### Health and Wellbeing Board Indicators

#### Prevalence of children in Year 6 that are obese or overweight

<table>
<thead>
<tr>
<th>Year</th>
<th>Barking and Dagenham</th>
<th>London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>36.4%</td>
<td>36.3%</td>
<td>31.7%</td>
</tr>
<tr>
<td>2007/08</td>
<td>40.3%</td>
<td>36.0%</td>
<td>32.6%</td>
</tr>
<tr>
<td>2008/09</td>
<td>40.3%</td>
<td>36.0%</td>
<td>32.6%</td>
</tr>
<tr>
<td>2009/10</td>
<td>39.4%</td>
<td>36.9%</td>
<td>33.4%</td>
</tr>
<tr>
<td>2010/11</td>
<td>41.3%</td>
<td>37.1%</td>
<td>33.4%</td>
</tr>
<tr>
<td>2011/12</td>
<td>42.3%</td>
<td>37.5%</td>
<td>33.9%</td>
</tr>
<tr>
<td>2012/13</td>
<td>40.1%</td>
<td>37.4%</td>
<td>33.3%</td>
</tr>
<tr>
<td>2013/14</td>
<td>42.4%</td>
<td>37.6%</td>
<td>33.5%</td>
</tr>
<tr>
<td>2014/15</td>
<td>41.2%</td>
<td>37.2%</td>
<td>33.2%</td>
</tr>
<tr>
<td>2015/16</td>
<td>43.8%</td>
<td>38.1%</td>
<td>34.2%</td>
</tr>
<tr>
<td>2016/17</td>
<td>43.5%</td>
<td>38.5%</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

#### Why is this indicator important?

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.

#### What does good performance look like?

For the proportion of children who are overweight or obese to be as low as possible.

#### Performance overview

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 2016/17, Barking and Dagenham was the second worst performing local authority in the country.

#### Actions to sustain or improve performance

As this is such a high level indicator it is not possible to show actions that directly impact on this indicator; however, 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 referral indicator.

#### Benchmarking

2016/17:
- London: 38.5%
- England: 34.2%
Number of looked after children who had their annual health assessment.

Number of children looked after at 31 March who had been looked after for at least 12 months.

Department for Education

For the percentage to be as high as possible.

The local authority, through its Corporate Parenting responsibilities, has a duty to promote the welfare of Looked After Children, including those who are Eligible and those children placed in adoptive placements. This includes promoting the child’s physical, emotional and mental health; every Looked After Child needs to have a health assessment so that a health plan can be developed to reflect the child’s health needs and be included as part of the child’s overall Care Plan.

Performance has decreased from 77.2% (235/304) at quarter 2 2017/18 to 69.7% (199/285) in quarter 3 2017/18. A total of 86 health checks were out of timescale.

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 placing 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.

### Monthly data

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>78.7%</td>
<td>77.2%</td>
<td>69.7%</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>80.1%</td>
<td>76.2%</td>
<td>77.3%</td>
<td>90.9%</td>
</tr>
<tr>
<td>2015/16</td>
<td>82.0%</td>
<td>72.0%</td>
<td>73.8%</td>
<td>94.2%</td>
</tr>
</tbody>
</table>

### Performance overview

- **Actions to sustain or improve performance**
  - 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 placing 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.

- **Benchmarking**
  - 2015/16:
    - London – 89.9%
    - England – 87.7%
### Under 18 conception rate (per 1,000 population aged 15-17 years)

**Definition**
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.

**Denominator**
Number of women aged 15-17 living in the area.

**Source**
Office for National Statistics

**What does good performance look like?**
For the rate of teenage conceptions to be as low as possible.

**How this indicator works**
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 population at risk.

**Why is this indicator important?**
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.

### Quarterly data

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>32.6</td>
<td>32.1</td>
<td>34.4</td>
<td>34.1</td>
</tr>
<tr>
<td>2015/16</td>
<td>34.6</td>
<td>34.5</td>
<td>35.4</td>
<td>34.6</td>
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<tr>
<td>2014/15</td>
<td>37.9</td>
<td>36.0</td>
<td>34.4</td>
<td>34.1</td>
</tr>
</tbody>
</table>

### Performance overview
The overall trend for teenage conceptions in Barking and Dagenham continues to be downward, with the 3-year rolling average halving over the last ten years (from 66.8 per 1,000 females aged 15-17 years in 2006/7 Q2 to 32.1 in 2016/17 Q2).

However, Barking and Dagenham continues to have one of the highest rates of teenage conceptions in London, with the highest quarterly (non-rolling) rate in London in 2016/17 Q2.

### Actions to sustain or improve performance
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 scheme has seen improved performance and is now reaching higher numbers of teenagers.

### Benchmarking
2016/17 Q2 (rolling 3-year average):
- London: 19.7
- England: 21.7

**Responsible Director**
Matthew Cole

**Status**
Red
In quarters 1 and 2 2017/18 (April-September 2017), there were 369 quitters and 738 setting a quit date. This is 74% achievement of the year-to-date target and a conversion rate of 50%.

Between April and September 2017 there were 1,053 self-reported quitters (where this was confirmed with carbon monoxide validation) per 100,000 smokers in Barking and Dagenham. The equivalent figures for London and England were 703 and 685 per 100,000 smokers respectively. Equivalent figures for the following boroughs within the North East London region were: Redbridge (617), Havering (59), Newham (311), Hackney (1,511), Waltham Forest (217) and Tower Hamlets (1,252).

The specialist service continues to deliver most quits, followed by pharmacy and Primary Care. Poor performing practices are being visited to help troubleshoot difficulties but in view of the reluctance on the part of many practices to participate in the stop smoking programme, Public Health is considering a change of model for the delivery of this programme when a new procurement phase starts in April 2019.

### Monthly data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>58</td>
<td>146</td>
<td>215</td>
<td>270</td>
<td>320</td>
<td>369</td>
<td>418</td>
<td>461</td>
<td>461</td>
<td>461</td>
<td>461</td>
<td>461</td>
</tr>
<tr>
<td>Year-to-date target</td>
<td>83</td>
<td>167</td>
<td>250</td>
<td>333</td>
<td>417</td>
<td>500</td>
<td>583</td>
<td>667</td>
<td>750</td>
<td>833</td>
<td>917</td>
<td>1,000</td>
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<tr>
<td>2016/17</td>
<td>81</td>
<td>145</td>
<td>191</td>
<td>239</td>
<td>296</td>
<td>355</td>
<td>420</td>
<td>495</td>
<td>533</td>
<td>611</td>
<td>695</td>
<td>790</td>
</tr>
</tbody>
</table>

### What does good performance look like?

For the number of smoking quitters to be higher than the target.

### Why is this indicator important?

For the number of smoking quitters to be higher than the target.
**Percentage of eligible population that received a health check**

### Definition

- **Numerator**
  Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check.

- **Denominator**
  Number of people aged 40-74 eligible for an NHS Health Check in the five year period.

### How this indicator works

Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease.

### What does good performance look like?

For the proportion of the eligible population in receipt of an NHS Health Check to be as high as possible.

### Source

Public Health England

### Quarterly data

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>2.8%</td>
<td>3.2%</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>2.7%</td>
<td>2.8%</td>
<td>2.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>2015/16</td>
<td>2.6%</td>
<td>2.9%</td>
<td>3.2%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

### Performance overview

- **Barking and Dagenham's performance is below the target figure of 3.75% coverage per quarter, but is higher than both the national and regional averages.**

- **From quarter 1 to quarter 3 2017/18 we achieved 9.1% coverage, which is 61% of our yearly target to reach 15% of our eligible population and higher than quarters 1 to 3 last year (8.7%).**

  The plan for improvement has progressed with the following outcomes: a specialist post has commenced for one year to work with the poorest performing practices and KPIs are attached to this contract; Public Health continues to push the HC agenda through the practice network meetings with the support of the CCG and clinical leads; the HC steering group put in several measures to help improve quality, for example, a process map and workbook to help guide practices correctly through the HC consultation; and a revised referral form for lifestyle services which is helping to improve referrals from the HC.

### Actions to sustain or improve performance

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>2.8%</td>
<td>3.2%</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>2.7%</td>
<td>2.8%</td>
<td>2.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>2015/16</td>
<td>2.6%</td>
<td>2.9%</td>
<td>3.2%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

### Benchmarking

- **2017/18 Q2:**
  - London: 2.3%
  - England: 2.0%
- **Barking & Dagenham:** 3.0% (updated data is presented above)

### Responsible Director

**Matthew Cole**
### Bowel screening - coverage of people aged 60-74 years

**Definition**

**Numerator**
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.

**Denominator**
Number of people aged 60–74 resident in the area who are eligible for bowel screening at a given point in time.

**How this indicator works**
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.

**Source**
HSCIC

**What does good performance look like?**
For the percentage coverage to be as high as possible.

**Why is this indicator important?**
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].

### Annual data

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>39.7%</td>
<td>41.1%</td>
<td>39.7%</td>
</tr>
<tr>
<td>London</td>
<td>47.8%</td>
<td>48.8%</td>
<td>49.6%</td>
</tr>
<tr>
<td>England</td>
<td>57.1%</td>
<td>57.9%</td>
<td>58.8%</td>
</tr>
</tbody>
</table>

### Performance overview

Barking and Dagenham continues to perform significantly worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 39.7% coverage of the eligible population at the end of 2016/17.

### Actions to sustain or improve performance

The bowel scope screening roll out in Barking and Dagenham will commence its first list in April 2018 (switch on February 2018).

When the project is live in April 2018, it indicates that screening will have commenced within the CCG but may not yet be rolled out to all GP practices.

### Benchmarking

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>49.6%</td>
</tr>
<tr>
<td>England</td>
<td>58.8%</td>
</tr>
</tbody>
</table>

### Responsible Director

Matthew Cole

### Status

Red
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 87.1% in quarter 2 to 80.6% in quarter 3.

**Why is this indicator important?**

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.

**What does good performance look like?**

For the proportion to be as high as possible and above the target of 90%.

**How this indicator works**

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.

**Quarterly data**

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/18</td>
<td>85.5%</td>
<td>87.1%</td>
<td>80.6%</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>81.8%</td>
<td>89.1%</td>
<td>87.1%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2015/16</td>
<td>92.3%</td>
<td>86.8%</td>
<td>79.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Performance overview**

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 87.1% in quarter 2 to 80.6% in quarter 3.

**Actions to sustain or improve performance**

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 87.1% in quarter 2 to 80.6% in quarter 3.

**Benchmarking**

2017/18 Q3: England: 88.0%
North East London Sustainability and Transformation Plan area: 88.1%
Performance has been below target in quarters 1 and 2 2017/18, although performance in quarter 1 was slightly higher than quarter 1 2016/17. The proportion of starters (rather than referrals) who completed was 61.8% and 64.7% in quarters 1 and 2 2017/18 respectively.

HENRY: Capacity to be increased through training and addressing childcare barriers; Child weight management: LEAN Beans Club is due to launch in January and a School Pack has been promoted within local priority schools (based on NCMP data). A marketing campaign will be running throughout January to promote the programme. Adult weight management: A programme has been developed at Green Lane Mosque for this community group. Workshops (e.g. cooking) are being developed for individuals unable to attend the 12-week programme and an online programme is also being developed. A new coaching programme is being developed for individuals who start the programme but drop out; Exercise on referral: Work in accessing leisure centre attendance data following the transfer to SLM is ongoing, as is the development of a new booking system. Changes to the electronic referral form following NHS Health Checks should facilitate greater follow-up.

This is a local indicator.

Responsible Director

Matthew Cole

Status

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