Appendix B - Performance Summary Reports
Indicator 1: Percentage uptake of Diphtheria, Tetanus and Pertussis (DTaP)

**Definition:** Percentage uptake of Diphtheria, Tetanus and Pertussis (DTaP) Immunisation at 5 years old.

**How this indicator works:** The DTaP vaccination booster is given at 3 years and 4 months to 5 years. This is 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:** DTaP is a vaccine that helps children younger than age 7 develop immunity to three deadly diseases caused by bacteria: diphtheria, tetanus, and whooping cough (pertussis).

**History with this indicator:**

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<thead>
<tr>
<th>Year</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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<td>2011/12</td>
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<td>2014/15</td>
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<tr>
<td>2015/16</td>
<td>84.4%</td>
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<td>83.8%</td>
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<td>84.0%</td>
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<td></td>
<td></td>
<td>83.3%</td>
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<tr>
<td>2016/17</td>
<td>83.6%</td>
<td></td>
<td>83.0%</td>
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**Any issues to consider:** Quarter 3 data 2016/17 is expected to be available April 2017.

**Performance Overview:**

- Poor performance is seen across the whole of London with this indicator. Barking and Dagenham are currently performing above the London average but 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.

**RAG Rating:**

**Further Performance comments:**

- Ensure Barking and Dagenham GP practices have access to IT 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.

**Benchmarking:** In Quarter 2 2016/17, Barking and Dagenham’s DTaP rate (83.0%) was above the London rate (76.8%).
Indicator 2: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old

| Definition | MMR 2 vaccination is given at 3 years and 4 months to 5 years. This is reported by COVER based on RIO/Child Health Record. |
| What good looks like | Quarterly achievement rates to be above the set target of 95% vaccination 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>82.8%</td>
<td>82.3%</td>
<td>82.7%</td>
<td>82.4%</td>
</tr>
<tr>
<td>2012/13</td>
<td>85.5%</td>
<td>82.3%</td>
<td>82.7%</td>
<td>82.4%</td>
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</tbody>
</table>

### Any issues to consider

Quarter 3 data 2016/17 is expected to be available March 2017.

### Performance Overview

Poor performance is seen across the whole of London with this indicator, and the borough’s performance is similar to the London average but 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.

### RAG Rating

- **Red**: Poor performance is seen across the whole of London with this indicator, and the borough’s performance is similar to the London average but below the national average for England.
- **Yellow**: 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 IT 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.

### Benchmarking

In Quarter 2 2016/17, Barking and Dagenham's MMR2 coverage at 5 years was 82.5%, which is marginally above the London rate of 79.1% and below England coverage levels at 87.3%.
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 picture on 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%

Performance Overview: In Quarter 3 2016/17, the percentage of looked after children in care for a year or more with an up to date health assessment increased slightly to 77% compared to 76% as at end of Quarter 2. Quarter 3 performance is higher than Quarter 3 2015/16 (77% compared to 74% 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.

Benchmarking: Performance on LAC annual health checks exceeded all benchmark data for the last 3 years and remains above national (88%), similar areas (91%) and London (90%) in 2015/16.
HWB Performance Indicators
Indicator 8: Under 18 conception rate (per 1,000)
Meeting date: March 2017, Data: Quarter 2 2015/16
Source: Office for National Statistics (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 ONS and refers to pregnancy rate among women aged below 18. Due to low numbers, data has been grouped into rolling 3-year averages, allowing comparisons to be made more easily between time periods, and mitigating seasonal variance.

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
2012: 35.4 per 1,000 women aged 15-17 years
2013: 40.1 per 1,000 women aged 15-17 years
2014: 32.4 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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<tbody>
<tr>
<td>2014/15</td>
<td>37.9</td>
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<tr>
<td>2015/16</td>
<td>34.5</td>
<td>34.4</td>
<td>35.4</td>
<td>34.5</td>
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</tbody>
</table>

Benchmarking
England – 2012/13 Quarter 3 – 2015/16 Quarter 2: 23.5 per 1,000 population aged 15-17 years
London – 2012/13 Quarter 3 – 2015/16 Quarter 2: 21.1 per 1,000 population aged 15-17 years

Performance Overview
The 2015/16 Quarter 2 three-year average for under 18 conceptions fell slightly compared to the previous quarter, dropping by 0.1 percentage points. This is a continuation of the downward trend seen over the past five years. There were 32 conceptions to under 18s in the borough in 2015/16 Quarter 2. Performance remains RAG rated Red as LBBD continues to report a higher annual and quarterly rate of under 18 conceptions compared to national and London. LBBD is ranked 130 out of 151 Local Authorities based on the 2014 annual rate.

Further Performance comments
The gap between B&D and the national and regional averages has been widening over the last three quarters. In 2014/15 Quarter 4, B&D had a rate that was 41.8% higher than the national average. In the most recent quarterly figures (2015/16 Quarter 2), this has widened to 46.5% higher than the national average. This is due to national averages continuing to fall while B&D’s have remained fairly stable in the last data periods.
**HWB Performance Indicators**  
**Indicator 10: Number of smoking quitters aged 16 and over through smoking cessation service**  
**Meeting date: March 2017, Data: December 2016**  
**Source: Quit Manager**

<table>
<thead>
<tr>
<th>Definition</th>
<th>How this indicator works</th>
<th>Why this indicator is important</th>
<th>Any issues to consider</th>
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<tbody>
<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>Due to the nature of the indicator, the quit must be confirmed at least 4 weeks after the quit date. This means that the data will likely increase upon refresh next month*.</td>
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<tr>
<th>What good looks like</th>
<th>History with this indicator</th>
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| For the number of quitters to be as high as possible and to be above the target line. The annual target for number of quitters is 1,000. | **2012/13:** 1,480 quitters  
**2013/14:** 1,174 quitters  
**2014/15:** 635 quitters  
**2015/16:** 551 quitters |

<table>
<thead>
<tr>
<th>Performance Overview</th>
<th>Further Performance comments</th>
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</table>
| From April to December there were 517 quitters. This is 68.9% achievement of year-to-date target. However, December figures will not be complete until 1st week in February figures due to the time lag of the smoking programme.  
Although the indicator is still RAG rated as Red, the figures continue to show an improvement in performance on the previous year; we are ahead by 176 quitters relative to December 15/16. | Pharmacy continues to have the highest number of quits (210 quits), followed by Tier 3 (199) and then General Practice (108).  
Tier 3 continue to visit and support general practice and pharmacy in consultation with Public Health  
The Tier 3 team are currently supporting 12/13 practices, as well as making contact with 15 pharmacies.  
As a result of the work with GPs, 7 have increased or commenced activity, resulting in 46 people starting the programme who otherwise would not have accessed the service. |

<table>
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<th>RAG Rating</th>
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<tr>
<td><strong>Benchmarking</strong></td>
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<tr>
<td>Between April and September 2016/17 there were 232 self-reported quitters per 100,000 population, during the same period the following boroughs within the North East London Region achieved the following number of quitters per 100,000 population: Redbridge (135), Havering (2), Newham (46), Hackney (342), City of London (863), Waltham Forest (134) and Tower Hamlets (218).</td>
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<tr>
<td>2015/16</td>
<td>39</td>
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<td>35</td>
<td>22</td>
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<td>45</td>
<td>45</td>
<td>41</td>
<td>87</td>
<td>70</td>
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<tr>
<td>2016/17</td>
<td>81</td>
<td>64</td>
<td>46</td>
<td>46</td>
<td>56</td>
<td>58</td>
<td>65</td>
<td>72</td>
<td>29*</td>
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![Graph showing number of quitters from April to March 2016/17 with 2015/16 and 2016/17 target lines.]

*As of 1st week in February figures, due to the time lag of the smoking programme.*
# HWB Performance Indicators

## Indicator 12: Those aged 40-74 who receive an NHS Health Check

**Meeting date: March 2017, Data: December 2016**

**Source: Department of Health**

**Definition**

The NHS Health Check is a 5-year programme offered to people between the ages of 40 – 74yrs who have not previously been diagnosed with long term conditions, particularly - heart disease, stroke, diabetes, chronic kidney disease and certain types of dementia (eligibility criteria). Depending on the results of the risk score following the assessment, some patients may need to be referred to the relevant lifestyle programme or potentially included on a disease register.

Data reporting: Performance as a percentage of the 5-year programme.


**How this indicator works**

The programme is a 5-year rolling programme, invitations to receive a health check is sent out to 100% of its eligible population over 5 years. Number offered Health Check: 20% - of the population annually (maximum).

Number received/uptake Health Check*: 75% - uptake of those offered a health check.

*PHE requests that this figure should at least be better than the previous year data.

**What good looks like**

- Improvement on the previous year’s performance.
- Increased number of patients invited for a health check
- Increased numbers of patients diagnosed with long term conditions.
- Increased numbers of referrals made to existing lifestyle programmes.
- Measured Targets: 20% invited each year; 75% uptake each year, i.e. 15%.

**Why this indicator is important**

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, and kidney disease. It is a key approach for new patients to be identified and clinically managed with long term conditions to prevent premature deaths; also, to influence lifestyle choices of patients to improve their overall health and wellbeing.

**History with this indicator**

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<th>Feb</th>
<th>Mar</th>
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</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>0.93%</td>
<td>0.73%</td>
<td>0.90%</td>
<td>0.97%</td>
<td>1.03%</td>
<td>0.89%</td>
<td>0.87%</td>
<td>1.07%</td>
<td>1.24%</td>
<td>1.10%</td>
<td>1.08%</td>
<td>1.02%</td>
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<tr>
<td>2016/17</td>
<td>0.76%</td>
<td>0.83%</td>
<td>1.05%</td>
<td>0.82%</td>
<td>0.93%</td>
<td>0.92%</td>
<td>0.85%</td>
<td>0.84%</td>
<td>0.49%</td>
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**Any issues to consider**

There is sometimes a delay between the intervention and data capture – this means that the data is likely to increase upon refresh next month*.

**Performance Overview**

- Quarter 3 2016/17 has seen 2.18% of the eligible population receive an NHS Health Check, lower than figures for Quarter 1 and Quarter 2.

**Further Performance comments**

- Work continues earnestly to link community based programmes to the health check programme by improving the referral pathways. Data capture is poor in relation to the outcomes of this programme, this information is a priority for programme improvement.
- Training continues amongst GPs and pharmacists to improve the number of health checks delivered and improve the quality of a health check.

**Benchmarking**

In 2015/16 LBBD completed health checks on 11.8% of the eligible population. This is above the England and London rates of 9% and 10.7% respectively.