Appendix D – Additional information on indicators which have been frequently RAG-rated red

1 Introduction

1.1 Further to a request from the Chair of the Health and Wellbeing Board at the meeting on 13 March 2018, this appendix provides further information on the indicators which have been consistently RAG (red, amber, green)-rated red in 2017/18 or earlier.

1.2 These indicators are:
   a) Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old
   b) Prevalence of children in Year 6 that are obese or overweight
   c) Under 18 conception rate (per 1,000 population aged 15–17 years)
   d) Number of 4-week smoking quitters
   e) Percentage of eligible population that received a health check
   f) Bowel screening – coverage of people aged 60–74 years
   g) The percentage of children and adults referred to healthy lifestyle programmes that complete the programme.

1.3 Information was requested from commissioners (LBBD and NHS England) and others with knowledge of these indicators, and their responses have been collated and edited below, together with additional data where appropriate.

1.4 The coloured markers on the charts indicate the RAG rating against the target:
   - A red rating indicates a measure that is more than 10% below the target (where high is good) or more than 10% above the target (where low is good).
   - An amber rating indicates a measure that is below the target by up to 10% (where high is good) or above the target by up to 10% (where low is good).
   - A green rating indicates a measure that is at or above the target (where high is good) or at or below the target (where low is good).
a) Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old

What is the situation?

As of quarter 3 2017/18, 77.3% of Barking and Dagenham children had received two doses of the measles, mumps and rubella (MMR) vaccine by the age of 5, compared with 87.3% across England and 77.1% in London. However, 95% of Barking and Dagenham 5 year olds had had at least one MMR vaccination.

Figure 1: Uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old

Source: Public Health England/NHS Digital

What are the issues?

Barking and Dagenham falls within the middle of the range of values for London (Figure 2). There is wide variation across the NEL STP footprint, ranging from 90% in Havering to 68.7% in Newham.

Figure 2: % uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old by London borough, Q3 2017/18

Source: Cover of vaccination evaluated rapidly (COVER) programme, Public Health England

However, with one exception, London boroughs (highlighted in dark red in Figure 3) have lower coverage than the national average and hence this is a low position relative to other local authorities in England.
Figure 3: % uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old by local authority, Q3 2017/18

What actions are being taken?

Public Health England has recently developed new MMR campaign materials and NHS England propose that a local MMR campaign is run in Barking and Dagenham as well as the NEL STP area in collaboration with local authority and CCG colleagues and the NEL commissioning communications alliance.

The council issued a press release in April as part of European Immunisation Week 2018 as part of the MMR campaign, urging people who are not vaccinated or are unsure of their vaccination status to book an appointment with their GP. The full press release is here: https://www.lbld.gov.uk/news/european-immunisation-week-2018-vaccinated-residents-urged-check-protected/. Social media was used to share this and to raise awareness of the importance of the MMR vaccine.

In addition NHS England is continuing to run an MMR catch-up campaign with GP practices.
b) Prevalence of children in Year 6 that are obese or overweight

What is the situation?

Barking and Dagenham has the second highest proportion of overweight or obese Year 6 children in England and London, with 43.8% in 2016/17.

This has been significantly higher than the London average for the last 10 years and shows an upward trend.

Figure 4: Prevalence of children in Year 6 that are obese or overweight

Source: National Child Measurement Programme

What are the issues?

Figure 5: Breakdown of Year 6 students by weight category, Barking and Dagenham 2016/17

Data: National Child Measurement Programme, NHS Digital. Based on child’s postcode of residence. Rounded to nearest whole number in image. Block = 50%, row = 10%, person = 1%.

Of children with excess weight, a higher proportion in Barking and Dagenham are obese rather than overweight compared with London and England; in Year 6, two-thirds of children (67%) with excess weight are obese rather than overweight compared with 61% in London and 58% across England. Barking and Dagenham had the highest proportion of obese Year 6 children in England in 2016/17.
Nationally, there is a strong relationship between excess weight and deprivation, with 69% more children living in the most deprived 10% of areas being overweight or obese compared with those in the least deprived 10% of areas. Most areas in Barking and Dagenham fall within the second and third deciles for deprivation.

Nationally, there is a strong relationship between excess weight and ethnicity. Compared with White children (lowest prevalence), 42% more Black children (highest prevalence) are overweight or obese. Although it is not clear the extent to which ethnicity may act as a proxy for other characteristics at a national level, including deprivation, this is a factor to consider when addressing inequalities.

What actions are being taken?

HENRY – Health, Exercise, Nutrition for the Really Young – programmes have been running since May 2017. The programme is aimed at parents with children under the age of 5 with the aim of preventing obesity. It is the first time in LBBD we have had a programme aimed at children before they are measured by the National Child Measurement Programme (NCMP) in Reception. The retention rate so far for this programme is 100%. However, it is too early to measure the full impact of this programme.

Following consultation and feedback from previous participants and various insights (e.g. the Great Weight Debate), the Child Weight Management programme has been revised to make it more fun and engaging. The programme will also be no longer branded as Change for Life but as the LEAN programme (Learning, Exercise and Nutrition).
The community-based LEAN programme continues as a family-based scheme, however, it will be a rolling programme to allow people to join at any time.

The launch of Street Tag has also supported the community-based programme and the new digital approach. This interactive game was aimed at residents with the aim to promote being active in a fun and engaging way.

The school-based LEAN programme is delivered after school. This programme is available for all young people to join as the measurable outcomes are based around healthy eating and improving physical activity.

Schools commit to support the recruitment and referral of pupils/families to the community programme.

By becoming members of the club, schools, families and pupils can access benefits including:

- Healthy Eating/Nutrition Workshops to support PSHE
- LEAN Games – aimed at parents, practical, fun active sessions, focused on games you can play with your children
- Sugar Smart Assembly/parent coffee morning
- Visits by Active Alfie and Healthy Hana
- Fruit Pursuit/Street Tag/#showusyourplate
- 12-week LEAN Beans Programme (nutrition and physical activity workshops)

We continue to provide the Schools Out Get Active programme, providing free school holiday camps for children providing a range of physical activity sessions.

In addition, Partners in Creation were commissioned to conduct a piece of qualitative insight research into behaviours and attitudes of families towards healthy weight in Barking and Dagenham. The aim of which was to provide actionable insights and clear recommendations to inform commissioning and campaigns around healthy lifestyles. The project has now finished and a report has been created based on their findings after talking to over 40 people and spending time with eight families who live in the borough. From this research we can understand some key attitudes towards healthy behaviours and any perceived or real barriers that exist for our residents. We are currently working on translating these findings into practice to make healthy behaviours a realistic and more accessible choice for our residents.
c) Under 18 conception rate (per 1,000 population aged 15-17 years)

What is the situation?

It is important to note that teenage pregnancy is on the decline in Barking and Dagenham and that teenage pregnancy figures are the lowest they have ever been.

Since 1998, when the Government strategy began, Barking and Dagenham’s rate has fallen by 49%. Our annual conception rate has fallen by 9.7% between 2015 and 2016, to 27.9 per 1,000. This is a slightly larger drop than the England average of 9.6%, although it does lag behind London, which saw an 10.9% drop overall from 2015.

Figure 8: Under 18 conception rate (3-year rolling average per 1,000 population aged 15-17 years)

Source: Office for National Statistics licensed under the Open Government Licence

What are the issues?

There is moderate correlation between under 18 conception rate and deprivation, but this is not the whole story and does not explain why some London boroughs with similar levels of deprivation have lower rates, such as Newham or Tower Hamlets.

Figure 9: Correlation between under 18 conception rate (per 1,000 15–17 year olds) in 2016 and 2015 index of multiple deprivation (IMD) score

Observational evidence has suggested that the significant association between deprivation and under 18 conceptions has decreased in strength over time. Other relevant factors are likely to include level of educational attainment and access to contraception, but measuring their contribution to under 18 conceptions is complicated by reverse causality – the way that they can also be influenced by under 18 conceptions.

What actions are being taken?

We are confident that the excellent (and vastly improved) performance of the C-Card programme locally (see below) will start to have a more significant impact on teenage pregnancy figures, and is already doing so.

Our most recent quarterly under 18 conception rate has fallen substantially from 31.8 per 1,000 15–17 year olds in quarter 2 2016/17 to 23.6 for quarter 3. This places us fourth highest in London (against the 2016 annual figure which places us highest). The quarterly rate of 23.6 is the lowest we have seen in over 2 years. However, quarterly rates can be subject to random variation due to the small numbers involved and hence the indicator is based on a 3-year rolling average.

Our C-Card programme, providing free contraception to young people, continues to perform extremely strongly. For 2017:

- Barking and Dagenham have the highest proportion of young people engaging with the programme after registration in London (48%, nearly 20% better than average)
- We have the highest rate of usage per 1,000 young people in London (by a very large margin)
- 15.3% of encounters for the whole of London are from Barking and Dagenham residents
- Three out of ten of the most active repeat visit outlets across the whole of London are in Barking and Dagenham.

Sitting alongside the successful delivery of C-Card, is our Young Inspectors’ programme, which sees young people mystery shop sexual health services in the borough. 150 inspections took place in 2017, the highest annual figure yet, impacting on the quality of sexual health services delivered to young people in the borough.

Performance of the Healthy Schools programme locally is better than the London average, demonstrating that schools are placing importance on the effective delivery of PSHE and Sex and Relationship Education.

Our Integrated Reproductive and Sexual Health Board continues to meet quarterly, with good engagement from partners such as NELFT and BHRUT. The work of the Board is

2 As above.
underpinned and driven by the a performance dataset, which helps evaluate success and inform priorities going forward.
d) Number of four-week smoking quitters

What is the situation?

The number of smoking quitters has been below target for all quarters in 2017/18. At the end of quarter 3, a total of 472 people had quit against a year-to-date target of 750.

Figure 10: Number of four-week smoking quitters

![Graph showing number of quitters over quarters 2016/17 and 2017/18 with a target line at 250.]

Source: QuitManager
Note: shows performance against a quarterly target rather than cumulative target

What are the issues?

Primary care – GP practices and pharmacies
The contract is not a mandatory one – GP practices and pharmacies can choose to provide or not provide this service. We have had a dwindling interest from GP practices in providing the service, so in essence there is not enough activity going on in primary care to engage the smokers or refer them on to available services. Pharmacies maintain their interest, but their activity is variable.

Specialist stop smoking service
Engaging young people was proving a challenge; LBBD completed a school survey which identified that only 3% of young people are smoking, but 22% of young people are smoking shisha. We are currently working with Comms to design a shisha campaign aimed at secondary schools and colleges and we will work closely with Subwise, youth workers and school nurses.

The service has a high number of referrals for pregnant women and there are a high number we are unable to contact and engage especially eastern European women who we know have a very high prevalence of smoking in pregnancy.

What actions are being taken?

Primary care – GP practices and pharmacies
The GP element of the stop smoking programme will be de-commissioned from October, but going forward the Tobacco Alliance group could and will look at making some improvements in the patient pathway and ensuring that smoking referrals from GP practices have a more robust process, can be tracked and that smokers get to a service that they need.
Specialist stop smoking service
To improve smoking cessation rates among pregnant women, the Healthy Lifestyles service is working closely with the BabyClear programme to complete a consultation with pregnant women to see if there is a way to better engage and support them. LBBD is planning to offer an incentive scheme which has had a very good engagement and success rate in the north of England. LBBD is also planning a pilot to offer restorative yoga to women who stop smoking in pregnancy to fully connect with their baby and ensure they fully understand the impact of smoking in pregnancy so they remain successful in their quit attempt.
e) Percentage of eligible population that received a health check

**What is the situation?**

Although the proportion of the eligible population that received an NHS Health Check remains below the annual target of 15% (equivalent to a quarterly target of 3.75%), quarter 4 performance was within 10% of the quarterly target, and performance has risen throughout 2017/18.

![Figure 11: Percentage of eligible population that received a health check](image)

**What are the issues?**

The invitation process is poor. Practices conduct their own timetable of when they send out invites, there are no set periods and this contributes to invites being sent out sparingly.

There have been many staffing issues with the majority of practices. The lack of nurses and healthcare assistants working full time often leads to less effort being made to grab those who require an NHS Health Check.

GP practices are not yet on the same one clinical system. These systems are used to search for eligible service users, however if Read coded incorrectly this poses a problem for searching for eligible patients.

**What actions are being taken?**

A practice nurse has been employed to help support all the practices with the uptake of NHS Health Checks. She has been employed for 1 year only (January 2018–January 2019).

She has been conducting extra clinics within the lowest performing practices. Nurses have the opportunity to shadow her to see first hand of what is considered to be a quality effective NHS Health Check.

She has also been working with frontline staff (receptionists and administrators) to support them with better ways to implement the invitation process which involves read coding, sending out invite letters and searching for eligible patients.
Once she leaves at the end of her contract, practices should have processes in place and be able to carry out these processes effectively and routinely to ensure uptake is consistent and increases.

NHS Health Checks were the subject of a review by the Delivery Unit in late 2017/early 2018. It identified seven drivers for improvement, which related to increasing knowledge and understanding among GP practice staff and the public, making the process consistent and efficient, using behaviour change techniques to increase take-up and focusing on groups where coverage is low or the consequences (in terms of preventable cardiovascular disease deaths) are higher.

The Insight Hub are working with King Edward’s GP surgery to pilot an automated SMS platform to invite eligible residents to a Health Check. This platform uses various nudge tactics and techniques from behavioural science to increase booking levels. A similar project has been delivered in a GP practice in Tower Hamlets with good success rates. The pilot will commence in mid-May for a period of 3 months. Care City have an interest in the project as some of the products they currently are working in on their test bed could be complementary to this pilot.
f) Bowel screening - coverage of people aged 60–74 years

What is the situation?

Bowel cancer screening coverage in Barking and Dagenham in 2016/17 was 39.7%, the lowest figure among all local authorities in England.

This figure is now published quarterly; quarter 1 2017/18 coverage was at 40.7%. This compares with an England average of 58.8% and a London average of 49.8% and Barking and Dagenham continues to have the lowest coverage in England.

As a region, London has low coverage; nine of the ten local authorities with the lowest coverage are in London and all are below the England average.

What are the issues?

The most important driver for low coverage in the bowel screening programme both nationally and in London is the low level of patient acceptability of the current bowel cancer screening test (guaiac Faecal Blood occult test- gFBOt). This requires participants to collect three stool samples (typically on three different days) and to send the test back to the Administrative Hub in a specially pre-paid envelope.

Cultural and language barriers further impact participation in the programme and may explain the particularly low levels of coverage in Barking and Dagenham given the relatively large proportions of the population who are from Black and Minority backgrounds; 47.3% for Barking and Dagenham compared to 55.1% for London. This is linked in a complex and multi-faceted way to religion, language barriers, cultural norms and personal choices and attitudes to the current screening test. Low uptake is also compounded by levels of deprivation in Barking and Dagenham, which is one of the 20% most deprived districts/unitary authorities in England.

What actions are being taken?

NHS England (London) (NHSEL) are working with CCGs, Screening Service Providers, the London Screening Administrative Hub and other stakeholder to roll out a national programme that will replace the gFBOt test with a more accurate and easier screening test called Faecal Immunochemical Test (FIT). This new test requires individuals to test...
one sample of stool instead of the current three samples and is a more accurate test. This test should be implemented nationally by end of 2018–19. Trial data demonstrated an increase in uptake of 7–10% when using FIT as the primary test for bowel screening. The greatest increase in uptake was seen in those groups who were previously less likely to participate in the programme and will therefore have an impact on health inequalities in relation to the bowel screening programme.

NHSEL led a working group looking at evidence based uptake and coverage initiatives that resulted in the implementation of GP endorsement on all invitation letters to the eligible population in London along with enhanced reminder letters. There is no data available yet to demonstrate the impact of this intervention but previous studies demonstrated a small but significant impact.

NHSEL has recently been granted permission by the Office for Data Release to access data to inform a health equity audit in the bowel screening programme.

Locally, an action plan on cancer awareness and screening was approved by the Health and Wellbeing Board in March 2018. The points of action cut across several work streams: action on smoking, reducing obesity, maximum health check coverage across the Borough and a comprehensive communications plan. In addition a call back/reminder service to get more people returning bowel screening kits is being developed, using NHSE transformation funding that is due to be made available. The plan very much involves working with partners from CCG, the London Cancer Collaborative and the STP, so is a complex piece of work that cuts across the whole London area.
g) The percentage of children and adults referred to healthy lifestyle programmes that complete the programme

What is the situation?

The proportion of children and adults referred to healthy lifestyle programmes who complete the programme has been below the target of 50% since the start of the data series in quarter 1 2016/17.

Figure 13: The percentage of children and adults referred to healthy lifestyle programmes that complete the programme

Source: Healthy Lifestyles team

What are the issues?

The KPI for number of referrals completing healthy lifestyle programmes has been underperforming and in quarter 3 the percentage of children and adults referred to and completed Healthy Lifestyle programmes did not meet the 50% target.

The programmes that are included and measured as part of this KPI are: HENRY (0–5), Child Weight Management (CWM) programme, Exercise on Referral (EoR) and the Adult Weight Management (AWM) programme.

It is important to note that this KPI counts ‘referrals to completers’ and consideration should be given as to if this is the best measure.

To measure the actual success and provide a clearer view of the performance of the programmes, it is recommended that the KPI reports the number of actual starters to completers (see Figure 14).

Not all referrals start a programme for a variety of reasons and this can skew the figures. In the majority of the cases, those that do not start are not the fault of the delivery team as the individual may not be eligible, or may have incomplete information and therefore be referred back to the GP or unable to commit to the programme duration.

The number of referrals that do not start a programme is recorded, along with the reason for this and could be included in the narrative on the dashboard. The commissioning team will monitor and review the rate with the aim to reduce the number of non-starters.
What actions are being taken?

Despite the below-target performance to the current measure, there were a number of successes during the first three quarters of 2017/18 which included:

- HENRY achieved 91% ‘starter to completer’ rates
- Changes made to the AWM programme resulted in increases in retention, measured as ‘starters to completion’ of 53%  
- Changes to support this included:
  - Ensuring a minimum of one Community Health Champion is present on every programme
  - The introduction of a Quality Assessor to improve the quality of delivery
  - Facilitator training to increase the ‘fun’ element within the programmes to ensure that they are engaging
  - Personal performance targets and tailored training support to each Healthy Lifestyle Coach.

There are two specific areas that have been looked at to improve the performance: firstly, there are the processes that are in place from referral to starting and secondly, the programmes themselves. Specifically, this means improving ‘referral to booking’, ‘booking to starting’ and ‘starting to completion’.

Once the team receives an e-referral, the team contacts the patient and invites them to attend an assessment.

However, many patients (up to 25%) are lost at this stage due to:
- incorrect contact details
- unable to make contact; after three attempts the case is closed
- the patient is not interested in attending, not ready for change or unable to commit to the programme.

To improve the referral to booking rate, the team now implements the following to improve the GP ‘referral to booking’ rate:
• incorrect contact details or where contact has been unsuccessful will be systematically referred back to GPs, so they can be followed up by the GP practice
• patients who are unable to commit to the full programme or are not ready to change will be offered 1-2-1 coaching support over a 6-week period as an option with the aim for them to move on to a workshop programme
• patients who decline to attend a workshop programme and decline coaching will be followed up 6 weeks after the initial contact; in the meantime, they will be signposted to the NewMe website for information, support and guidance, invited to attend healthy eating workshops and/or other physical activity projects i.e. walking programme
• To improve the self-referral to booking rate, booking forms for programmes now include a readiness to change indicator; those scoring less than 3/5 will be invited to attend 1-2-1 coaching.

Following consultation and feedback from previous participants and various insights (e.g. the Great Weight Debate), the CWM programme has been revised to make it more fun and engaging. The programme is no longer branded as Change for Life but as the LEAN programme (Learning, Exercise and Nutrition). The offer comprises of a community-based offer, which is a rolling programme available in community venues with self-referrals welcome and also referrals from schools, children’s centres, and other agencies. There is also a school-based offer, which takes place after school so both children and parents can attend.

Due to the success of the HENRY programme we have recently trained 11 new facilitators and eight new programmes have been planned for 2018.

The AWM programme will be re-branded under the LEAN branding as LEAN Living. Programmes will operate on an open-ended and rolling basis so clients do not have to wait to join a programme.