

Appendix C: Performance summary reports

Portfolio Performance Indicators							Meeting date: September 2016, Data: March 2016																									
Indicator 2: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old							Source: NHS England																									
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: 85.5%, 2013/14: 82.3%, 2014/15: 82.7%						Any issues to consider	This data is only available on a quarterly basis. Figures are usually published by PHE 12 weeks after the end of the quarter. Quarter Q1 data is due to be released around mid-September.																								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																				
2014/15	82.2%			82.2%			78.8%			83.4%																						
2015/16	81.0%			81.2%			80.3%			78.6%																						
<table border="1" style="display: none;"> <caption>Quarterly MMR2 Uptake Data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2014/15</td> <td>82.2%</td> <td>82.2%</td> <td>78.8%</td> <td>83.4%</td> </tr> <tr> <td>2015/16</td> <td>81.0%</td> <td>81.2%</td> <td>80.3%</td> <td>78.6%</td> </tr> <tr> <td>Target</td> <td>95%</td> <td>95%</td> <td>95%</td> <td>95%</td> </tr> </tbody> </table>													Year	Q1	Q2	Q3	Q4	2014/15	82.2%	82.2%	78.8%	83.4%	2015/16	81.0%	81.2%	80.3%	78.6%	Target	95%	95%	95%	95%
Year	Q1	Q2	Q3	Q4																												
2014/15	82.2%	82.2%	78.8%	83.4%																												
2015/16	81.0%	81.2%	80.3%	78.6%																												
Target	95%	95%	95%	95%																												
Performance Overview	Poor performance is seen across the whole of London with this indicator, and the borough's performance exceeds the London average but is below the national average for England. 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	Ensure Barking and Dagenham GP Practices have access to I.T. support for generating immunisation reports. 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.																								
RAG Rating																																
Benchmarking	In quarter 4 2015/16 Barking and Dagenham's MMR2 rate (78.6%) was similar to the London rate (80.4%)																															

Indicator 2: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old

1. Key information (concise summary / main messages)

This indicator reports of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday.

The indicator is currently reported on a quarterly basis, however monthly reporting will be explored in future reports.

In Quarter 4 2015/16 78.6% of 5 year olds within Barking and Dagenham received a second dose of the MMR vaccination. This is a slight reduction (-1.7 percentage points) from the previous quarter and 1.8 percentage points lower than the London rate for quarter 4.

This indication is RAG rated as **Red**.

2. What does this mean (brief contextual analysis)

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.

3. What is the impact (risks and opportunities / assessment of implications)

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

4. What actions are required / being taken (changes / decisions required)

This indicator is led by NHS England

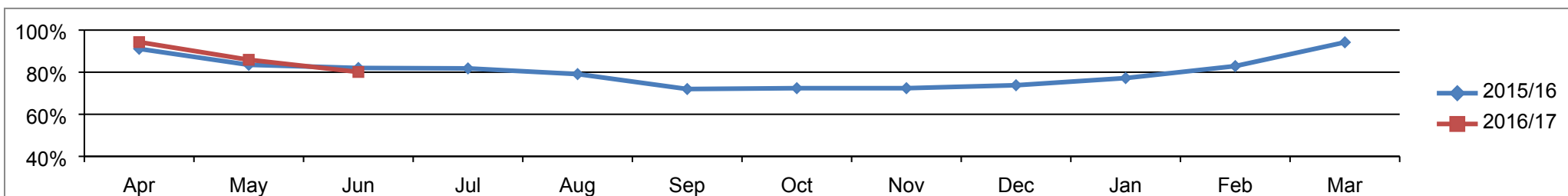
Portfolio Performance Indicators

Meeting date: September 2016, Data: June 2016

Indicator 6: Looked after children with an up to date health check

Source: Children's Services

Definition	The % of looked after children in care for one year or more who have had an annual health assessment and dental check in the last 12 months.					How this indicator works	This indicator measures the number proportion of children looked after who have had their annual health assessment and had their teeth checked by a dentist. The health check includes dental and medicals checks and is an average of those 2 checks. It is reported as a percentage.					
What good looks like	For the number and percentage of looked after children in care for a year or more with an up to date annual health check to be high and above the target as at end of March 2016/17.					Why this indicator is 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 LAC health checks. This is an Ofsted area of inspection as part of our duty to improve outcomes for LAC and is a key HWBB priority area.					
History with this indicator	2012/13: 71%		2013/14: 95%									
	2014/15: 93%		2015/16: 94%									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	91.1%	83.5%	82.0%	81.8%	79.1%	72%	72.4%	72.4%	73.8%	77.2%	82.9%	94.2%
2016/17	94.3%	85.9%	80.1%									



Performance Overview	In Q1 2016/17, the percentage of looked after children in care for a year or more with an up to date health assessment decreased to 80% compared to 86% as at end of May 2015/16. Q1 performance is slightly lower than Q1 2015 (80% compared to 82% respectively) and although below benchmark data, we predict that we will reach our target of over 90% by end of year as reported each year since 2013/14.	Further Performance comments	A review of LAC medicals out of time is routinely undertaken and fluctuations in performance are due to a number of factors (see report). 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.
RAG Rating			
Benchmarking	Performance on LAC annual health checks has exceeded all benchmark data for the last 3 year and remains above national (88%), similar areas (91%) and London (90%) in 2015/16.		

Indicator 6: Looked After Children with up to date health checks

1. Key information (concise summary / main messages)

This indicator reports on the percentage of looked after children who have been in care for one year or more that have an up to date annual health check (includes an average of medical and dental checks).

In Q1 2016/17, the percentage of looked after children in care for a year or more with an up to date health check slightly decreased to 80% compared to 94% as at end of 2015/16. Although we are below benchmark data, we predict to reach our target of over 90% by end of year as reported each year since 2013/14.

This indicator is RAG rated as **Red**.

2. What does this mean (brief contextual analysis)

As at the end Q1, 259 (87%) out of 298 looked after children (in care for one year or more) had an up to date dental check and 220 (74%) had an up to date medical (an average of 80%). This means that 39 looked after children did not have an up to date dental check and 78 have not got an up to date medical according to ICS. A review on those cases is underway to assess why.

3. What is the impact (risks and opportunities / assessment of implications)

The risk is that activity will not increase compared to what is required to meet target, but it is relatively early in the year and health checks for looked after children exceed 90% each year above benchmark data. Both social care and health colleagues have sufficient time to close the trajectory gap.

4. What actions are required / being taken (changes / decisions required)

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 places 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.

Portfolio Performance Indicators

Meeting date: September 2016, Data: June 2016

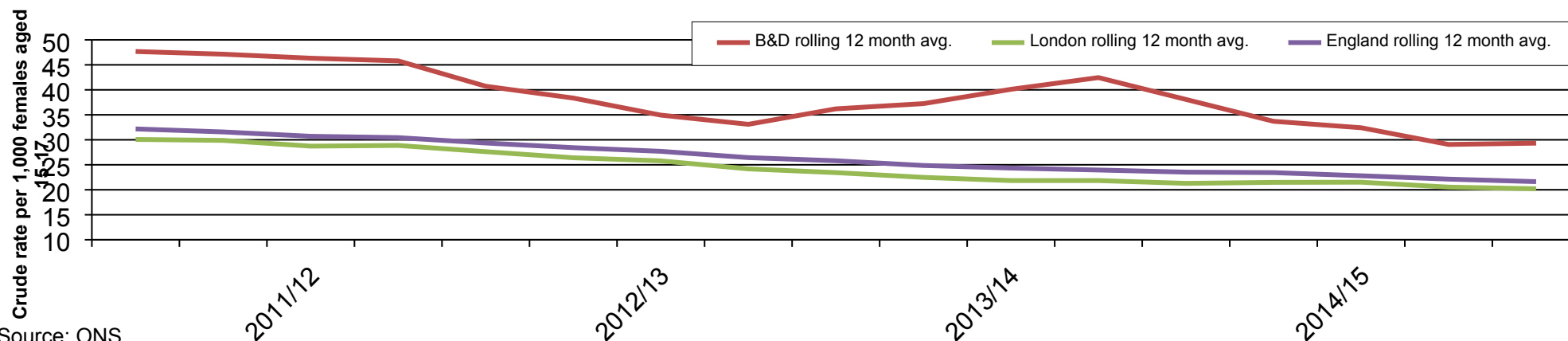
Indicator 8: Under 18 conception rate (per 1,000)

Source: ONS

Definition	Conceptions in women aged under 18 per 1,000 females aged 15-17.	How this indicator works	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 conceptions to be as low as possible, with the gap to regional and national averages narrowing.	Why this indicator is important	Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.
History with this indicator	2009: 54.7 per 1,000 women aged 15-17 years 2010: 54.9 per 1,000 women aged 15-17 years	Any issues to consider	Data for this indicator is based upon births and abortion data and is therefore released around 1 year after the end of the period.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2014/15	31.0	20.5	37.1	28.6
2015/16	32.1			

Under 18 Conceptions 2011/12 Q1 - 2015/16 Q1



Source: ONS

Performance Overview	The rate of under 18 conceptions is showing a generally decreasing trend over the last 4 years, with the quarterly-rolling annual average falling from 47.7 at the start of 2011/12 to 29.3 in 2014/15 Q1.	Further Performance comments	Barking and Dagenham remains above the national and London averages (21.6 and 20.2 per 1,000 respectively), who both saw a continued decline in their conception rate.
RAG Rating			
Benchmarking	Barking and Dagenham's rate is above the national and regional averages, with Barking & Dagenham currently having the third highest average rate over the last 12 months (July 2014 to June 2015).		

Indicator 8: Under 18 conceptions, rate per 1,000

1. Key information (concise summary / main messages)

The rate of under 18 conceptions has been decreasing over the last four years from 47.7 per 1,000 in Quarter 1 2011/12 to 29.3 per 1,000 in Quarter 1 2014/15.

According to quarterly data there has been an increase on rate from 28.6 in Quarter 4 2014/15 to 32.1 in Quarter 1 2015/16.

Analysis of under 18 conceptions data from 1998 to 2015/16 shows that the quarterly data has a seasonal fluctuation. The increase in conception rate in the latest quarterly data is expected with regards to the seasonality.

Looking at the rolling 12 month period the latest data has increased the conception rate by 0.2.

This indicator is RAG rated as **Red**.

Percentage change from 1998 base line

As of 2014/15 the annual under conception rate for Barking and Dagenham has decreased by 40.6% since the 1998 base line. This is below the London and England decreases of 57.9% and 51.1% respectively.

2. What does this mean (brief contextual analysis)

Although the borough's rate continues to remain above the England and London rates, since Quarter 1 2011/12 to Quarter 1 2015/16 the gap has reduced by 50.3% and 48.1% respectively.

3. What is the impact (risks and opportunities / assessment of implications)

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.

4. What actions are required / being taken (changes / decisions required)

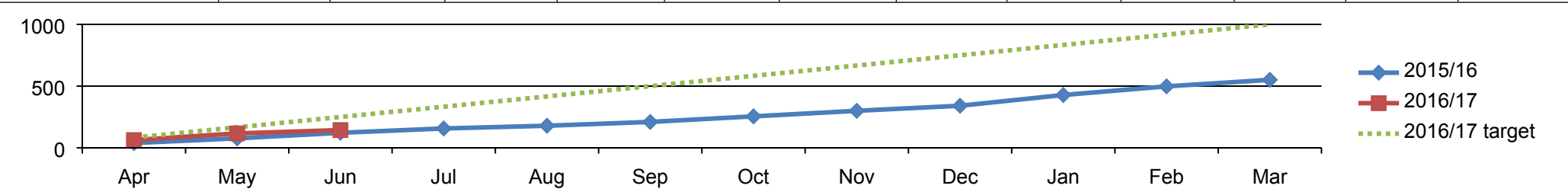
The C-Card distribution scheme, which supplies teenagers with condoms, has seen improved performance and is now reaching higher numbers of teenagers. Subwize has also retrained staff in the scheme and satellite working with the borough's young people has started.

An audit on safeguarding and teenage pregnancy is taking place and due to be presented at the next integrated sexual health board meeting, which will help guide further improvements to the reduction in teenage pregnancies.

Portfolio Performance Indicators Meeting date: September 2016, Data: June 2016
Indicator 10: Number of smoking quitters aged 16 and over through cessation service Source: Quit Manager

Definition	The number of smokers setting an agreed quit date and, when assessed at four weeks, self-reporting as not having smoked in the previous two weeks.	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 of quitters to be as high as possible and to be above the target line.	Why this indicator is 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 four week smoking quitters.
History with this indicator	2012/13: 1,480 quitters, 2013/14: 1,174 quitters, 2014/15: 635 quitters, 2015/16: 551 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 May data will likely increase upon 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	63	54	27									



Performance Overview	Between April and June 2016/17 there have been 144 quitters. This is 57.6% against the revised target of 1,000 quitters at this point in the year. At the end of June 2015/16 there had been 122 quitters which equated to 16.3% against the previous target of 3,000 quitters. This demonstrates an improvement on last year's figures although the indicator is still RAG rated as Red.	Further Performance comments	All Primary Care Providers have been contacted to advise about their individual targets. Primary Care Providers will be sent a league table of achievement on alternate months as a reminder of what they have delivered and what the gap to target is. Non-Providing practices will be encouraged to refer to named pharmacies within their local vicinity. The Tier 3 team will contribute support for areas of highest prevalence. The Tier 3 team will assign a proportion of their capacity to commence prevention work in schools and youth services.
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Benchmarking	Between April and December 2015 there were 512 quitters in Havering and 472 quitters in Redbridge.
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Indicator 10: Number of smoking quitters aged 16 and over through cessation service

1. Key information (concise summary / main messages)

The service needs to deliver **83** quits a month to stay on trajectory for meeting the target. Quarter 1 has delivered **144** quits which is slightly up on 15/16 figures, but still behind trajectory (which is **249** quits).

This indication is RAG rated as **Red**.

2. What does this mean (brief contextual analysis)

We are behind by **105** quitters compared to last month when we were **62** quitters behind.

3. What is the impact (risks and opportunities / assessment of implications)

The risk is that activity will not increase compared to what is required to meet target, though it is still relatively early in the year and a common pattern with stop smoking services.

4. What actions are required / being taken (changes / decisions required)

All Primary Care Providers have been contacted to advise about their individual targets.

Primary Care Providers are being sent a league table of achievement on alternate months as a reminder of what they have delivered and what the gap to target is.

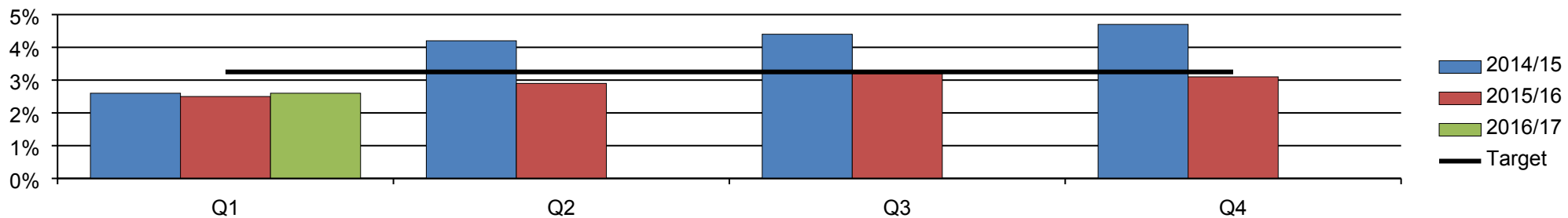
PH will review the worse performing practices and contact will be made to ascertain what actions they are taking to improve their performance.

Non-Providing practices have been contacted via a letter to encourage sign-posting to pharmacies.

An electronic template is being developed that will enable practices to refer direct to lifestyle support, including the stop smoking team.

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) receiving 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	2012/13: 10.0%, 2013/14: 11.4% received 2014/15: 16.3%, 2015/16: 11.7% received	Any issues to consider	There is sometimes a delay between the intervention taking place and reflecting in the Health Analytics data. This means that the May data will likely increase upon refresh next month.

	Q1	Q2	Q3	Q4
2015/16	2.5%	2.9%	3.2%	3.1%
2016/17	2.6			



Performance Overview	The service needs to deliver 518 health checks a month in order to stay on trajectory for meeting the target. April to June has delivered an average of 378 health checks per month. This means that the monthly target has not been met.	Further Performance comments	All Primary Care Providers have been contacted to advise about their individual targets. Primary Care Providers will be sent a league table of achievement on alternate months as a reminder of what they have delivered and what the gap to target is. Non-Providing practices will be encouraged to refer to named pharmacies within their local vicinity. Poorly performing practices will be visited and supported to address any problems they have.
RAG Rating	Not Met		
Benchmarking	In 2015/16 11.7% of the eligible population of Barking and Dagenham received an NHS health check. This is above the Havering and Redbridge rates of 6.9% and 10.7% respectively.		

Indicator 12: Those aged 40-74 who receive NHS Health Checks

1. Key information (concise summary / main messages)

The service needs to deliver **518 health checks** a month to stay on trajectory for meeting the target. April to June delivered **1154** checks against a trajectory of **1554**.

Health check data is recorded via the GP systems and accessed via Health Analytics. There is sometimes a delay between the intervention taking place and reflecting in the Health Analytics data.

Please note that the May data is provisional and will likely increase upon refresh next month.

This indication is RAG rated as **Red**.

2. What does this mean (brief contextual analysis)

As at end of June, we are **420** checks behind trajectory, compared to end of May when we were **321** checks behind trajectory and still slightly down for the same period in 2015/6.

3. What is the impact (risks and opportunities / assessment of implications)

The risk is that activity will not increase compared to what is required to meet target, but it is still relatively early in the year and Providers have sufficient time to close the trajectory gap.

4. What actions are required / being taken (changes / decisions required)

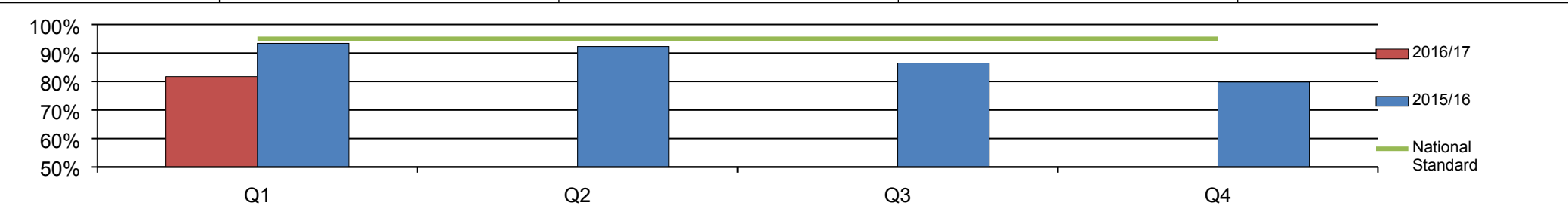
All Primary Care Providers have been contacted to advise about their individual targets.

Primary Care Providers are being sent a league table of achievement on alternate months as a reminder of what they have delivered and what the gap to target is.

PH will review poorly performing practices and make contact in order to establish plans of action to address recovery.

Definition	The percentage of individuals who are waiting less than 4 hours in A&E between arrival and admission, transfer or discharge	How this indicator works	This indicator reports the percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. This is a measure against the national waiting time standard, for which the target is 95%.
What good looks like	The National Standard for this indicator is 95%	Why this indicator is important	The maximum four-hour wait in A&E remains a key NHS commitment and is a standard contractual requirement for all NHS hospitals.
History with this indicator	2015/16: 88% 2014/15: 85.3% 2013/14: 89% 2012/13: 84.1%		

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015/16	93.4%	92.3%	86.5%	79.8%
2016/17	81.7%			



Performance Overview	The percentage of patients being seen within 4 hours of arriving at A&E has dropped from 93.4% in quarter 1 2015/16 by 11.7 percentage points to 81.7% in quarter 1 2016/17. The National Standard for this measure is 95%	Further Performance comments	BHRUT have set a recovery plan in place which includes a recovery trajectory aims to have the indicator meeting national standards by 2017. This trajectory incorporates gradual increases in performance per quarter.
RAG Rating			
Benchmarking			

Indicator 20: A&E attendances < 4 hours from arrival to admission, transfer or discharge (type all)

1. Key information (concise summary / main messages)

This indicator reports the percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. This is a measure against the national waiting time standard, for which the target is 95%.

The July 2016 provisional data (data reported directly from the Trust) shows performance at 85%. The Trust is therefore achieving against the improvement trajectory of 84% for July but is not achieving against the National standard of 95% for this indicator. July's performance is an improvement on June's performance (82.43%).

This indication is RAG rated as **Red**.

2. What does this mean (brief contextual analysis)

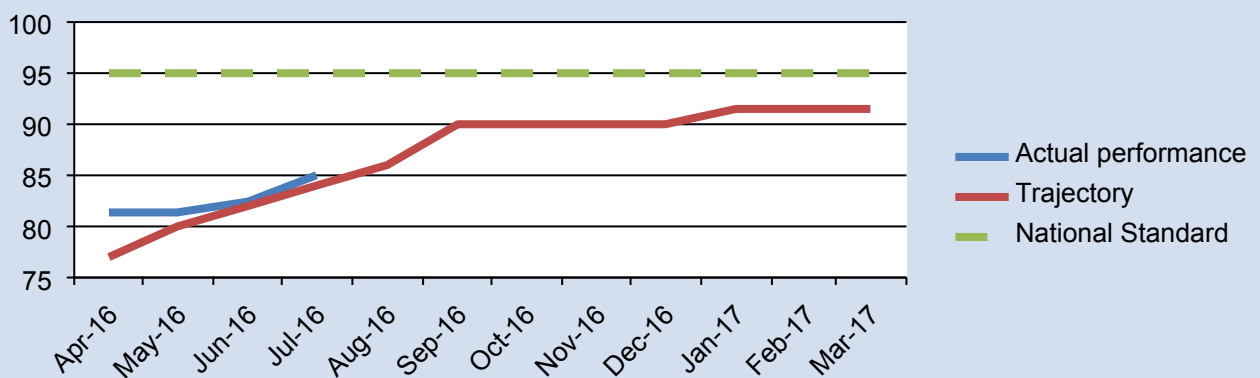
The maximum four-hour wait in A&E remains a key NHS commitment and is a standard contractual requirement for all NHS hospitals.

3. What is the impact (risks and opportunities / assessment of implications)

4. What actions are required / being taken (changes / decisions required)

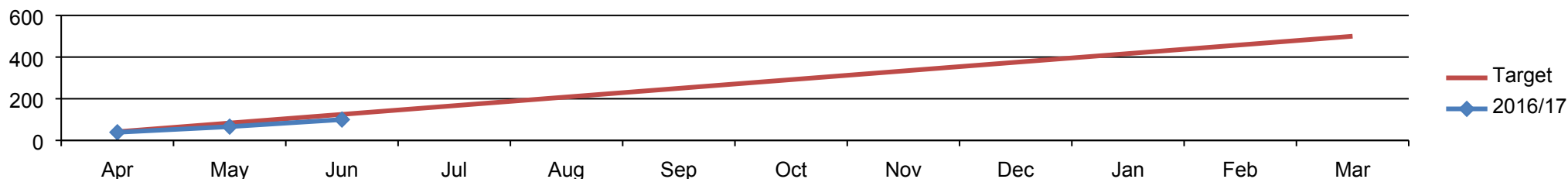
BHRUT have set a recovery plan in place which includes a recovery trajectory aims to have the indicator meeting national standards by 2017.

This trajectory incorporates gradual increases in performance per quarter. The follow chart displays the latest data against the recovery trajectory from April 2016 to March 2017.



Health and Social Care Performance Indicators Meeting date: September 2016, Data: June 2016
 Indicator 24: Number of 'turned around' troubled families Source: Children's Services

Definition	Number of families 'turned around' meeting all outcome targets and showing 'significant and sustained improvement'						How this indicator works		This indicates the number of families 'turned around' meeting all outcome targets, showing 'significant and sustained improvement' (rolling figure including TF2 claims approved internally and submitted to DCLG for payment).				
What good looks like	2,470 families to be 'turned round' by March 2020. A local target of 500 claims within 2016/17 has been set						Why this indicator is important		TF2 is a payment by results programme. Successful family interventions mean significant reduction in costs to the Local Authority (LA) and its partners. The LA target for TF is to "turn around" 500 families in 16/17.				
History with this indicator													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
2015/16	-	-	-	-	-	23	0	22	3	90	14	23	
2016/17	39	27	34										



Performance Overview	At the end of June 2016/17, we had identified 1,555 families that meet the TF2 criteria and submitted 275 claims to DCLG (June 2016/17), 100 of which were during 2016/17.	Further Performance comments	Families that are successfully turned around are saving the LA substantially. Cost benefit analysis of TF carried out by DCLG shows that every £1 the LA spends on TF saves £2 on LA budgets. A DCLG spot check on claims/process undertaken in June 2015 produced very positive comments. The throughput of claims will inevitably be uneven as evidence such as school attendance, health and housing. data is often only available at set times of the year
RAG Rating	The next claim window closes on September 9 th by which point we estimate a total cumulative claim figure of 450. We have an indicative target of 14 claims per week to meet the claim target of 500 claims per year. July's data is available for this indicator and shows that performance for this indicator has improved and is RAG rated as Green for July 2016/17.		

Benchmarking No benchmark data available. DCLG no longer produces league tables.

Indicator 24: Number of turned around troubled families

1. Key information (concise summary / main messages)

This indicator reports on the number of families turnaround based on claims submitted and approved by the Local Authority (LA) data team and finance and auditing approval process. Once approved, claims are submitted to DCLG for payment.

TF2 is a Payment by Results programme set out by DCLG. Successful family interventions mean significant reduction in costs to the Local Authority (LA) and its partners. The LA target for TF2 is to “turn around” 500 families in 16/17. DCLG are encouraging front loading the programme to enable successful outcomes in 2020. LBBD are committed to turn around 2,470 families by March 2020.

As at the end of June 2016/17, we have identified 1,555 families that meet the TF2 criteria. Since the TF2 programme commenced (September 2015), we have submitted in total 275 claims to DCLG (175 between September 2015 to March 2016 and 100 as of Quarter 1 2016/17. The next claim window closes on September 9th by which point we estimate a total cumulative claim figure of 450. Of this figure around 10% of these families have found employment. We have an indicative target of 14 claims per week to meet the claim target of 500 claims per year.

A target of 500 turned around families has been set by end of year 2016/17 and at the end of quarter 1 have made 100 claims against a year to date target of 125. Benchmark data is not available to date.

This indicator is RAG rated as **Red** at the end of Quarter 1 however data from July changes the RAG rating of this indicator to **Green**.

2. What does this mean (brief contextual analysis)

LBBD are doing well compared to other London LAs but success is measured anecdotally. It is very difficult to gauge success as DCLG are not releasing data on other LA performance. TF2 is a significant potential funding stream providing that we are able to succeed in the outcomes for families.

3. What is the impact (risks and opportunities / assessment of implications)

The impact of TF is in its very early stages but families that are successfully turned around are potentially saving the LA in costs. Cost benefit analysis of TF is showing that for every £1 the LA spends on TF is saving £2 on LA budgets.

Risks: DCLG outcome targets are unachievable leading to a loss in funding.

Opportunities: Families are receiving early intervention services are not being assessed by CS and therefore saving money and officer time.

4. What actions are required / being taken (changes / decisions required)

TF project board meet monthly to monitor the success of the programme. Currently looking into working with schools to assist identification and direct work with families.

No current decisions needed, DCLG spot check on claims/process undertaken in June 2015 currently awaiting feedback from DCLG, but informal feedback was very positive.