results	40	49	48	47	33	45	46	44	40	44	45	44			
Target	61	60	61	60	61	60	61	60	56	56	57	56			
Quarterly	Quarter 2	140/181			Quarter 3	128/182			Quarter 4	135/181			Quarter 1	129/169	

Chlamydia Screening Programme Positive Results and Monthly Target for August 2012 - July 2013



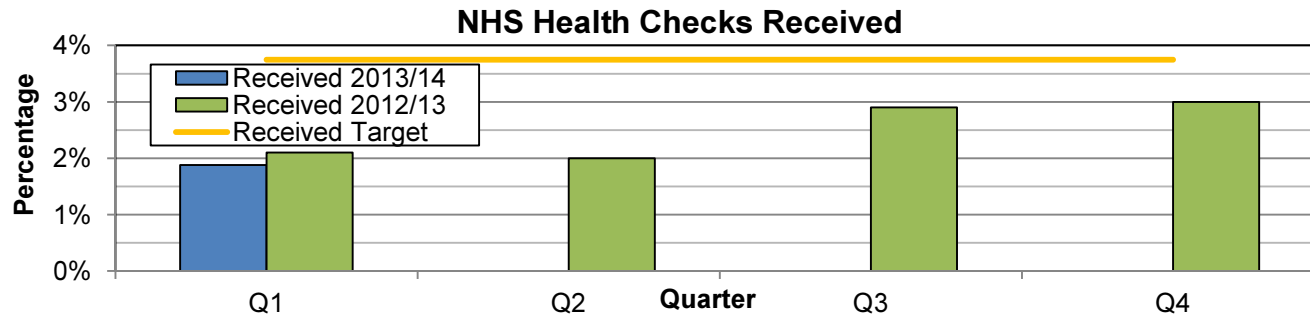
Performance Overview	Barking and Dagenham has only met the monthly target for positive tests on one month in 2012/13 which was May 2012. There has been a drop-off in positive tests since August 2012, with monthly numbers being below 50 every month since.	Further Actions & comments	Performance has been below target for this indicator over the course of the previous year. A recovery plan for this programme has been requested from Waltham Forest, who lead on commissioning this service. The figures for the first month in 2013-14 (April) where below target, this was addressed in the monitoring meeting held in May. Discussions have taken place to address the issues associated with the low rate of uptake of the Chlamydia test amongst those offered a test (that is the conversion rate). BHRUT are committed to providing qualitative data that will help in the analysis of this issue. This information is expected within the next 2 months, and will inform a targeted marketing campaign to raise the profile of the sexual health services at BHRUT.
RAG Rating			
Benchmarking	The annual positivity rate was 2395 per 100,000 people in 2011/12 whilst the 2012/13 rate for positivity was 2966 per 100,000 people. Number of Eligible Young People aged 15-24 years in the population is 24491 in Barking and Dagenham.		

Definition	Percentage of women who are smoking at time of delivery.			How this indicator works	This data collection is designed to provide a measure of the prevalence of smoking among women at the time of giving birth at a local level.
What good looks like	For the percentage of women smoking at time of delivery to be as low as possible.			Why this indicator is important	Babies from deprived backgrounds are more likely to be born to mothers who smoke and to have much greater exposure to secondhand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.
History with this indicator	2009/10: 13.7% 2008/09: 11.3%				
	Q1	Q2	Q3	Q4	
2010/11	14.5%	13.1%	12.9%	13.1%	
2011/12	12.9%	12.9%	13.8%	12.7%	
2012/13	13.7%	12.1%	16.4%	15.0%	



Performance Overview	Barking & Dagenham is, and has been historically, performing far worse than both the London and England averages. Rates for the last two quarters have risen sharply from 12.1% to 15.0%.	Further Actions & comments	
RAG Rating			
Benchmarking	In England, the percentage of mothers smoking at delivery was 12.7% in 2012/13, for London it was 5.7%.		

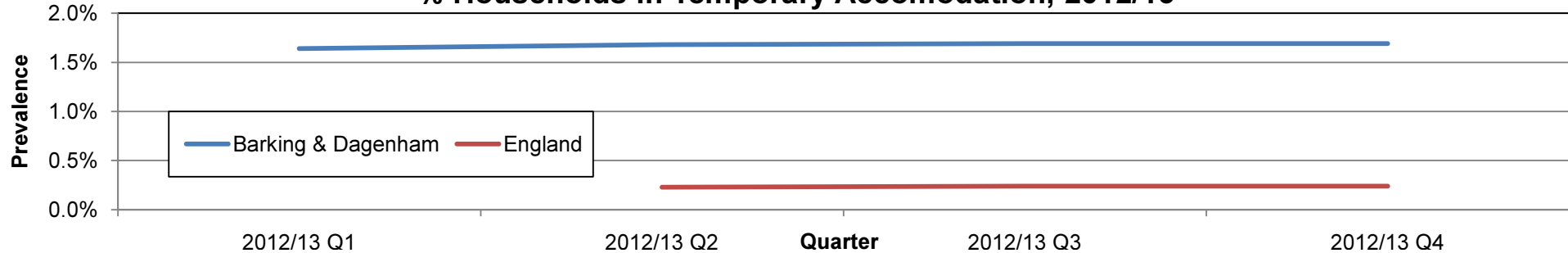
Definition	Percentage of the eligible population (those between the ages of 40 and 74, who have not already been diagnosed with heart disease, stroke, diabetes, kidney disease and certain types of dementia) received an NHS Health Check in the relevant time period.		How this indicator works	Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions is invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and afterwards given support and advice to help them reduce or manage that risk. The national targets are 20% of eligible population should be offered a health check and 75% of those offered should receive a check.
What good looks like	For the received percentage to be as high as possible and to be above target.		Why this indicator is important	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease.
History with this indicator	2011/12: 12.4% (5,134) received for whole year. 2012/13: 10.0% (4,152) for entire year.			
	Q1	Q2	Q3	Q4
Target	3.75%	3.75%	3.75%	3.75%
Received 12/13	2.1%	2.0%	2.9%	3.0%
Received 13/14	1.9%			



Performance Overview	The percentage receiving health checks is below target. Quarter one is down on both the last quarter (2012/13 Q4) and the quarter for the same time period last year (2012/13 Q1). For the whole year of 2012/13, Barking & Dagenham achieved 10.0% of those eligible receiving health checks. This is below the target of 15%.	Further Actions & comments	Health Check programme has been running in B&D since 2008/09 and we are therefore coming towards the end of the 5 year cycle. Public Health have initiated discussions with the Behavioural Change Team who are working with Public Health England to look at ways of improving uptake across the borough and will be looking to pilot ideas with a few practices over the next few months. Monitoring under-performing practices will continue during 2013/14, this proved successful last year with a number of practices, improving their uptake between 10-20%. Work on improving the quality of the data uploaded by practices onto Health Analytics has continued in Q1 of 2013/14 with several visits to practices undertaken.
RAG Rating			
Benchmarking	In 2011/12, only 12.4% received health checks, which was less than the set target of 13.7%. In 2012/13, only 10.0% received health checks against the target of 15%.		

Definition	Percentage households in temporary accommodation.		How this indicator works	Part of this indicator (number of households in temporary accommodation per thousand households) is a Department for Communities and Local Government (DCLG) departmental impact indicator. These data demonstrate the number of homeless households in temporary accommodation awaiting a settled home.
What good looks like	For the percentage to be as low as possible.		Why this indicator is important	Under the Homelessness Act 2002, local housing authorities must have a strategy for preventing homelessness in their district. The strategy must apply to everyone at risk of homelessness, not just people who may fall within a priority need group for the purposes of Part 7 of the Housing Act 1996.
History with this indicator	2011/12: 1.6%		Issues with this indicator	This indicator will need revision. Absolute numbers of people in temporary accommodation tell us more than percentages of all households. In particular, those who have been in the most unsuitable TA (typically B&B) or have been in for more than 6 weeks, is the more relevant indicator. This is monitored weekly.
	Q1	Q2	Q3	Q4
B & D	1.64%	1.68%	1.69%	1.69%
England	N/A	0.23%	0.24%	0.24%

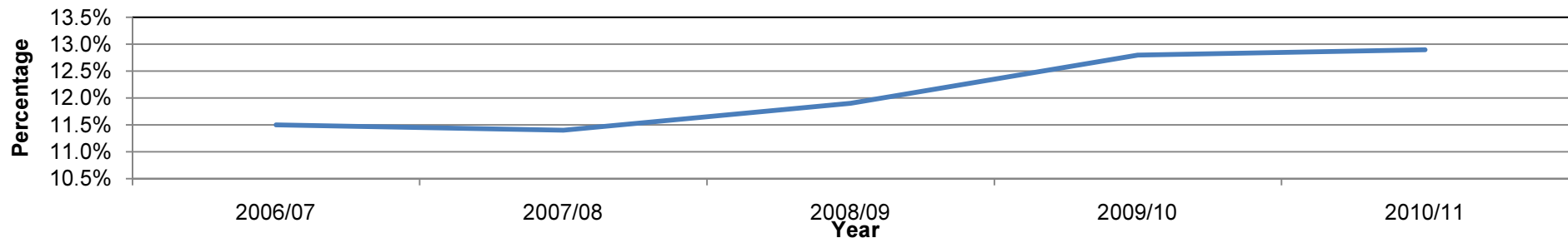
% Households in Temporary Accommodation, 2012/13



Performance Overview	Barking & Dagenham has a far higher rate than the national average with it being almost 7 times as high. It has increased slightly over the course of the year too.	Further Actions & comments	It is critical that the effort is focused on reducing unsuitable types of temporary accommodation, especially bed and breakfast, and the Council has been working to minimise this, and particularly for those who have been in such accommodation for over 6 wks. Reports to Strategic Housing Board can provide further detail of activities on request. It is important to note that these increases in the overall numbers in TA may mask these movements within the different types of accommodation. The Board should also be aware of the potential impact of welfare reform, which has the potential to delay progress with this indicator.
RAG Rating			Use of B&B peaked in August 2012 at 226 households, and is now (Aug 2013) down to below 100. Those who had been accommodated in this way for over 6 weeks has reduced by 75% from a peak in Aug 2012 of 116 households.
Benchmarking	England 2011/12: 0.23%		

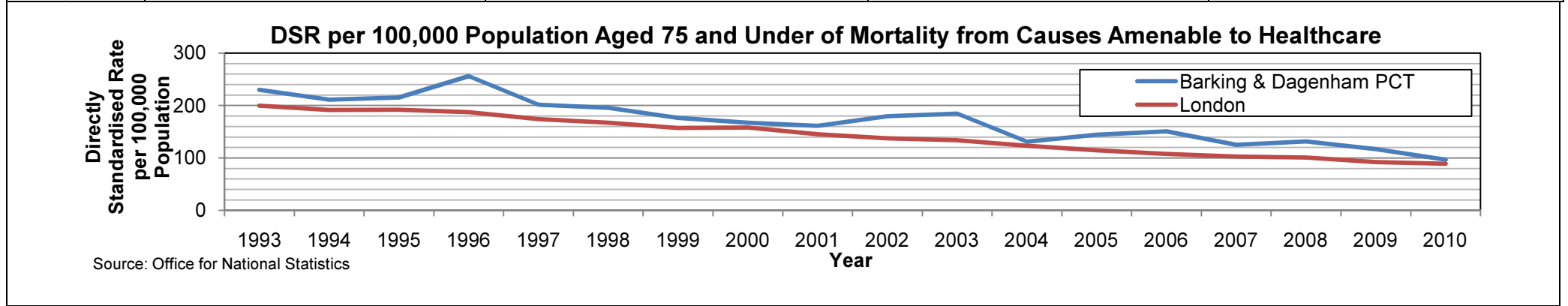
Definition	Indirectly standardised percentage of emergency admissions to any hospital in England occurring within 30 days of the last, previous discharge from hospital after admission.		How this indicator works	The number of finished and unfinished continuous inpatient (CIP) spells that are emergency admissions within 0-29 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies.
What good looks like	For the percentage to be as low as possible, indicating that fewer people are readmitted soon after discharge.		Why this indicator is important	Health interventions and social care can play roles in putting in place the right re-ablement, rehabilitation and intermediate care services to support individuals to return home or regain their independence, so avoiding crisis in the short-term.
History with this indicator	2006/07: 11.5%			
	2007/08	2008/09	2009/10	2010/11
B&D	11.4%	11.9%	12.8%	12.9%

Emergency Readmission to Hospital Within 30 Days of Discharge, Barking & Dagenham



Performance Overview	Barking & Dagenham has a higher percentage than both national and regional averages. The rate has also shown an increasing trend since 2006/07.	Further Actions & comments	The Urgent Care Board leads the partnership between health and social care services, putting in place a substantial programme of work in place which aims to improve the performance of hospital discharge, and further interventions are subject of separate reports to the Health & Wellbeing Board.
RAG Rating			
Benchmarking	England 2010/11: 12.0% London 2010/11: 11.8%		

Definition	Numerator: Number of deaths that are considered preventable (classified by underlying cause of death recorded as ICD10 codes set out in the table below, and for the age groups shown) registered in the respective calendar years. Denominator: ONS mid-year population estimates aggregated across three years.		How this indicator works	The indicator is based on the preventable mortality component of avoidable mortality as defined by the Office for National Statistics (ONS).
What good looks like	Rate per 100,000 should be as low as possible, indicating fewer deaths amenable to healthcare.		Why this indicator is important	Preventable mortality can be defined in terms of causes that are considered to be preventable through individual behaviour or public health measures limiting individual exposure to harmful substances or conditions. Examples include lung cancer, illicit drug use disorders, land transport accidents and certain infectious diseases.
	2007	2008	2009	2010
B & D	125.1	131.6	116.8	96.9
London	102.8	100.8	92.1	88.9
England	100.8	97.2	91.1	88.1



Performance Overview	Barking & Dagenham has consistently been above the regional and national rates over the last 17 years. The rate for Barking & Dagenham does show a downward trend though, with rates falling by 28.2 per 100,000 in the last four years.	Further Actions & comments	Activities to address this indicator are the basis of the Health & Wellbeing Strategy overall. More detailed analysis of the specific diseases that contribute to premature mortality in this borough is contained in the Joint Strategic Needs Assessment.
RAG Rating			
Benchmarking	London 2010: 88.9 England 2010: 88.1		