Appendix ii - Performance Summary Reports
Health and Wellbeing Board Performance Indicators

Indicator 1: Percentage uptake of MMR (measles, mumps and rubella) vaccination (2 doses) at 5 years old

Meeting date: June 2017, Data: December 2016

Source: NHS England

**Definition**

Percentage of children given two doses of MMR vaccination by their fifth birthday.

**How this indicator works**

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>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
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<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>81.0%</td>
<td></td>
<td>81.2%</td>
<td></td>
<td>80.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>78.6%</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>80.5%</td>
<td>82.5%</td>
<td></td>
<td>79.9%</td>
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</table>

**Any issues to consider**

Quarter 4 data 2016/17 is expected to be available on 23 June 2017.

**Performance Overview**

- Poor performance is seen across the whole of London with this indicator.
- In LBBDD 10 GP practices are above the 95% rate and 12 below 80%.
- 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.
- Work jointly with the CCG (commissioners) to target GP practices with poor performance to increase rates by:
  - 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 3 2016/17, Barking and Dagenham’s MMR2 coverage at 5 years was 79.9%, marginally above London (79.1%) and below England (87.8%).
# Health and Wellbeing Board Performance Indicators

### Indicator 6: The number of children subject to child protection plans

**Meeting date:** June 2017, **Data:** March 2017  
**Source:** Children’s Services

**Definition**  
This indicator measures the number of children on child protection plans monitored each month as part of Care and Support performance reporting.

**How this indicator works**  
It is reported as a number and a rate per 10,000 children aged 0–17 in the borough. Children on child protection plans have been assessed as at risk of significant harm or abuse by a Child Protection Conference. A child protection plan is then put in place to ensure children are protected. This plan is monitored and reviewed regularly by social workers and multi-agency professionals.

**What good looks like**  
For the number to remain in line with population change and to be stable throughout the year. LBBD rate per 10,000 to be in line with benchmark data and in line with London rate.

**Why this indicator is important**  
The data allows us to make performance comparisons with other areas and provides data on trends on the number and rate of our children's population at risk of harm and abuse. It is also an indicator of how well our safeguarding threshold is being applied and is a significant KPI for LSCB and is an Ofsted area of inspection.

**History with this indicator**

<table>
<thead>
<tr>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
</tr>
<tr>
<td>2015/16</td>
<td>320</td>
<td>328</td>
<td>320</td>
</tr>
<tr>
<td>2016/17</td>
<td>240</td>
<td>242</td>
<td>265</td>
</tr>
</tbody>
</table>

**Performance Overview**

- The number of children on child protection plans increased to 294 in March 2017 compared with 287 last month. Child protection numbers are higher when compared to our year-end 15/16 outturn of 253. The rate per 10,000 has subsequently increased to 48.7, higher than the London rate (38) and the national rate (43), and just below our statistical neighbours (49).

**Further Performance comments**

- Child Protection numbers have fluctuated in 16/17 increasing in the first 5 months of the year followed by a decline up to November 2016 and are now rising again.
- The CPRS and Performance team are analysing the CP end of year data to ascertain factors causing the increase. One of the factors contributing to the rise is that a lower number of children are being de-planned in 16/17 compared to 15/16: 291 compared to 411 respectively. There has been a slight increase in the number of new plans – 332 in 16/17 compared to 310 in 15/16.

**Benchmarking**

National, London and SN rate per 10,000 is 43, 38 and 49 respectively (based on latest published data for 2015/16).
Health and Wellbeing Performance Indicators
Indicator 7: Under 18 conception rate (per 1,000)

Meeting date: June 2017, Data: December 2015
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. |

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>31.0</td>
<td>20.5</td>
<td>37.1</td>
</tr>
<tr>
<td>2015/16</td>
<td>32.1</td>
<td>32.8</td>
<td>29.8</td>
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</table>

<table>
<thead>
<tr>
<th>Crude rate per 1,000 females aged 15-17</th>
</tr>
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<tbody>
<tr>
<td>2010/11</td>
</tr>
<tr>
<td>2015/16</td>
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</table>

| 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 31.0 in 2015/16 Q3. |
| RAG Rating | Barking and Dagenham remains above the national and London averages (20.3 and 19.4 per 1,000 respectively), who both saw a continued decline in their conception rate. |
| Benchmarking | Barking and Dagenham’s rate is above the national and regional averages, with Barking & Dagenham currently having one of the highest rates nationally and regionally. |

Further Performance comments
## HWB Performance Indicators

### Indicator 9: Number of smoking quitters aged 16 and over through smoking cessation service

**Meeting date:** June 2017, **Data:** February 2017  
**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. The annual target for number of quitters is 1,000.

#### 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Quitters</th>
</tr>
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<tbody>
<tr>
<td>2012/13</td>
<td>1,480</td>
</tr>
<tr>
<td>2013/14</td>
<td>1,174</td>
</tr>
<tr>
<td>2014/15</td>
<td>635</td>
</tr>
<tr>
<td>2015/16</td>
<td>551</td>
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#### 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 data will likely increase upon refresh next month*.

#### Performance Overview

- From April to February there were 691 quitters. This is 75.4% achievement against the year to date target.
- This compares favourably with 498 quitters for the same month in 2015/16 (193 more quitters this year)

#### Further Performance comments

- Pharmacy continues to have the highest number of quits (280 quits), followed by Tier 3 (267) and then General Practice (144).
- There has been a small increase in GP performance, with February figures showing the second highest levels of GP quitters to date.
- Because of time lags, recent data in Quit Manager shows a greater increase in activity (figures have now surpassed 700)
- Tier 3 have continued to support GP practices and pharmacies. In consultation with Public Health, this support for practices is being addressed in three waves and prioritised according to practice prevalence and paucity of activity.
- In order to meet the end of year target we would require an additional 309 quitters by the end of the March data collation, with 209 quitters required for an amber RAG rating.

#### Benchmarking

Between April and December 2016/17 there were 357 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 (240), Havering (2), Newham (74), Hackney (525), City of London (1,533), Waltham Forest (292) and Tower Hamlets (333).
**Indicator 11: Those aged 40-74 who receive an NHS Health Check**

**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 5years. 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**
- Increased number of patients invited for a health check
- 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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Apr</th>
<th>May</th>
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<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</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>
</tr>
<tr>
<td>2016/17</td>
<td>0.77%</td>
<td>0.84%</td>
<td>1.08%</td>
<td>0.87%</td>
<td>1.00%</td>
<td>0.95%</td>
<td>0.92%</td>
<td>1.01%</td>
<td>0.73%</td>
<td>0.78%</td>
<td>0.87%</td>
<td>1.18%</td>
</tr>
</tbody>
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**Performance Overview**
- 5,177 health checks have been delivered in 2016/17.
- 9,339 people have been invited for a health check in the same period.

**Further Performance comments**
- Public Health has successfully submitted revised denominator figures for use in 2017/18 to Public Health England. These changes will lead to improved performance figures and will likely improve the RAG rating from ‘Red’ should current delivery be maintained.
- For March Health Check performance is RAG rated amber, with the highest performance to date for 2016/17 (555 Health checks). However, the overall 2016/17-year performance remains RAG rated red.
- An additional 1,881 Health checks were required to achieve the annual target, with 1,730 health checks required for an amber RAG rating.
- 19 practices have now achieved their 75% target for completed HCs (50% of practices).

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