

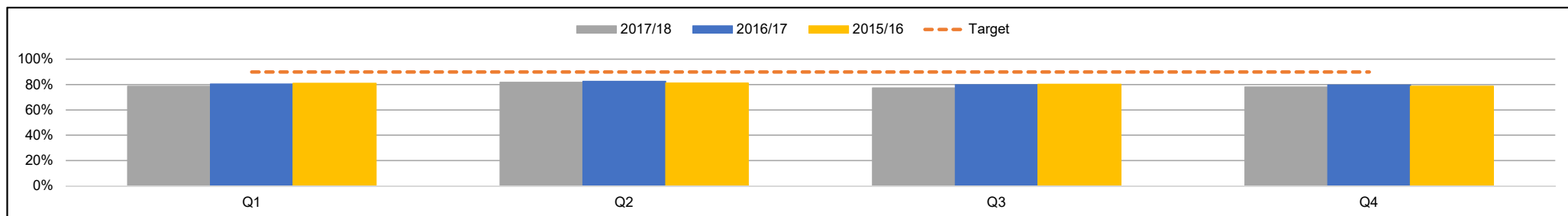


**Health and Wellbeing Board  
Performance Report 2018/19 Q1  
5 September 2018**

|                      |   |                                       |            |
|----------------------|---|---------------------------------------|------------|
| Back to summary page | <b>Percentage uptake of measles, mumps and rubella (MMR2) immunisation at 5 years old</b> | Health and Wellbeing Board Indicators | Q4 2017/18 |
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|  |                    |   |   |   |
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| <b>Definition</b>                            | <b>Numerator</b>   | Total number of children who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday. | <b>How this indicator works</b>         | All children for whom the local authority is responsible who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period.   |
|  | <b>Denominator</b> | Total number of children whose fifth birthday falls within the time period.   |   |   |
| <b>Source</b>                                |                    | COVER data collected by PHE   |   |   |
| <b>What does good performance look like?</b> |                    | For the percentage of children vaccinated to be as high as possible.  | <b>Why is this indicator important?</b> | 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. |

| Quarterly data |         | Q1      | Q2    | Q3    | Q4    |
|----------------|---------|---------|-------|-------|-------|
|                |         | 2017/18 | 78.6% | 81.8% | 77.3% |
|                | 2016/17 | 80.5%   | 82.5% | 79.9% | 79.7% |
|                | 2015/16 | 81.0%   | 81.2% | 80.3% | 78.6% |
|                | Target  | 90.0%   | 90.0% | 90.0% | 90.0% |



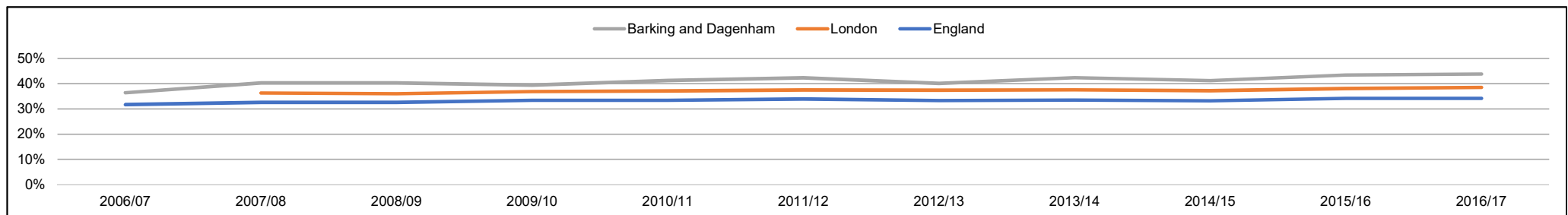
| Performance overview  | Actions to sustain or improve performance  | Benchmarking  |
|---|--|---|
| Barking and Dagenham's performance continues to be substantially lower than both the national average and the target set for this indicator; however, performance is similar to the London average. | <p>The council issued a press release in April as part of European Immunisation Week 2018, urging people who are not vaccinated or are unsure of their vaccination status to book an appointment with their GP. Social media was used to share this and to raise awareness of the importance of the MMR vaccine.</p> <p>NHS England is continuing to run an MMR catch-up campaign with GP practices.</p> | <p>The 2017/18 quarter 4 London average for uptake of two doses of MMR at age 5 is 77.6%, similar to the Barking and Dagenham figure.</p> <p>The national average is 87.2%.</p> |

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| <b>Responsible Director</b> | <b>Matthew Cole</b> | <b>Status</b> |  |
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| <a href="#">Back to summary page</a> | <b>Prevalence of children in Year 6 that are obese or overweight</b> | <b>Health and Wellbeing Board Indicators</b> | <b>2016/17</b> |
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| <b>Definition</b>                            | <b>Numerator</b>   | Number of children in Year 6 classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. | <b>How this indicator works</b>         | Children in Year 6 (aged 10-11 years) classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.  |
|  | <b>Denominator</b> | Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.  |   |   |
| <b>Source</b>                                |                    | National Child Measurement Programme.   |   |   |
| <b>What does good performance look like?</b> |                    | For the proportion of children who are overweight or obese to be as low as possible.  | <b>Why is this indicator important?</b> | 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. |

| Annual data |                | 2006/07                     | 2007/08 | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
|-------------|----------------|-----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|             |                | <b>Barking and Dagenham</b> | 36.4%   | 40.3%   | 40.3%   | 39.4%   | 41.3%   | 42.3%   | 40.1%   | 42.4%   | 41.2%   | 43.4%   |
|             | <b>London</b>  |                             | 36.3%   | 36.0%   | 36.9%   | 37.1%   | 37.5%   | 37.4%   | 37.6%   | 37.2%   | 38.1%   | 38.5%   |
|             | <b>England</b> | 31.7%                       | 32.6%   | 32.6%   | 33.4%   | 33.4%   | 33.9%   | 33.3%   | 33.5%   | 33.2%   | 34.2%   | 34.2%   |

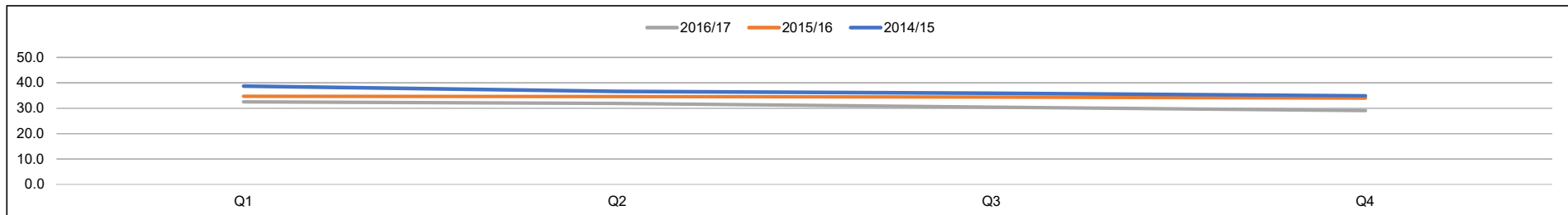


| Performance overview  | Actions to sustain or improve performance   | Benchmarking                                |
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| Barking and Dagenham has had sustained poor performance on this indicator, having a higher prevalence of Year 6 children with excess weight than seen nationally and regionally. In 2016/17, Barking and Dagenham was the second worst performing local authority in the country. | 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. | 2016/17:<br>London: 38.5%<br>England: 34.2% |

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| Back to summary page | <b>Under 18 conception rate (per 1,000 population aged 15-17 years)</b> | <b>Health and Wellbeing Board Indicators</b> | <b>Q4 2016/17</b> |
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| <b>Definition</b>                            | <b>Numerator</b>   | 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. | <b>How this indicator works</b> | 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.  |
|  | <b>Denominator</b> | Number of women aged 15-17 living in the area.   |                                 |   |
| <b>Source</b>                                |                    | Office for National Statistics   |                                 |   |
| <b>What does good performance look like?</b> |                    | For the rate of teenage conceptions to be as low as possible.  |                                 | 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 |         | Q1   | Q2   | Q3   | Q4   |
|----------------|---------|------|------|------|------|
|                | 2016/17 | 32.5 | 31.9 | 30.4 | 29.1 |
|                | 2015/16 | 34.7 | 34.6 | 34.4 | 34.0 |
|                | 2014/15 | 38.7 | 36.6 | 35.9 | 34.9 |



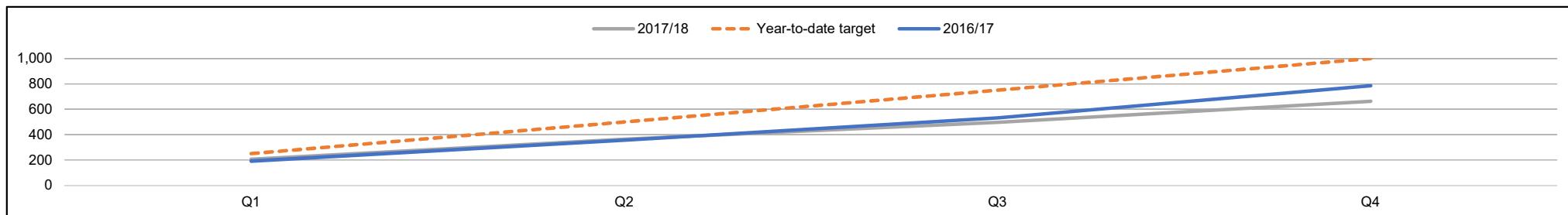
| Performance overview   | Actions to sustain or improve performance  | Benchmarking   |
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| <p><b>Please note: the data presented above is a 3-year rolling average, containing data for the 12 quarters up to and including the quarter named.</b></p> <p>The overall trend in Barking and Dagenham continues to be downward, with the 3-year rolling average halving over the last 10 years (from 66.7 per 1,000 females aged 15–17 years in quarter 4 2006/7 to 29.1 in quarter 4 2016/17).</p> <p>However, Barking and Dagenham continues to have one of the highest rates of teenage conceptions in London, with the third highest quarterly (non-rolling) rate in London in quarter 4 2016/17.</p> | <p>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 has been the best performing programme in London for the last 2 years.</p> | <p>2016/17 Q4 (rolling 3-year average):<br/>London: 18.9<br/>England: 20.4</p> |

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| Back to summary page | <b>Number of smoking quitters aged 16 and over through cessation service</b> | <b>Health and Wellbeing Board Indicators</b> | <b>Q4 2017/18</b> |
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| <b>Definition</b>                            | <b>Numerator</b>   | The number of people aged 16 years and over who have quit smoking at the four week follow-up check through smoking cessation services. | <b>How this indicator works</b>         | A client is counted as a carbon monoxide (CO)-verified four-week quitter where they meet the following criteria: 'A treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm.' |
|  | <b>Denominator</b>   | N/A  |   |   |
| <b>Source</b>                                | QuitManager  |  |   |   |
| <b>What does good performance look like?</b> | For the number of smoking quitters to be higher than the target. |  | <b>Why is this indicator important?</b> | For the number of smoking quitters to be higher than the target.  |

|                       |                            |           |           |           |           |
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| <b>Quarterly data</b> |                            | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
|                       | <b>2017/18</b>             | 206       | 363       | 496       | 663       |
|                       | <b>Year-to-date target</b> | 250       | 500       | 750       | 1,000     |
|                       | <b>2016/17</b>             | 191       | 355       | 533       | 785       |



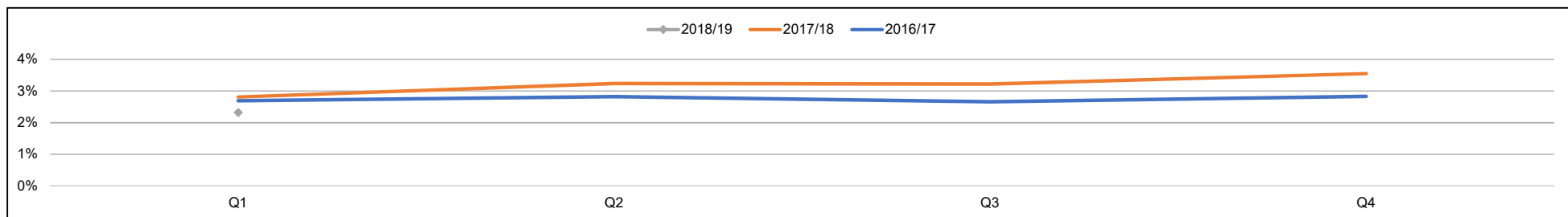
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| <b>Performance overview</b>  | <b>Actions to sustain or improve performance</b>   | <b>Benchmarking</b>   |
| Across 2017/18 there were 663 quitters which is 66% of the year-to-date target and lower than achievement in the same period in 2016/17. | <p>Changes are being made to the service, with the cessation service being decommissioned from GP practices from 1 October. The pharmacy contract for smoking transferred to ComSol on 1 August 2018. ComSol will now provide support to the pharmacy contractors.</p> <p>The specialist service has completed a full review of current clinics. Smoking in pregnancy insights are currently being focusing on Eastern European women. Full evaluation will be available by September.</p> | <p>Between April and December 2017 there were 1,431 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 1,046 and 1,006 per 100,000 smokers respectively.</p> <p>Equivalent figures for the following boroughs within the North East London region were: Redbridge (989), Havering (66), Newham (411), Hackney (2,241), Waltham Forest (245) and Tower Hamlets (1,936).</p> |

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| Back to summary page | Percentage of eligible population that received a health check | Health and Wellbeing Board Indicators | Q1 2018/19 |
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| <b>Definition</b>                            | <b>Numerator</b>      | Number of people aged 40-74 eligible for an NHS Health Check who received an NHS Health Check.             | <b>How this indicator works</b>         | 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. |
|  | <b>Denominator</b>    | Number of people aged 40-74 eligible for an NHS Health Check in the five year period.                      |   |  |
| <b>Source</b>                                | Public Health England |  |   |  |
| <b>What does good performance look like?</b> |                       | For the proportion of the eligible population in receipt of an NHS Health Check to be as high as possible. | <b>Why is this indicator important?</b> | The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.             |

| Quarterly data |         | Q1    | Q2    | Q3    | Q4    |
|----------------|---------|-------|-------|-------|-------|
|                | 2018/19 | 2.32% |       |       |       |
|                | 2017/18 | 2.81% | 3.24% | 3.22% | 3.55% |
|                | 2016/17 | 2.69% | 2.82% | 2.66% | 2.83% |



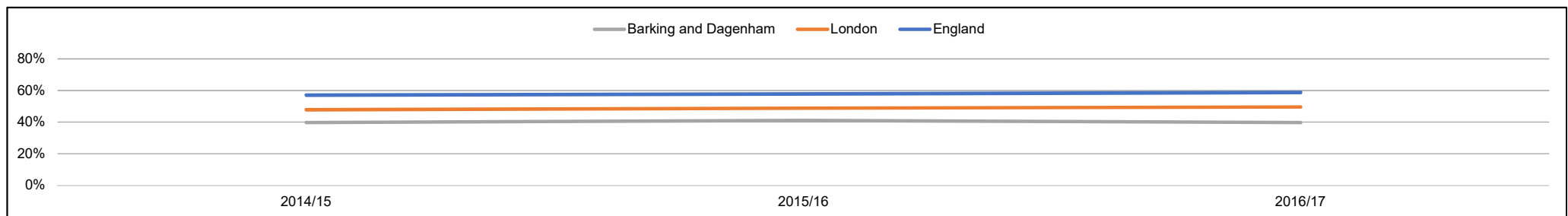
| Performance overview  | Actions to sustain or improve performance  | Benchmarking  |
|---|--|---|
| <p>Barking and Dagenham's performance is below the target figure of 3.75% coverage per quarter, but quarter 4 2017/18 figures were higher than both the national and regional averages.</p> <p>Performance has decreased in quarter 1 to 2.32%, which is lower than quarter 1 last year (2.81%)</p> <p>From quarter 1 to quarter 4 2017/18 we achieved 12.82% coverage, which is 85% of our yearly target to reach 15% of our eligible population and higher than achievement last year (11.00%).</p> | <p>The specialist nurse post has made a significant difference to some of the poorest performers whose figures have improved compared to 2017/18. However, a handful of our best performing practices showed very little activity when the data was extracted from Health Analytics - this is currently being looked into, but it appears that the sudden switching off of Health Analytics has had a significant effect. Our access to Health Analytics has since been reinstated while the replacement is brought online.</p> <p>PH and Intelligence are involved with the steering group for the new data services programme, but and we and other partners have emphasised the priority need to get this up and running for health checks as well as other vital data that we have to report on.</p> | <p>2017/18 Q4:<br/>London: 2.78%<br/>England: 2.35%<br/>Barking &amp; Dagenham: 3.55%</p> |

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| <b>Responsible Director</b> | <b>Matthew Cole</b> | <b>Status</b> |  |
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| Back to summary page | <b>Bowel screening - coverage of people aged 60-74 years</b> | <b>Health and Wellbeing Board Indicators</b> | <b>2016/17</b> |
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| <b>Definition</b>                            | <b>Numerator</b>   | 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. | <b>How this indicator works</b>         | 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.   |
|  | <b>Denominator</b> | Number of people aged 60–74 resident in the area who are eligible for bowel screening at a given point in time.  |   |   |
| <b>Source</b>                                |                    | HSCIC  | <b>Why is this indicator important?</b> | 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]. |
| <b>What does good performance look like?</b> |                    | For the percentage coverage to be as high as possible.   |   |   |

|                    |                             |                |                |                |
|--------------------|-----------------------------|----------------|----------------|----------------|
| <b>Annual data</b> |                             | <b>2014/15</b> | <b>2015/16</b> | <b>2016/17</b> |
|                    | <b>Barking and Dagenham</b> | 39.7%          | 41.1%          | 39.7%          |
|                    | <b>London</b>               | 47.8%          | 48.8%          | 49.6%          |
|                    | <b>England</b>              | 57.1%          | 57.9%          | 58.8%          |



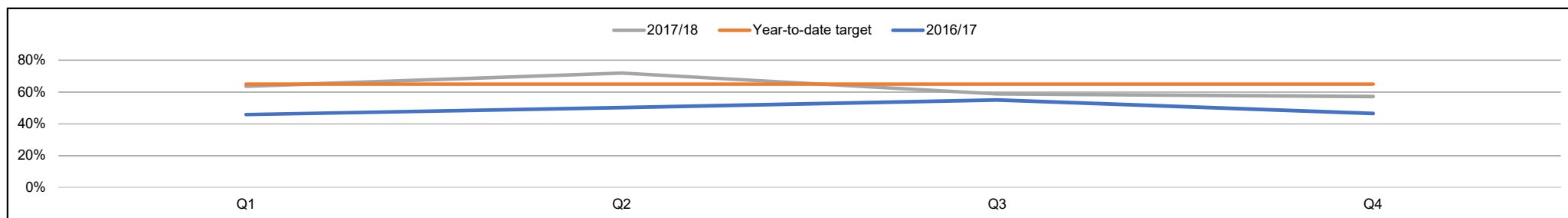
| <b>Performance overview</b>  | <b>Actions to sustain or improve performance</b>   | <b>Benchmarking</b>                         |
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| Barking and Dagenham continues to perform significantly worse than the national and regional averages, as well as being considerably below the 60% performance threshold, with only 39.7% coverage of the eligible population at the end of 2016/17. | We continue to work through the UCLH Cancer Collaborative and the Uptake and Screening hub on plans to procure a reminder of screening and calling service. Plans continue to roll out the qFit screening which only requires patients to supply one sample. Further training sessions from CRUK are planned which the B & D health champions are going to attend. | 2016/17:<br>London: 49.6%<br>England: 58.8% |

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| <b>Responsible Director</b> | <b>Matthew Cole</b> | <b>Status</b> |  |
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| Back to summary page | The percentage of children and adults starting healthy lifestyle programmes that complete the programme | Health and Wellbeing Board Indicators | Q4 2017/18 |
|----------------------|---|---------------------------------------|------------|

|  |                    |   |                                 |  |
|--|--------------------|---|---------------------------------|--|
| <b>Definition</b>  | <b>Numerator</b>   | The number of children and adult completing healthy lifestyle programmes. | <b>How this indicator works</b> | The proportion of people who complete the HENRY, Exercise on Referral, Adult Weight Management (AWM) and Child Weight Management (CWM) programmes of those who start the programmes. |
|  | <b>Denominator</b> | The number of children and adult starting healthy lifestyle programmes.   |                                 |  |
| <b>Source</b>  |                    | Healthy Lifestyles team   |                                 | <b>Why is this indicator important?</b>  |
| <b>What does good performance look like?</b>   |                    | For the percentage of completions to be as high as possible.              |                                 |  |
| The programmes allow the borough's GPs and health professionals to refer individuals who they feel would benefit from physical activity and nutrition advice to help them improve their health and weight conditions. Adult and Child Weight Management programmes also accept self-referrals if the individuals meet the referral criteria. |                    |   |                                 |  |

| Quarterly data |                     | Q1    | Q2    | Q3    | Q4    |
|----------------|---------------------|-------|-------|-------|-------|
|                | 2017/18             | 63.6% | 71.9% | 58.8% | 57.2% |
|                | Year-to-date target | 65.0% | 65.0% | 65.0% | 65.0% |
|                | 2016/17             | 45.8% | 50.2% | 55.0% | 46.5% |



| Performance overview   | Actions to sustain or improve performance   | Benchmarking               |
|--|---|----------------------------|
| Performance was below target in quarter 4 2017/18, although this is higher than quarter 4 2016/17. | <ul style="list-style-type: none"> <li>Group incentives are being developed as part of AWM and will link with behavioural change methodology</li> <li>Planned HENRY supervision with all facilitators to review delivery</li> <li>Ensuring that community health champions work on programmes running so they can support their community on health journey.</li> </ul> | This is a local indicator. |

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